





# IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury  
Internal Revenue Service

For calendar year 2014, or fiscal year beginning 7/1, 2014, and ending 6/30, 2015

# 2014

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization <b>Thurston County Chamber of Commerce</b>	Employer identification number <b>91-0346205</b>
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Name and title of officer <b>David Schaffert</b>	President
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### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1b</b>	_____
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2b</b>	_____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22). . . . .	<b>3b</b>	_____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	_____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .	<b>5b</b>	<u>0</u>

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize \_\_\_\_\_ to enter my PIN  as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 2/6/2016

**ERO Must Retain This Form—See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

AccountSource Inc  
205 Erie St SE  
Tumwater, WA 98501  
Phone: (360) 459-8118  
Fax: (360) 754-3760  
kim@accountsourceinc.com

February 6, 2016

Thurston County Chamber of Commerce  
PO Box 1427  
Olympia, WA 98507-1427

Dear Board of Trustees,

We have prepared your 2014 Form 990 based on the information you provided. Please review the enclosed copy for Thurston County Chamber of Commerce, then sign the IRS efile Signature Authorization Form 8879-EO and return it to us. When we receive the signed authorization, we will e-file your return.

There are no taxes or fees due with the return.

If you have any questions about the return(s) or about Thurston County Chamber of Commerce's tax situation during the year, please do not hesitate to call us at (360) 459-8118. We appreciate this opportunity to serve you.

Sincerely,

Kim Adney  
AccountSource Inc

AccountSource Inc  
205 Erie St SE  
Tumwater, WA 98501  
Phone: (360) 459-8118  
Fax: (360) 754-3760  
kim@accountsourceinc.com

February 6, 2016

Thurston County Chamber of Commerce  
PO Box 1427  
Olympia, WA 98507-1427

Dear Board of Trustees,

Detailed below are Thurston County Chamber of Commerce's estimated federal income tax payments for the year ending June 30, 2016 based upon the information you provided. Please review these payments carefully and contact us if Thurston County Chamber of Commerce's financial situation changes during the year.

Submit payments in the amounts listed through the Electronic Federal Tax Payment System (EFTPS). Make each payment on or before the date(s) listed.

Your federal estimated payments are as follows:

There is no payment due for the 1st installment.

There is no payment due for the 2nd installment.

The third payment in the amount of \$830 is due on March 15, 2016.

The fourth payment in the amount of \$280 is due on June 15, 2016.

Please call us at (360) 459-8118 if you have any questions. We appreciate this opportunity to serve you.

Sincerely,

Kim Adney  
AccountSource Inc

**Federal  
Tax Return**

Thurston County Chamber of Commerce

**2014**

AccountSource Inc  
205 Erie St SE  
Tumwater, WA 98501  
Phone: (360) 459-8118  
Fax: (360) 754-3760  
[kim@accountsourceinc.com](mailto:kim@accountsourceinc.com)

**Federal  
Estimated Vouchers**

Thurston County Chamber of Commerce

**2015**

AccountSource Inc  
205 Erie St SE  
Tumwater, WA 98501  
Phone: (360) 459-8118  
Fax: (360) 754-3760  
[kim@accountsourceinc.com](mailto:kim@accountsourceinc.com)

**Federal 990-T  
Tax Return**

Thurston County Chamber of Commerce

**2014**

AccountSource Inc  
205 Erie St SE  
Tumwater, WA 98501  
Phone: (360) 459-8118  
Fax: (360) 754-3760  
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Fax: (360) 754-3760  
kim@accountsourceinc.com

February 6, 2016

Thurston County Chamber of Commerce  
PO Box 1427  
Olympia, WA 98507-1427

Dear Board of Trustees,

Enclosed please find two copies of the 2014 Federal 990-T for Thurston County Chamber of Commerce. Review the return, then file one copy with the IRS and retain the second copy for Thurston County Chamber of Commerce's records. An authorized officer or fiduciary of the organization must sign and date the filing copy on page 2 before mailing.

The return shows a balance due. Using the Electronic Federal Tax Payment System (EFTPS), make an electronic payment in the amount of \$507 as soon as possible. Information on EFTPS, including how to enroll, can be found at <http://www.eftps.gov> or by calling EFTPS Customer Service at (800) 555-4477.

We recommend that you mail the Federal 990-T return on or before May 16, 2016, using the United States Post Office certified mail service or an approved delivery service that will provide proof of the mailing date, to the following:

Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

If you have any questions about the return(s) or about Thurston County Chamber of Commerce's tax situation during the year, please do not hesitate to call us at (360) 459-8118. We appreciate this opportunity to serve you.

Sincerely,

Kim Adney  
AccountSource Inc

Thurston County Chamber of Commerce  
PO Box 1427  
Olympia, WA 98507-1427



**990 Tax Return Mailing Slip**

**Taxpayer's Record of Estimated Tax Payments (990-W)**

	Payment due date	(a) Date paid	(b) Check or money order number or credit card confirmation number	(c) Amount paid (do not include any credit card convenience fee)	(d) 2014 overpayment credit applied	(e) Total amount paid and credited (add (c) and (d))
1	10/15/2015			0	0	0
2	12/15/2015			0	0	0
3	3/15/2016			830	0	830
4	6/15/2016			280	0	280
<b>Total</b>				1,110	0	1,110
			Unused overpayment		0	

# Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box . . . . . ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ►

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. Thurston County Chamber of Commerce	Employer identification number (EIN) or 91-0346205
	Number, street, and room or suite no. If a P.O. box, see instructions. PO Box 1427	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Olympia, WA 98507-1427	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . .

