COMMITTEE ON NATURAL RESOURCES

113th Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Subcommittee on Public Lands and Environmental Regulation
Legislative Hearing on H.R. 2015 (Horsford), the "Las Vegas Valley Public Land and Tule Springs Fossil
Beds National Monument Act of 2013."
October 3, 2013

For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:
* * * *
For Witnesses Representing Organizations:
1. Name: Kristin McMillan, President & CEO
 Name of Organization(s) You are Representing at the Hearing: Las Vegas Metro Chamber of Commerce
3. Business Address: [Redacted for privacy]
4. Business Email Address: [Redacted for privacy]
5. Business Phone Number: [Redacted for privacy]

For all Witnesses

Name/Organization: Kristin McMillan/Las Vegas Chamber of Commerce

Title/Date of Hearing Subcommittee on Public Lands and Environmental Regulation, Legislative Hearing on H.R. 2015 (Horsford), the "Las Vegas Valley Public Land and Tule Springs Fossil Beds National Monument Act of 2013."

October 3, 2013

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

No

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

No

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

No

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

No

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

None

Witnesses Representing Organizations

Name/Organization: Kristin McMillan/Las Vegas Chamber of Commerce

Title/Date of Hearing Subcommittee on Public Lands and Environmental Regulation, Legislative Hearing on H.R. 2015 (Horsford), the "Las Vegas Valley Public Land and Tule Springs Fossil Beds National Monument Act of 2013."

October 3, 2013

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

President & CEO

i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

No

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

None

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None

l. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104).

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047 Open to Public

epartment of the Treasury ernal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Inspection

-A	For the	e 2009 calendar year, or tax year beginning and ending		
В	Check if	Please C Name of organization	D Employer identifi	ication number
	applicab	use IRS GREATER LAS VEGAS		
	Addre			
			E, 88-0	035080
	lnitial return	Number and street (of P.O. Dox if mail is not delivered to street address) hooling	1 —	
	Termi ated	n- Specific 6671 LAS VEGAS BLVD., SOUTH 300	702-	
	Amen	ded tions. City or town, state or country, and ZIP + 4	G Gross receipts \$	11,692,875.
	Applic	LAS VEGAS, NV 89119-3290	H(a) Is this a group r	
	pendi	F Name and address of principal officer: KARA KELLEY	for affiliates?	
		SAME AS C ABOVE	H(b) Are all affiliates in	cluded? Yes No
1	Tax-ex	empt status: X 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a	list. (see instructions)
J	Websi	te: ► WWW.LVCHAMBER.COM	H(c) Group exemption	on number 🕨
			ear of formation: 1911 r	v State of legal domicile: NV
-	1	Briefly describe the organization's mission or most significant activities: THE MISS	ION OF THE LA	S VEGAS
Governance		CHAMBER OF COMMERCE IS TO STRENGTHEN, ENHANCE	E AND PROTECT	BUSINESS
rna	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of its net a	șsets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)	3	
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
8	5	Total number of employees (Part V, line 2a)	5	66
/itie				180
Activities &				548,805.
⋖				78,409.
			Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1h)	5,591,275.	5,028,954.
Revenue	9		801,513.	599,896.
eve	10		-3,476,610.	-324,465.
Œ	11	·	818,602.	648,945.
	i		3,734,780.	5,953,330.
				
	1			
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,709,487.	3,148,553.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
De l	b		nasymany, addicie	
Ω	17	- · · · · · · · · · · · · · · · · · · ·	3,913,545.	3,429,972.
	1		7,623,032.	6,578,525.
	19		-3,888,252.	-625,195.
TO S			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	15,436,454.	16,862,695.
ASS	21	Total liabilities (Part X, line 26)	3,850,402.	3,369,309.
Net Assets or Fund Balances	22		11,586,052.	13,493,386.
P	art II			
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme	ents, and to the best of my knowled	ige and belief, it is true, correct,
		and complete, because of prepare (one man once) to based on an information of must prepare the any morning		
Sig	ın			
He		Signature of officer	Date	
		Classified Chandber OF COMMERCE INC.		
		Type or print name and title		
$\overline{}$	<u> </u>	Preparers		er's identifying number structions)
)i				
	parer's	Firm's name (or RSM MCGLADREY, INC.	EIN ▶	
Use	Only	self-employed). 300 SOUTH 4TH STREET, SUITE 600		
		l address and	Phone no. ► 7	02 759 4000
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

