

Short Form Return of Organization Exempt From Income Tax

2008

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization		D Employer identification number	
		ALBANY AREA CHAMBER OF COMMERCE		93-0110065	
		Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	E Telephone number
		P.O. BOX 548			(541) 926-1517
City or town, state or country, and ZIP + 4		ALBANY, OR 97321		F Group Exemption Number	

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Accounting method: Cash Accrual Other (specify) _____

I Website: WWW.ALBANYCHAMBER.COM
J Organization type (check only one) — 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ **516,485.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Expenses	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	151,121.
	3 Membership dues and assessments	3	224,946.
	4 Investment income	4	3,542.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	106,365.
	b Less: direct expenses other than fundraising expenses	6b	45,536.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	60,829.
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe CHAMBER DOLLARS)	8	30,511.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	470,949.
	10 Grants and similar amounts paid (attach schedule)	10	
11 Benefits paid to or for members	11		
12 Salaries, other compensation, and employee benefits	12	260,028.	
13 Professional fees and other payments to independent contractors	13		
14 Occupancy, rent, utilities, and maintenance	14	38,697.	
15 Printing, publications, postage, and shipping	15		
16 Other expenses (describe SEE STATEMENT 1)	16	143,514.	
17 Total expenses. Add lines 10 through 16	17	442,239.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	28,710.	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	322,733.	
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	314.	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	351,757.	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	233,969.	176,383.
23 Land and buildings	86,965.	84,330.
24 Other assets (describe SEE STATEMENT 2)	77,691.	137,842.
25 Total assets	398,625.	398,555.
26 Total liabilities (describe SEE STATEMENT 3)	75,892.	46,798.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	322,733.	351,757.

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization(s) a section 527 organization?
50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 2 columns: Yes, No. Rows 46, 47, 48, 49a, 49b.

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances. Content: N/A

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation. Content: N/A

Sign Here 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. Signature of officer: Janet E. Steele, Date: 7-1-10, Type or print name and title: Janet E. Steele, President

Paid Preparer's Use Only Preparer's signature: Michael J. Sasquon, Date: JUN 29 2010, Check if self-employed: [], Preparer's Identifying Number (See instr):, Firm's name (or yours if self-employed), address, and ZIP + 4: KOONTZ & PERDUE, P.C., 920 ELM STREET SW, ALBANY, OR 97321-2037, EIN: [], Phone no.: (541) 926-5543

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
72	BUILDING CANOPY ON FRONT OF BUILDING	071166SL	SL	40.00	16	18,500.			18,500.	18,500.		0.
73	BUILDING IMPROVEMENTS	110296SL	SL	20.00	16	1,580.			1,580.	984.		79.
74	BUILDING IMPROVEMENTS	070101SL	SL	40.00	16	105,411.			105,411.	18,446.		2,635.
75	BUILDING IMPROVEMENTS	050900SL	SL	15.00	16	1,325.			1,325.	626.		88.
76	AIR CONDITIONER	082602SL	SL	10.00	16	5,695.			5,695.	3,324.		570.
77	DRWR	070166SL	SL	10.00	16	50.			50.	50.		0.
78	DRWR	070177SL	SL	10.00	16	100.			100.	100.		0.
79	REFRIGERATOR	070185SL	SL	15.00	16	75.			75.	75.		0.
80	MICROWAVE	070188SL	SL	10.00	16	75.			75.	75.		0.
81	VACUUM	070195SL	SL	5.00	16	105.			105.	105.		0.
82	PRINTER	070196SL	SL	5.00	16	325.			325.	325.		0.
83	PHONE SYSTEM	070197SL	SL	10.00	16	1,125.			1,125.	1,125.		0.
84	CHAIRS	070198SL	SL	10.00	16	4,500.			4,500.	4,500.		0.
85	FILING CABINET HON	070198SL	SL	10.00	16	100.			100.	100.		0.
86	OFFICE CHAIRS K&K	070198SL	SL	10.00	16	600.			600.	450.		0.
87	SECRETARY CHAIRS	070198SL	SL	10.00	16	900.			900.	690.		0.
88	OFFICE MASTER	070198SL	SL	10.00	16	1,500.			1,500.	1,110.		0.
89	TABLES FORT SMITH	070198SL	SL	10.00	16	400.			400.	400.		0.

832102 04-25-08

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1 905	COMPUTER IMPRESSION	070199SL		10.00	16	1,300.			1,300.	1,040.		130.
913	DESKS	070198SL		10.00	16	1,500.			1,500.	1,250.		0.
923	DESK/COMPUTER SET	070100SL		10.00	16	2,400.			2,400.	1,840.		240.
93	PRINTER HP 1220C	070100SL		5.00	16	400.			400.	400.		0.
942	COMPUTER AIWA	060101SL		5.00	16	2,000.			2,000.	1,967.		0.
952	HP COMPUTER	061502SL		5.00	16	2,000.			2,000.	1,967.		0.
96	PANAFAX FAX MACHINE	020202SL		5.00	16	1,296.			1,296.	1,295.		0.
976	PC'S & MONITORS	012304SL		5.00	16	8,916.			8,916.	8,915.		1.
98	REFRIGERATOR/FREEZER	060107SL		5.00	16	950.			950.	206.		190.
99	DELL LAPTOP	120107SL		5.00	16	657.			657.	77.		131.
100	PROJECTOR	040208SL		5.00	16	947.			947.	47.		189.
101	DELL LAPTOP	081808SL		5.00	16	990.			990.			165.
102	CAMERA	071808SL		5.00	16	270.			270.			50.
103	FILE CABINET	080408SL		10.00	16	130.			130.			12.
	* TOTAL 990-EZ PG 1					166,122.		0.	166,122.	69,989.	0.	4,480.
	DEPR											