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► David Schaffert-----

Telephone No. ► (360) 357-3362----- Fax No. ► -----

• If the organization does not have an office or place of business in the United States, check this box . . . . . ►

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box . . . . . ►  . If it is for part of the group, check this box. . . . . ►  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15/2016, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
►  calendar year \_\_\_\_\_ or

►  tax year beginning 7/1/2014, and ending 6/30/2015

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

# Return of Organization Exempt From Income Tax

**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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2014 calendar year, or tax year beginning <u>7/1/2014</u> , and ending <u>6/30/2015</u>																
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <u>Thurston County Chamber of Commerce</u></td> <td><b>D</b> Employer identification number <u>91-0346205</u></td> </tr> <tr> <td colspan="2">Doing business as</td> <td><b>E</b> Telephone number <u>360-357-3362</u></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address) <u>PO Box 1427</u></td> <td>Room/suite</td> <td></td> </tr> <tr> <td>City or town <u>Olympia</u></td> <td>State <u>WA</u></td> <td>ZIP code <u>98507-1427</u></td> </tr> <tr> <td>Foreign country name</td> <td>Foreign province/state/county</td> <td>Foreign postal code</td> </tr> </table>	<b>C</b> Name of organization <u>Thurston County Chamber of Commerce</u>		<b>D</b> Employer identification number <u>91-0346205</u>	Doing business as		<b>E</b> Telephone number <u>360-357-3362</u>	Number and street (or P.O. box if mail is not delivered to street address) <u>PO Box 1427</u>	Room/suite		City or town <u>Olympia</u>	State <u>WA</u>	ZIP code <u>98507-1427</u>	Foreign country name	Foreign province/state/county	Foreign postal code
<b>C</b> Name of organization <u>Thurston County Chamber of Commerce</u>		<b>D</b> Employer identification number <u>91-0346205</u>														
Doing business as		<b>E</b> Telephone number <u>360-357-3362</u>														
Number and street (or P.O. box if mail is not delivered to street address) <u>PO Box 1427</u>	Room/suite															
City or town <u>Olympia</u>	State <u>WA</u>	ZIP code <u>98507-1427</u>														
Foreign country name	Foreign province/state/county	Foreign postal code														
<b>F</b> Name and address of principal officer: <u>David Schaffert 809 Legion Way, 3rd Floor, Olympia, WA 98501</u>		<b>G</b> Gross receipts \$ <u>1,172,042</u>  <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)														
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <u>6</u> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶														
<b>J</b> Website: ▶ <u>www.thurstonchamber.com</u>																
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <u>1905</u> <b>M</b> State of legal domicile: <u>WA</u>														

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>Mission: Building community prosperity through a unified voice to support free enterprise. Activities are to promote the commercial and social advancement and economic development of cities in Thurston County; to</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	20
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	20
	<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .	<b>5</b>	0
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	7,341	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	388,192	434,021
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	478,807	628,034
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	3	0
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	132,528	109,987
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	999,530	1,172,042
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	0	0
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	614,182	731,789
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0</u>	0	0
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	383,672	389,688
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	997,854	1,121,477
<b>Net Assets or Fund Balances</b>	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 . . . . .	1,676	50,565
	<b>20</b>	Total assets (Part X, line 16) . . . . .	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .	256,990	225,272
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 . . . . .	288,833	207,946
			-31,843	17,326

## 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.

<b>Sign Here</b>	Signature of officer <u>David Schaffert</u>	Date <u>        </u>	
	Type or print name and title <u>President</u>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>Kim Adney</u>	Preparer's signature <u>Kim Adney</u>	Date <u>2/6/2016</u>
	Firm's name ▶ <u>AccountSource Inc</u>	Firm's EIN ▶ <u>26-0277505</u>	Check <input type="checkbox"/> if self-employed
	Firm's address ▶ <u>205 Erie St SE, Tumwater, WA 98501</u>	Phone no. <u>(360) 459-8118</u>	PTIN <u>P00046204</u>

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  X

**1** Briefly describe the organization's mission:  
Building community prosperity through a unified voice to support free enterprise.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
Monthly Forums: Speaker events intended to keep members informed of current events affecting business community. Networking and business spotlight opportunities. Monthly Morning Mixer: Members Networking opportunities. Chamber hosted event at a member's business location for the purpose of highlighting that business. Monthly Business After Hours: Members Networking opportunities. Chamber hosted event at a member's business location for the purpose of highlighting that business.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
Trade Shows: Trade booths to showcase member businesses; open to the public. Benefits the membership and supports the free enterprise system.

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
Business to Business and Project Hire: is a free service to all business in Thurston County. It is a partnership with our regions workforce board and the State of Washington's workforce system. The purpose is to assist local businesses in locating qualified, prescreened employees. The program is funded by the Pacific Mountain Workforce Development & Consortium who partners with Wa. State Division of Vocational Rehabilitation and contracts with the Chamber to operate these programs.