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

) (Revenue \$

4e Total program service expenses ►\$

			Yes	No_
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
ノ	If "Yes," complete Schedule A	1		<u>X</u> _
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		X
3	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	3	х	
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	N/	A
4	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
5	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5	Х	<u>-</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	_		7.7
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		<u>X</u> _
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			***
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		_X_
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
10	If "Yes." complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
••	as applicable	11	X	Jan 1007
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		árei Carif	
	Part VI.			
•	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? If "Yes," complete Schedule D, Part VII.			
•	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? If "Yes," complete Schedule D, Part VIII.			
•	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? If "Yes," complete Schedule D, Part IX.		14156 S. 14156 C.	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	K.		
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	X 225.5		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	E-217111	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	N.1264:	i terebijki	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			₹.
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			- V
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	,,,		X
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		x
	1c and 8a? If "Yes," complete Schedule G, Part II	10	1	 ** -
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
20_	Did tile digaritzation operate one or more noopitals; in 160, complete concessor. Infilminiminiminiminiminimini	Form	990	(2009)

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GREATER LAS VEGAS Form 990 (2009) CHAMBER OF COMMERCE,
Part IV Checklist of Required Schedules (continued) INC.

			Yes	No
	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			110
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
00	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
02	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			Ī
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete],		
	Schedule J	23	X	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
4	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		,	
230	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	N/	A
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
U	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	25b	N/	A
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	1		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		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):	STARE!		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	ļ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		ľ	47
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			. 57
	Schedule N, Part II	32_		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	┼
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		.	
	If "Yes," complete Schedule R, Part V, line 2	35	X	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		NT /	, ,
	If "Yes," complete Schedule R, Part V, line 2	36	N/	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		A
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	X	
	Note. All Form 990 filers are required to complete Schedule O.			(2009)

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GREATER LAS VEGAS Form 990 (2009) CHAMBER OF COMMERCE, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
)	U.S. Information Returns. Enter -0- if not applicable	1a	29			3
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming	English S		
·	(gambling) winnings to prize winners?		,	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	66		1124681	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see				i prilografi	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covere			_3a	X	
b				3b	X	Ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X_
b	If "Yes." enter the name of the foreign country:			344.5		
-	See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign	Bank a	and			
	Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	<u> </u>	X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction	?	5b_		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	erding	Prohibited			
	Tax Shelter Transaction?			5c	ļ	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	anization solicit			
	any contributions that were not tax deductible?			6a	X	ļ
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions c	or gifts	2		
	were not tax deductible?			6b	X	13:383
7	Organizations that may receive deductible contributions under section 170(c).		N/A	1988		janta
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	and services			
	provided to the payor?			7a	-	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	•••••••		7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	luired	_		
	to file Form 8282?	······································	T	7c	i iliigia)	11/10/242
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			i mundi Diose	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a page 10 miles of the organization of the or	persor	nal		mnii.	in in it is
	benefit contract?			7e	-	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract'?		7f	+	╁
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required'	?		7g	-	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	Jasr∈	equirea?	7h	(KIER	i chick
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	ganız	ations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess D	usiness noidings N/A	8	: Lingaliabila	195441131 <u>)</u>
	at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.		NT / Z	9a	2011114	i fallestati
а	Did the organization make any taxable distributions under section 4966?			9b	1 -	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		*X/.AA		i Regist.	
10	Section 501(c)(7) organizations. Enter:	10a	1			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b		LIOD	<u> </u>			
11	Section 501(c)(12) organizations. Enter:	11a				
a		ı ıa				
b		11b				
	amounts due or received from them.)		?	12a		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	İ			1
_ <u>b</u>	If "Yes," enter the amount of tax-exempt interest received of accrued during the year	1 121		Forn	1990	(2009)

