

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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 \$500,000 and total assets less than \$1,250,000 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.

OMB No 1545-1150

2009**Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization

PAINESVILLE AREA CHAMBER OF COMMERCE

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

ONE VICTORIA PLACE

265A

City or town, state or country, and ZIP + 4

PAINESVILLE, OH 44077

D Employer identification number

34-0447810

E Telephone number

440-357-7572

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).

G Accounting Method ☐ Cash ☒ Accrual
Other (specify) ►**I** Website: ► WWW.PAINESVILLEOHCHAMBER.ORG**J** Tax-exempt status (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 138,402**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	58,050
	4	Investment income	4	273
	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)	5c	0.00
	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	54,407
	b	Less direct expenses other than fundraising expenses	6b	39,174
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	15,233.00	
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	0.00	
8	Other revenue (describe ► MEETINGS, NON-DUES, ADVERTISING INSERTS)	8	25,672	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	99,228.00	
Expenses	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	64,457
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	13,868
	15	Printing, publications, postage, and shipping	15	6,284
	16	Other expenses (describe ► INSURANCE, MEETINGS, OFFICE, ADVT, SUPPLIES)	16	19,988
	17	Total expenses. Add lines 10 through 16	17	104,597.00
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(5,369.00)
	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	53,228.00
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	47,859.00

Part II Balance Sheets. If total assets of line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	33,806	30,616
23 Land and buildings	14,785	14,785
24 Other assets (describe ► A/R, PREPAID EXPENSES)	4,877	3,278
25 Total assets	53,468.00	48,679.00
26 Total liabilities (describe ► CC, DEFERRED INCOME)	240	820
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	53,228.00	47,859.00

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

Expenses

What is the organization's primary exempt purpose? FOSTER ECONOMIC GROWTH AMONG MEMBER ORGANIZATIONS
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 PROMOTION OF THE COMMUNITY AS A VIABLE PLACE TO LIVE,
WORK AND LOCATE BUSINESSES.

(Grants \$) If this amount includes foreign grants, check here ☐

28a

29 CONDUCT MEETINGS TO INFORM AND EDUCATE MEMBERS ABOUT
ACTIVITIES AND CONCERNS RELATING TO BUSINESS AND INDUSTRY.

(Grants \$) If this amount includes foreign grants, check here ☐

29a

30 BUILD GOODWILL THROUGHOUT THE COMMUNITY AND DEVELOP A
COOPERATIVE SPIRIT BETWEEN BUSINESS, COMMUNITY AND LOCAL
GOVERNMENT.

(Grants \$) If this amount includes foreign grants, check here ☐

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here . ☐

31a

32 **Total program service expenses** (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter.		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a , section 4955 40a		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If "Yes," complete Schedule L, Part I 40b		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40e		
41 List the states with which a copy of this return is filed. 41		
42a The organization's books are in care of LINDA REED Telephone no 440-357-7572 Located at ONE VICTORIA PLACE, #265, PAINESVILLE, OH ZIP + 4 44077		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b		X
If "Yes," enter the name of the foreign country 42b See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U S ? 42c If "Yes," enter the name of the foreign country 42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b 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 **Yes** **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **46** **47**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48**
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a**
- b** If "Yes," was the related organization a section 527 organization? **49b**
- 50** Complete this table for the organization's 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."

(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

f Total number of other employees paid over \$100,000 ▶

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

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.								
	<div style="display: flex; align-items: center;"> <div style="flex: 1;"> </div> <div style="flex: 1; text-align: right;"> Date 5-11-10 </div> </div>								
	<div style="display: flex; align-items: center;"> <div style="flex: 1;"> Signature of officer <div style="border-bottom: 1px solid black; padding-bottom: 2px;">LINDA REED</div> Type or print name and title </div> </div>								
Paid Preparer's Use Only	Preparer's signature		Date	5/10/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)			
	Firm's name (or yours if self-employed), address, and ZIP + 4	JONES BATTLES GROUP LLC			EIN	20-5987709			
	7879 AUBURN RD, #1B, CONCORD, OH 44077			Phone no	440-352-4488				
May the IRS discuss this return with the preparer shown above? See instructions ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									

PAINESVILLE AREA CHAMBER OF COMMERCE
EIN: 34-0447810
TAX YEAR: 12/31/2009

**STATEMENT 1 - FORM 990-EZ, PART IV- CURRENT OFFICERS, DIRECTORS, TRUSTEES,
AND KEY EMPLOYEES**

<u>Name</u>	<u>Titles</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
Linda Reed	Exec. Director	30	35,326	3897	0
Kathleen Obrenski	Asst Director	20	22,727	2507	0
Jeff McKinney	Past President	2	0	0	0
Jim Federico	President	2	0	0	0
Cathie Moss	1st VP	2	0	0	0
Libby Hill	2nd VP	2	0	0	0
Dave Battles	Treasurer	2	0	0	0
Tracy Bellamy	Trustee	1	0	0	0
Mary Jo Boswell	Trustee	1	0	0	0
Melissa Clayton	Trustee	1	0	0	0
Jim Froehlich	Trustee	1	0	0	0
Dave Komjati	Trustee	1	0	0	0
Greg Manning	Trustee	1	0	0	0
Tony Pochiro	Trustee	1	0	0	0
Fred Pollutro	Trustee	1	0	0	0
Gary Robinson	Trustee	1	0	0	0
John Gaghan	Trustee	1	0	0	0
Scott Stachiw	Trustee	1	0	0	0
Tom Szabo	Trustee	1	0	0	0
Gary Vaccariello	Trustee	1	0	0	0
Allen Weaver	Trustee	1	0	0	0
			58,053	6,404	