**4d** Other program services. (Describe in Schedule O.)  
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses **0**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>		X
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		X
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III.</i>		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I.</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII.</i>		X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX.</i>		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X.</i>		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>		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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		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 employees? <i>If "Yes," complete Schedule J.</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		
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.</i>		
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 disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		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):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	



Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited tax shelter transactions, charitable contributions, and various organizational requirements.

**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.

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 20		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
	<b>1b</b> 20		
<b>2</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? . . . . .		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	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? <i>If "Yes," provide the names and addresses in Schedule O.</i> . . . . .		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .	X	
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .		X
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13.</i> . . . . .	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done.</i> . . . . .		X
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .		X
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official. . . . .	X	
<b>b</b>	Other officers or key employees of the organization . . . . .		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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
<b>b</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**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed <span style="float: right;">▶ WA</span>
<b>18</b>	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
<b>19</b>	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records: <span style="float: right;">▶</span> David Schaffert (360) 357-3362 PO Box 1427, Olympia, WA 98507-1427

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . .

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) George Barner ----- Director	5.00 ----- 0.00	X							
(2) Michael Cade ----- Director	5.00 ----- 0.00	X							
(3) Drew Phillips ----- Director	5.00 ----- 0.00	X							
(4) Jean Carr ----- Director	5.00 ----- 0.00	X							
(5) Cheryl Fambles ----- Director	5.00 ----- 0.00	X							
(6) Sandi Wilson ----- Director	5.00 ----- 0.00	X							
(7) Perry Hanchey ----- Director	5.00 ----- 0.00	X							
(8) Faith Trimble ----- Director	5.00 ----- 0.00	X							
(9) David Cullen ----- Director	5.00 ----- 0.00	X							
(10) Kevin Stormans ----- Director	5.00 ----- 0.00	X							
(11) Cheryl Selby ----- Director	5.00 ----- 0.00	X							
(12) Bryan McConaughy ----- Director	10.00 ----- 0.00	X							
(13) Dick Cvitanich ----- Director	5.00 ----- 0.00	X							
(14) Elyse Villanueva ----- Director	5.00 ----- 0.00	X							

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Neil Woody Treasurer	10.00 1.00			X						
(16) David Schaffert Pres/CEO	40.00 1.00			X	X	X	102,088			
(17) Mike Marohn Past Chair	10.00 1.00			X						
(18) Jessica Coen Vice Chair	5.00 1.00			X						
(19) Marilla Cummings Chair Elect	10.00 1.00			X						
(20) Ron Bruchet Chair	10.00 1.00			X						
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>							102,088	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b>							0	0	0	
<b>d Total (add lines 1b and 1c)</b>							102,088	0	0	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII.

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 0				
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 416,251				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 0				
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 0				
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b> 0				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 17,770				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$ . . . . .	0				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	434,021				
	Program Service Revenue			<b>Business Code</b>			
<b>2a</b>		Business Seminars, 21st Century Products . . . . .	611710	46,816			
<b>b</b>		Advertising - Periodicals & Website . . . . .	541800	65,848			
<b>c</b>		Healthy Work Programs & Green Business . . . . .	561300	38,735			
<b>d</b>		Forums and Networking Programs . . . . .	900099	98,724			
<b>e</b>		Military/Biz Community Job Programs . . . . .	900099	377,911			
<b>f</b>		All other program service revenue . . . . .		0			
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .	628,034					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		0			
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b>	Royalties . . . . .		0			
	<b>6a</b>	Gross rents . . . . .	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .	0	0			
	<b>d</b>	Net rental income or (loss) . . . . .		0			
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
			(ii) Other				
				0	0		
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .		0			
	<b>c</b>	Gain or (loss) . . . . .	0	0			
	<b>d</b>	Net gain or (loss) . . . . .		0			
	<b>8a</b>	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b> 0				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b> 0				
<b>c</b>	Net income or (loss) from fundraising events . . . . .		0				
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b> 0					
		<b>b</b> 0					
				0			
<b>c</b>	Net income or (loss) from gaming activities . . . . .		0				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> 0					
		<b>b</b> 0					
				0			
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		0				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b>	Thurston Chamber Foundation Services . . . . .	561000	64,074				
<b>b</b>	Leadership Thurston County Services . . . . .	561000	31,633				
<b>c</b>	Trust & LTC Services . . . . .	561000	14,280				
<b>d</b>	All other revenue . . . . .		0				
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		109,987				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		1,172,042	0	0	0	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 . . . . .	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0			
4	Benefits paid to or for members . . . . .	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	102,088			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages . . . . .	522,736			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0			
9	Other employee benefits . . . . .	51,018			
10	Payroll taxes . . . . .	55,947			
11	Fees for services (non-employees):				
a	Management . . . . .	0			
b	Legal . . . . .	0			
c	Accounting . . . . .	0			
d	Lobbying . . . . .	0			
e	Professional fundraising services. See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	9,829			
12	Advertising and promotion . . . . .	69,551			
13	Office expenses . . . . .	36,701			
14	Information technology . . . . .	0			
15	Royalties . . . . .	0			
16	Occupancy . . . . .	82,200			
17	Travel . . . . .	3,612			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	0			
20	Interest . . . . .	4,593			
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	1,729	0	1,729	0
23	Insurance . . . . .	7,416			
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.)				
a	Equipment Rental & Maintenance	15,548			
b	Bad Debt, bank fees	8,040			
c	Name tags, Printing Publications	3,603			
d	Program & Event Expenses	140,765			
e	All other expenses Thurston Thrives, FI Tax	6,101			
25	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	1,121,477	0	1,729	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	23,458	<b>1</b>	22,858
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	225,073	<b>4</b>	196,296
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 85,981		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 82,363	5,347	<b>10c</b> 3,618
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	3,112	<b>15</b>	2,500
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	256,990	<b>16</b>	225,272	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	64,068	<b>17</b>	39,988
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	132,456	<b>19</b>	84,545
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	92,309	<b>23</b>	82,906
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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 . . . . .	0	<b>25</b>	507
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	288,833	<b>26</b>	207,946
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	-41,843	<b>27</b>	7,326
	<b>28</b> Temporarily restricted net assets . . . . .	10,000	<b>28</b>	10,000
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	-31,843	<b>33</b>	17,326	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	256,990	<b>34</b>	225,272	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	1,172,042
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	1,121,477
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	50,565
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	-31,843
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	-1,396
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	17,326