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
MISCELLANEOUS EXPENSE		1,663.	
COMMITTEES		10,263.	
SCHOLARSHIPS		4,500.	
OFFICE EXPENSE		27,936.	
ACCOUNTING		4,852.	
MEMBER SERVICES		71,999.	
GOOD GOVERNMENT COUNCIL		22,301.	
TOTAL TO FORM 990-EZ, LINE 16		143,514.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
INVESTMENTS	49,864.	110,178.	
ACCOUNTS RECEIVABLE	19,080.	19,372.	
PREPAID EXPENSES	969.	969.	
OTHER DEPRECIABLE ASSETS	7,778.	7,323.	
TOTAL TO FORM 990-EZ, LINE 24	77,691.	137,842.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCRUED LIABILITIES	8,298.	5,933.	
UNREDEEMED CHAMBER DOLLARS	67,594.	40,865.	
TOTAL TO FORM 990-EZ, LINE 26	75,892.	46,798.	

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENT	314.
TOTAL TO FORM 990-EZ, LINE 20	314.

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 5

DESCRIPTION	AMOUNT
DEPRECIATION	4,480.
OTHER EXPENSES	34,217.
TOTAL TO FORM 990-EZ, LINE 14	38,697.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JIM DENHAM	CHAIR 5.00	0.	0.	0.
MIKE MARTIN	CHAIR ELECT 1.00	0.	0.	0.
GEORGENE MCALHANY	SR. VICE CHAIR 1.00	0.	0.	0.
TOM KRUPICKA	VICE CHAIR 1.00	0.	0.	0.
MARTHA WELLS	VICE CHAIR 1.00	0.	0.	0.
SKIP GRAY	IMMEDIATE PAST CHAIR 1.00	0.	0.	0.
JENNIFER STANAWAY	TREASURER 1.00	0.	0.	0.
GREG BARHAM	DIRECTOR 1.00	0.	0.	0.
TIM FITZPATRICK	DIRECTOR 1.00	0.	0.	0.
GREG HAHN	DIRECTOR 1.00	0.	0.	0.
KEVIN HINES	DIRECTOR 1.00	0.	0.	0.
RICK JOHNSON	DIRECTOR 1.00	0.	0.	0.
RICK KENYON	DIRECTOR 1.00	0.	0.	0.
RON LITWILLER	DIRECTOR 1.00	0.	0.	0.

ALBANY AREA CHAMBER OF COMMERCE

93-0110065

CAROLINE MOUILLE	DIRECTOR 1.00	0.	0.	0.
KIP MUCH	DIRECTOR 1.00	0.	0.	0.
CORDELL POST	DIRECTOR 1.00	0.	0.	0.
DAVID REECE	DIRECTOR 1.00	0.	0.	0.
GREG ROE	DIRECTOR 1.00	0.	0.	0.
DAVE ROTH	DIRECTOR 1.00	0.	0.	0.
DAVID TRIEBES	DIRECTOR 1.00	0.	0.	0.
JOE VINCENT	DIRECTOR 1.00	0.	0.	0.
BUZZ WHEELER	DIRECTOR 1.00	0.	0.	0.
JEFF YODER	DIRECTOR 1.00	0.	0.	0.
JANET STEELE	PRESIDENT 40.00	86,879.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		86,879.	0.	0.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)		
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization ALBANY AREA CHAMBER OF COMMERCE	Employer identification number 93-0110065
	Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 548	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALBANY, OR 97321	

Check type of return to be filed (File a separate application for each return)

- | | | | | | |
|--------------------------------------|---|---|--------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 6069 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

ALBANY CHAMBER OF COMMERCE

• The books are in the care of **▶ 435 FIRST AVE, WEST - ALBANY, OR 97321**
 Telephone No. **▶ (541) 926-1517** 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.

4 I request an additional 3-month extension of time until **MAY 15, 2010**

5 For calendar year _____, or other tax year beginning **JUL 1 2008**, and ending **JUN 30, 2009**

6 If this tax year is for less than 12 months, check reason: - Initial return Final return Change in accounting period

7 State in detail why you need the extension **Additional time is needed to compile the information necessary to file a complete and accurate return.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 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 and any amount paid previously with Form 8868	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶ [Handwritten Signature]** Date **▶ FEB 15 2010**

Application for Extension of Time To File an Exempt Organization Return

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

- 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.**

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.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization ALBANY AREA CHAMBER OF COMMERCE	Employer identification number 93-0110065
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 548	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALBANY, OR 97321	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

ALBANY CHAMBER OF COMMERCE

- The books are in the care of ▶ **435 FIRST AVE, WEST - ALBANY, OR 97321**
Telephone No. ▶ **(541) 926-1517** 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 will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, 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 **JUL 1, 2008**, and ending **JUN 30, 2009**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Debra L. Blasquez, CPA

NOV 13 2009