Form 990 (2009) CHAMBER OF COMMERCE, INC. 88-0035080 Page
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.

ec	tion A. Governing Body and Management						
			r			Yes	No
1a	Enter the number of voting members of the governing body	1a		28			
b	Enter the number of voting members that are independent	1b	<u> </u>	27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p witl	n any other				
	er the number of voting members of the governing body In the number of voting members that are independent In the number of voting members that are independent In the number of voting members that are independent In the number of voting members that are independent In the number of voting members that are independent In the number of voting members or the see, or key employees to a management company or other persor; the organization delegate control over management duties customarily performed by or under the direct supervision fiftiers, directors or trustees, or key employees to a management company or other persors or the organization make any significant changes to its organizational documents since the prior Form 990 was filed? the organization have members or stockholders? In the organization have members or stockholders? In the organization have members, stockholders, or other persons who may elect one or more members of the employed. In the organization or the governing body subject to approval by members, stockholders, or other persons? The organization contemporaneously document the meetings held or written actions undertaken during the year no error organization contemporaneously document the meetings held or written actions undertaken during the year no error organization to contemporaneously document the meetings held or written actions undertaken during the year no error organization in the subject of the governing body? In committee with authority to act on behalf of the governing body? In committee with authority to act on behalf of the governing body? In committee with authority to act on behalf of the governing body? In the organization have local chapters, branches, or affiliates? In the organization have local chapters, branches, or affiliates? In the organization have for protector are consistent with those of the organization? In the organization have a written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operati			2		X	
3				•			
					3		X
4					4		X
5					5		X
6					6	_X_	
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embe	rs of the	İ			
	governing body?]	7a	_X_	
b		rsons	?]	7b		X
8							
	by the following:			ŀ			
а	Enter the number of voting members of the governing body Inter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to define direct or officers, directors or trustees, or key employees to a management company or other person? 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? Did the organization become aware during the year of a material diversion of the organization's assests? Did the organization have members or stockholders? Does the organization have members or stockholders? Does the organization have members or stockholders? Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? And any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? 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? If 'Yes' provide the names and addresses in Schedule O. Does the organization have local chapters, branches, or affiliates? If 'Yes,' does the organization have written policles and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization. Bescribe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written whistleblower policy? Does the organization have a written decinement retention and destruction policy? Did the]	8a	X	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the		1		·
				<u></u>	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	even	ue Code.)				
				г		Yes	No_
					10a		X
b		chap	ters, affiliates,				
	and branches to ensure their operations are consistent with those of the organization?				10b		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ling t	he form?		11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			ļ			
12a	inter the number of voting members that are independent		12a	_X_	<u> </u>		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	uld gi	ve rise				
	to conflicts?				12b	X	<u> </u>
С						77	1
		••••		·····		_X	
13						X	
14				·····	14	X	turkja pro
15	tition, director, trustee, or key employee? d the organization delegate control over management duties customarily performed by or under the direct supervision officers, directors or trustees, or key employees to a management company or other person? d the organization make any significant changes to its organizational documents since the prior Form 990 was filed? d the organization become sware during the year of a material diversion of the organization's assets? des the organization have members or stockholders? bes the organization have members or stockholders, or other persons who may elect one or more members of the overning body? a ray decisions of the governing body subject to approval by members, stockholders, or other persons? d the organization contemporaneously document the meetings held or written actions undertaken during the year of the following: a governing body? there any officer, director, trustee, or key employee listed in Pert VII, Section A, who cannot be reached at the ganization's mailing address? If "Yes," provide the names and addresses in Schedule O m B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Does the organization have local chapters, branches, or affiliates? "Yes," does the organization have written policies and procedures governing the activities of such chapters, diffiliates, do branches to ensure their operations are consistent with those of the organization? The schedule O the process, if any, used by the organization to review this Form 990. Set the organization have a written policies and procedures governing the activities of such chapters, diffiliates, and branches to ensure their operations are consistent with those of the organization. The schedule O the process, if any, used by the organization to review this Form 990. Set the organization have a written policies and procedures of the organization with the policy? The set the organization have written policies of the organization of the deli						
						12000 37	
				}		X	
b		• • • • • • • •			155	A.	10400100
			90.				
16a	-					HKKEII V	Militari
	taxable entity during the year?				тьа	X	37.84384
b							
				ľ	16P	Awmin	х
		•••••			IOD		
17		(501	(c)(3)e oply) ava	ilable :	 for		
18		(50)	(c)(c)s only) ava	iiiubio	01		
46		onflic	et of interest poli	icy an	d fine	ncial	
19	·	יטוווונ	v or mirerest hou	oy, ail	u iiild	ioiai	
		nd re	cords of the ora	anizati	on:	•	
٥	organization contemporaneously document the meetings held or written actions undertaken during the year following: werning body? any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the attation's mailing address? If "Yes," provide the names and addresses in Schedule O 9. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) **ne organization have local chapters, branches, or affiliates? **does the organization have written policies and procedures governing the activities of such chapters, affiliates, anches to ensure their operations are consistent with those of the organization? **does the organization have written policies and procedures governing the activities of such chapters, affiliates, anches to ensure their operations are consistent with those of the organization? **does the organization have in the policies and procedures governing the activities of such chapters, affiliates, anches to ensure their operations are consistent with those of the organization? **does the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 10a in Schedule O the process, if any, used by the organization to review this Form 990. 11a en organization have a written conflict of interest policy? If "No," go to line 13 12a cers, directors or trustes, and key employees required to disclose annually interests that could give rise licits? 12a re organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe decide O how this is done 12a organization have a written whistleblower policy? 12b process for determining compensation of the following persons include a review and approval by independent s, comparation have a written whistleblower policy? 12b process for determining compensation of the following persons include a review and approval by independent spanization of SCD, Executive Director, or top management official		.UII.				
		r :	39119-32	9.0			
	OUT THE ARGUST DIANS, POOTIL DIE 200, THE ARGUST, IAA		<u> </u>				