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . . 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>c</b>	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? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>3a</b>	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? . . . . .		X
<b>b</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 . . . . .	X	



**Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))**

**2014**

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

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

**A**  Check box if address changed

**B** Exempt under section  
 501 ( c ) ( 6 )  
 408(e)  220(e)  
 408A  530(a)  
 529(a)

**Name of organization** (  Check box if name changed and see instructions.)  
**Thurston County Chamber of Commerce**

**Number, street, and room or suite no.** If a P.O. box, see instructions.  
**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**  
(Employees' trust, see instructions.)  
**91-0346205**

**E Unrelated business activity codes**  
(See instructions.)  
**541860**

**C** Book value of all assets at end of year **225,272**

**F** Group exemption number (See instructions.) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity. ▶ **Advertising**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation.▶

**J** The books are in care of ▶ **David Schaffert** Telephone number ▶ **(360) 357-3362**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances				
<b>c Balance</b> ▶	<b>1c</b>	0		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>	0		0
<b>4 a</b> Capital gain net income (attach Schedule D)	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts	<b>4c</b>			
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>			
<b>6</b> Rent income (Schedule C)	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	<b>8</b>			
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>			
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>			
<b>11</b> Advertising income (Schedule J)	<b>11</b>	61,400	30,955	30,445
<b>12</b> Other income (See instructions; attach schedule.)	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	61,400	30,955	30,445

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b> Salaries and wages	<b>15</b>		
<b>16</b> Repairs and maintenance	<b>16</b>		
<b>17</b> Bad debts	<b>17</b>		
<b>18</b> Interest (attach schedule)	<b>18</b>		
<b>19</b> Taxes and licenses	<b>19</b>		
<b>20</b> Charitable contributions (See instructions for limitation rules.)	<b>20</b>		
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		
<b>23</b> Depletion	<b>23</b>		
<b>24</b> Contributions to deferred compensation plans	<b>24</b>		
<b>25</b> Employee benefit programs	<b>25</b>		
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>		
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>		22,104
<b>28</b> Other deductions (attach schedule)	<b>28</b>		
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>		22,104
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>		8,341
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>		
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>		8,341
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	<b>33</b>		1,000
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>		7,341

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> <b>See instructions</b> and:			
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____			
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) . . . . . \$ _____			
(2) Additional 3% tax (not more than \$100,000) . . . . . \$ _____			
<b>c</b> Income tax on the amount on line 34 . . . . . ▶	<b>35c</b>		1,101
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) . . . . . ▶	<b>36</b>		
<b>37 Proxy tax.</b> See instructions. . . . . ▶	<b>37</b>		
<b>38</b> Alternative minimum tax . . . . . ▶	<b>38</b>		
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies . . . . .	<b>39</b>		1,101

**Part IV Tax and Payments**

<b>40 a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>40a</b>			
<b>b</b> Other credits (see instructions) . . . . .	<b>40b</b>			
<b>c</b> General business credit. Attach Form 3800 (see instructions) . . . . .	<b>40c</b>			
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) . . . . .	<b>40d</b>			
<b>e Total credits.</b> Add lines 40a through 40d . . . . .	<b>40e</b>			0
<b>41</b> Subtract line 40e from line 39 . . . . .	<b>41</b>			1,101
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>42</b>			
<b>43 Total tax.</b> Add lines 41 and 42 . . . . .	<b>43</b>			1,101
<b>44 a</b> Payments: A 2013 overpayment credited to 2014 . . . . .	<b>44a</b>	595		
<b>b</b> 2014 estimated tax payments . . . . .	<b>44b</b>			
<b>c</b> Tax deposited with Form 8868 . . . . .	<b>44c</b>			
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	<b>44d</b>			
<b>e</b> Backup withholding (see instructions) . . . . .	<b>44e</b>			
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>44f</b>			
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 _____	<b>44g</b>			
<input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶			0	
<b>45 Total payments.</b> Add lines 44a through 44g . . . . .	<b>45</b>			595
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . <input type="checkbox"/>	<b>46</b>			1
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed . . . . . ▶	<b>47</b>			507
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid . . . . . ▶	<b>48</b>			0
<b>49</b> Enter the amount of line 48 you want: <b>Credited to 2015 estimated tax</b> ▶ <b>Refunded</b> ▶	<b>49</b>			0

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b> At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶	Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . . . . . If YES, see instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____		

**Schedule A—Cost of Goods Sold.** Enter method of inventory valuation ▶

<b>1</b> Inventory at beginning of year . . . . .	<b>1</b>			<b>6</b> Inventory at end of year . . . . .	<b>6</b>		
<b>2</b> Purchases . . . . .	<b>2</b>			<b>7 Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 . . . . .	<b>7</b>		0
<b>3</b> Cost of labor . . . . .	<b>3</b>			<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .		Yes	No
<b>4 a</b> Additional section 263A costs (attach schedule) . . . . .	<b>4a</b>						
<b>b</b> Other costs (attach schedule) . . . . .	<b>4b</b>						
<b>5 Total.</b> Add lines 1 through 4b . . . . .	<b>5</b>		0				

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  Signature of officer \_\_\_\_\_  Date \_\_\_\_\_  President \_\_\_\_\_

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Kim Adney	Preparer's signature Kim Adney	Date 2/6/2016	Check <input type="checkbox"/> if self-employed	PTIN P00046204
	Firm's name ▶ AccountSource Inc	Firm's EIN ▶ 26-0277505			
	Firm's address ▶ 205 Erie St SE, Tumwater, WA 98501	Phone no. (360) 459-8118			

**Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0	Total 0
(c) <b>Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶		(b) <b>Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ▶ 0

**Schedule E—Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%	0	0
(2)		%	0	0
(3)		%	0	0
(4)		%	0	0
<b>Totals</b> . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A). 0	Enter here and on page 1, Part I, line 7, column (B). 0
<b>Total dividends-received deductions</b> included in column 8 . . . . . ▶				

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . . ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0

**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				0
(2)				0
(3)				0
(4)				0
<b>Totals</b>	Enter here and on page 1, Part I, line 9, column (A). 0			Enter here and on page 1, Part I, line 9, column (B). 0

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)			0			0
(2)			0			0
(3)			0			0
(4)			0			0
<b>Totals</b>	Enter here and on page 1, Part I, line 10, col. (A). 0	Enter here and on page 1, Part I, line 10, col. (B). 0				Enter here and on page 1, Part II, line 26. 0

**Schedule J—Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) VOICE, Mid-Month Mailer, Website	61,400	30,955		31,035	53,139	
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5))	61,400	30,955	30,445	31,035	53,139	22,104

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)			0			0
(2)			0			0
(3)			0			0
(4)			0			0
(5) <b>Totals from Part I</b>	61,400	30,955				22,104
<b>Totals</b> , Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 61,400	Enter here and on page 1, Part I, line 11, col. (B). 30,955				Enter here and on page 1, Part II, line 27. 22,104

**Schedule K—Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total</b> . Enter here and on page 1, Part II, line 14.			0

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment Sequence No. 179

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for Section 179 election, including lines 1-13 for cost, limitation, and carryover.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

Table with 3 rows for Special Depreciation Allowance and Other Depreciation (lines 14-16).

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for MACRS deductions (lines 17-18).

Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, Depreciation deduction.

Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

Table with 6 columns: Class life, Basis for depreciation, Recovery period, Convention, Method, Depreciation deduction.

Part IV Summary (See instructions.)

Table with 3 rows for Summary (lines 21-23).

For Paperwork Reduction Act Notice, see separate instructions.

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

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

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use: Computer for Alisha, Laptop 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2014 tax year (see instructions): 43 Amortization of costs that began before your 2014 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

Thurston County Chamber of Commerce

91-0346205

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 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?, 6 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" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 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" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 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. 1b 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 in 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 in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             | 0      |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                | 0      |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	0	0	0	0	0
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	0	0	0	0	0

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b** Permanent endowment ▶ \_\_\_\_\_ %
  - c** Temporarily restricted endowment ▶ \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                    | Yes                      | No                       |
|------------------------------------|--------------------------|--------------------------|
| <b>(i)</b> unrelated organizations | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>(ii)</b> related organizations  | <input type="checkbox"/> | <input type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	0	0	0	0
<b>b</b> Buildings	0	0	0	0
<b>c</b> Leasehold improvements	0	0	0	0
<b>d</b> Equipment	0	67,481	67,259	222
<b>e</b> Other	0	18,500	15,104	3,396
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,618



**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .	0	
(2) Closely-held equity interests . . . . .	0	
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	0

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	507	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	507	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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







**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts . . . . .		0	0
	2	Less: Contributions . . . . .		0	0
	3	Gross income (line 1 minus line 2) . . . . .		0	0
Direct Expenses	4	Cash prizes . . . . .		0	0
	5	Noncash prizes . . . . .		0	0
	6	Rent/facility costs . . . . .		0	0
	7	Food and beverages . . . . .		0	0
	8	Entertainment . . . . .		0	0
	9	Other direct expenses . . . . .		0	0
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶			( 0)
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶			0

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue . . . . .			
Direct Expenses	2	Cash prizes . . . . .				0
	3	Noncash prizes . . . . .				0
	4	Rent/facility costs . . . . .				0
	5	Other direct expenses . . . . .				0
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( 0)	
8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				0	

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

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: \_\_\_\_\_



**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

Thurston County Chamber of Commerce

91-0346205

Form 990, Part III, Line 4d: Program Service Expenses: 0, Grants and allocations: 0, Revenue:

0 Foofaraw: Honoring our Military Families in the Community. The purpose is to acknowledge

how important our military families are to our economy, schools, and community involvement.

Form 990, Part III, Line 4d: Program Service Expenses: 0, Grants and allocations: 0, Revenue:

0 Health Care Champions: The purpose is to honor our Medical Community in recognition of

their valuable service and economic vitality to our community. Sponsorship of Puddle Jump

annual community run.

Form 990, Part III, Line 4d: Program Service Expenses: 0, Grants and allocations: 0, Revenue:

0 Various 21st Century Programs & Events: Work for All, Speednetworking Training, Workwell

Various, vibrant programs to support employment of persons with disabilities, increasing

community contacts in order to improve your own business;and to provide employers with

incentives/education for Safe and Healthy workplaces.

Form 990, Part III, Line 4d: Program Service Expenses: 0, Grants and allocations: 0, Revenue:

0 Thurston Green Business: Awards local businesses for Recycling and other Environmental

practices which ultimately improve our community's impact on the earth.

Form 990, Part XII, Line 3b: A standard audit was completed by an independent Certified Public

Accountant fulfilling the stated organizational requirements in original formulating

documents.





**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization: **Thurston County Chamber of Commerce**      Employer identification number: **91-0346205**

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Thurston Chamber Foundation 91-1543494 PO Box 1427 Olympia, WA 98507-1427	Educate Future Business Leaders	WA	501(c)3	509(a)2	Thurston County C		X
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) Thurston Chamber Benefits Trust 91-1543495 PO Box 1427 Olympia, WA 98507-1427	Employee Benefits	WA	N/A	Trust					X
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1) Thurston Chamber Foundation	o	65,836	Actual payroll costs
(2) Thurston Chamber Benefits Trust	l	10,800	Actual Receipts
(3) Thurston Chamber Foundation	k	82,200	Sq footage actual costs
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													



**Line 5 (990-T) - Income from Partnerships and S Corporations**

1	Share of partnership gross income from unrelated trade or business . . . . .	1	0
2	Share of partnership deductions directly connected to unrelated trade or business . . . . .	2	
3	Share of S Corporation income (loss) excluding capital gains . . . . .	3	
4	Total . . . . .	4	0

**Line 12 (990-T) - Other Income**

1	From Form 6478 - Biofuel Producer Credit . . . . .	1	0
2	From Form 8864 - Biodiesel and Renewable Diesel Fuels Credit . . . . .	2	0
3	Bad debt recoveries . . . . .	3	
4	Proceeds received from employer-owned life insurance contracts issued after August 17, 2006 . . . . .	4	
5	Recapture of excess depreciation including Sec 179 expense deduction . . . . .	5	0
6	_____	6	
7	_____	7	
8	_____	8	
9	_____	9	
10	_____	10	
11	_____	11	
12	_____	12	
13	_____	13	
14	Total other income . . . . .	14	0

**Line 18 (990-T) - Interest**

1	Interest Allocation . . . . .	1	
2	Tax Exempt Interest . . . . .	2	
3	Prepaid Interest . . . . .	3	
4	Straddle Interest . . . . .	4	
5	Original Issue Discount . . . . .	5	
6	Related Party Interest . . . . .	6	
7	Interest on certain underpayments of tax . . . . .	7	
8	Interest allocable to the production of designated property . . . . .	8	
9	Interest on below-market loans . . . . .	9	
10	Interest on which no tax is imposed (section 163(j)) . . . . .	10	
11	_____	11	
12	_____	12	
13	Total . . . . .	13	0

**Line 20 (990-T) - Charitable Contributions**

Check ("X") box:  Corporations Cash \_\_\_\_\_  
 Trusts 50% Non Cash under \$5000 \_\_\_\_\_  
 Trusts (combined) Non Cash over \$5000 \_\_\_\_\_

1 Contributions for current year Enter the contributions by type.	Amount	Deduction Allowed in Current Year	Adjustment under Section 170(d)(2)(B)	New Carryover
Corporations 10% limitation	0	0		0
Trusts 170(b)(1)(A) 50% limitation		0		0
Trusts 30% limitation		0		0
<b>2 Carryover from:</b>				
<b>a 5th preceding period . . . . . 2a</b>				
Corporations 10% limitation	0	0		0
Trusts 170(b)(1)(A) 50% limitation	0	0		0
Trusts 30% limitation	0	0		0
<b>b 4th preceding period . . . . . 2b</b>				
Corporations 10% limitation	0	0		0
Trusts 170(b)(1)(A) 50% limitation	0	0		0
Trusts 30% limitation	0	0		0
<b>c 3rd preceding period . . . . . 2c</b>				
Corporations 10% limitation	0	0		0
Trusts 170(b)(1)(A) 50% limitation	0	0		0
Trusts 30% limitation	0	0		0
<b>d 2nd preceding period . . . . . 2d</b>				
Corporations 10% limitation	0	0		0
Trusts 170(b)(1)(A) 50% limitation	0	0		0
Trusts 30% limitation	0	0		0
<b>e 1st preceding period . . . . . 2e</b>				
Corporations 10% limitation	0	0		0
Trusts 170(b)(1)(A) 50% limitation	0	0		0
Trusts 30% limitation	0	0		0
<b>3 Totals . . . . . 3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>4 Carryover to expire next year due to 5 year limitation . . . . . 4</b>				<b>0</b>
<b>5 Total contribution carryover to next year . . . . . 5</b>				<b>0</b>

**Computation of Section 179 Deduction for Estimated Charitable Contribution**

<b>6 Taxable Income computed without contribution deduction or Section 179 . . . . . 6</b>	<b>8,341</b>
<b>7 Section 179 deduction for purposes of contribution limitation . . . . . 7</b>	<b>0</b>
<b>8 Taxable income less Section 179 deduction. Subtract line 7 from line 6 . . . . . 8</b>	<b>8,341</b>
<b>9 Maximum contribution limitation. Enter 10 percent of line 8 . . . . . 9</b>	<b>834</b>
<b>10 Contribution deduction considering Section 179 limitation. Smaller of line 3, column A or line 9 . . . . . 10</b>	<b>0</b>

**Computation of Actual Charitable Contribution**

<b>11 Actual Section 179 deduction . . . . . 11</b>	<b>0</b>
<b>12 Taxable income less actual Section 179 deduction. Subtract line 11 from line 6 . . . . . 12</b>	<b>8,341</b>
<b>13 Net operating loss deductions limited by line 12 . . . . . 13</b>	<b>0</b>
<b>14 Taxable income for purposes of contribution deduction. Subtract line 13 from line 12 . . . . . 14</b>	<b>8,341</b>
<b>15 Maximum contribution limitation. Enter 10 percent of line 14 . . . . . 15</b>	<b>834</b>
<b>16 Actual contribution deduction. Smaller of line 3, col A, or line 15 . . . . . 16</b>	<b>0</b>

**Line 28 (990-T) - Other Deductions**

### Line 35c (990-T) - Tax Computation for Members of a Controlled Group

Check one of the apportionment plans below:

Equal apportionment plan. Enter the percentage to use: \_\_\_\_\_

Unequal apportionment plan. Enter the amounts below:

- 1 Enter the corporation's share of the \$50,000 taxable income bracket \_\_\_\_\_
- 2 Enter the corporation's share of the \$25,000 taxable income bracket \_\_\_\_\_
- 3 Enter the corporation's share of the \$9,925,000 taxable income bracket \_\_\_\_\_

	(A) Current Member	(B) Total Group
1 Enter unrelated business taxable income (line 34, page 1, Form 990-T) . . . . .	1 0	_____
2 Enter line 1 or the corporation's share of the \$50,000 taxable income bracket, whichever is less . . . . .	2 0	0
3 Subtract line 2 from line 1 . . . . .	3 0	0
4 Enter line 3 or the corporation's share of the \$25,000 taxable income bracket, whichever is less . . . . .	4 0	0
5 Subtract line 4 from line 3 . . . . .	5 0	0
6 Enter line 5 or the corporation's share of the \$9,925,000 taxable income bracket, whichever is less . . . . .	6 0	0
7 Subtract line 6 from line 5 . . . . .	7 0	0
8 Enter 15% of line 2 . . . . .	8 0	0
9 Enter 25% of line 4 . . . . .	9 0	0
10 Enter 34% of line 6 . . . . .	10 0	0
11 Enter 35% of line 7 . . . . .	11 0	0
12 If the taxable income of the controlled group exceeds \$100,000, enter this member's share of the smaller of: (a) 5% of the excess over \$100,000, or (b) \$11,750 (See instructions) . . . . .	12 0	0
13 If the taxable income of the controlled group exceeds \$15,000,000, enter this member's share of the smaller of: (a) 3% of the excess over \$15,000,000, or (b) \$100,000 (See instructions) . . . . .	13 0	0
14 Add lines 8 through 13. Enter current member amount here and on line 35c, page 2, Form 990-T. . . . .	14 0	0

### Line 40b (990-T) - Other Credits

1 Credit to holders of tax credit bonds (attach Form 8912) . . . . .	1 0	0
2 _____	2 _____	_____
3 Total . . . . .	3	0

### Line 42 (990-T) - Recapture Taxes

1 Recapture of investment credit from Form 4255 . . . . .	1	0
2 Recapture of low-income housing credit from Form 8611 . . . . .	2	0
3 Interest due from Form 8697 . . . . .	3	0
4 Interest due from Form 8866 . . . . .	4	0
5 Recapture of qualified electric vehicle (QEV) Credit, Reg. section 1.30-1 . . . . .	5	_____
6 Recapture of Indian employment credit, Form 8845, IRC section 45A . . . . .	6	_____
7 Recapture of new markets credit, Form 8874, IRC section 45D(g) . . . . .	7	_____
8 Recapture of employer-provided child care facilities and services from Form 8882 . . . . .	8	_____
9 Interest on nonqualified withdrawal from capital construction fund, IRC section 7518 . . . . .	9	_____
10 Interest on deferred tax attributable to installment sales of time shares and residential lots, IRC section 453(l)(3). . . . .	10	_____
11 Interest on deferred tax attributable to nondealer installment obligations, IRC section 453A(c). . . . .	11	_____
12 Interest due on deferred gain, IRC section 1260(b). . . . .	12	_____
13 Alternative tax on qualifying shipping activities from Form 8902 . . . . .	13	0
14 _____	14	_____
15 _____	15	_____
16 _____	16	_____
17 _____	17	_____
18 _____	18	_____
19 Total . . . . .	19	0



**Line 44g (990-T) - Other Credits**

1	Credit for ozone-depleting chemicals . . . . .	1	
2	Credit from regulated investment company or real estate investment trust (Attach Form 2439) . . . . .	2	0
3	Credit for Federal tax paid on fuels (Attach Form 4136) . . . . .	3	0
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11	Total . . . . .	11	0

**Line 4a, Sch A (990-T) - Additional Section 263A Costs for Cost of Goods Sold**

1	Depreciation . . . . .	1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Totals additional section 263A costs . . . . .	10	0

**Line 4b, Sch A (990-T) - Other Costs for Cost of Goods Sold**

1	Travel, Meals and Entertainment		
	a Travel . . . . .	1a	
	b Total meals and entertainment . . . . .	1b	
	c 50% of line b . . . . .	1c	0
	d Subtract line c from line b . . . . .	1d	0
2	Depreciation . . . . .	2	
3	Compensation of officers . . . . .	3	
4	Salesperson wages and commissions . . . . .	4	
5	Indirect labor . . . . .	5	
6	Rent . . . . .	6	
7	Amortization . . . . .	7	
8	Freight-in . . . . .	8	
9	Supplies . . . . .	9	
10	Taxes . . . . .	10	
11	Utilities . . . . .	11	
12		12	
13		13	
14		14	
15		15	
16	Total other costs . . . . .	16	0
17	Reduction of expenses for offsetting credits (see attached statement) . . . . .	17	0
18	Total other costs less expenses for offsetting credits . . . . .	18	0

**Sch K (990-T) - Compensation of Officers, Directors, and Trustees**

					Total:	0
1	(a) Name of officer	(b) Title	(c) Percent of time devoted to business	Percent of corporation stock owned		(f) Amt of compensation
				(d) Common	(e) Preferred	

## Reduction of Expenses for General Credits (990-T)

General Credits such as Increasing Research Activities, Orphan Drugs Credit, Disabled Access Credit and others include a denial of double benefit. To the extent of a credit is claimed, expenditures may not be claimed as a deduction in figuring taxable income, capitalized or used in figuring any other credit. Below is a statement showing credits claimed and the reconciling reduction of expenses or capital basis.

### Tax Credits Claimed that Require the Reduction of Expenses

	<b>Credit Allowed</b>
1 Form 8820 - Orphan Drug Credit . . . . .	1 0
2 Form 8826 - Disabled Access Credit . . . . .	2 0
3 Form 8846 - Employer Credit for Social Security and Medicare Taxes Paid . . . . .	3 0
4 Form 8881 - Credit for Small Employer Pension Plan Startup Costs . . . . .	4 0
5 Form 8882 - Credit for Employer-Provided Childcare Facilities and Services . . . . .	5 0
6 Form 8923 - Mine Rescue Team Training Credit . . . . .	6 0
7 Form 8931 - Agricultural Chemicals Security Credit . . . . .	7 0
8 Form 8932 - Credit for Employer Differential Wage Payments . . . . .	8 0
9 _____	9 _____
10 _____	10 _____
11 _____	11 _____
12 Total . . . . .	12 0

### Reduction of Expenses

#### Adjustments to 'Cost of Goods Sold' - Page 2, Sch A, line 4b - 'Other Costs'

1 _____	1 _____
2 _____	2 _____
3 _____	3 _____
4 _____	4 _____
5 _____	5 _____
6 _____	6 _____
7 _____	7 _____
8 _____	8 _____
9 _____	9 _____
10 Total . . . . .	10 0

#### Adjustments to 'Salaries and wages' - Page 1, line 15

11 _____	11 _____
12 _____	12 _____
13 _____	13 _____
14 Total . . . . .	14 0

#### Adjustments to 'Other Deductions' - Page 1, line 28

15 _____	15 _____
16 _____	16 _____
17 _____	17 _____
18 _____	18 _____
19 _____	19 _____
20 _____	20 _____
21 _____	21 _____
22 _____	22 _____
23 _____	23 _____
24 Total . . . . .	24 0

#### Adjustments to Capital

25 Amount Chargeable to a Capital Account - Reduction of Basis . . . . .	25 _____
26 Total Reductions . . . . .	26 0