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not	compensate an	y cu	ırren			, dire	ecto		·	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	١,,		Pos			1. A	Reportable	Reportable compensation	Estimated amount of
	hours	(CI	neci	(all	tnat	app	iy)	compensation from	from related	other
	per week	Individual trustee or director		·				the	organizations	compensation
•		- G	23			sated		organization	(W-2/1099-MISC)	from the
		ruste	1 trust		8	mpen		(W-2/1099-MISC)		organization
		dualt	nstitutional trustee	<u> </u>	Key employee	est co oyee	 ==	,		and related organizations
		Indiv	Instit	Officer	Key 6	Highest compensated employee	Former			Organizations
BOB ANSARA	0.10							0	0.	0.
TRUSTEE	0.10	X	ļ	<u> </u>		├-		0.	<u> </u>	<u> </u>
CHARLES ATWOOD								_	0.	0.
TRUSTEE	0.10	X	-	<u> </u>	├	1		0.	0.	<u> </u>
MICHAEL BONNER	0.10							_	0.	0.
EXECUTIVE COMMITTEE	0.10	X	 	<u> </u>	-	╀		_0.	0.	<u> </u>
BOB BROWN	0 10	37						0.	0.	0.
TRUSTEE	0.10	X	-	-		 -		0.		<u></u>
SENATOR RICHARD BRYAN	0 10	37						0.	0.	0.
TRUSTEE	0.10	X	-	-	-	-	-		0.	- 0.
KEVIN BURKE	0.10	х						0.	0.	0.
EXECUTIVE COMMITTEE	0.10	Δ.		 	ļ	 		<u></u>	0.	
DORIS CHARLES	0.10	x		١.				0.	. 0.	0.
TRUSTEE	0.10	Δ.	-	-	-	1	·	0.		
CORNELIUS EASON	0.10	x						0.	ο.	0.
TRUSTEE ROBBIE GRAHAM	0.10	^	 	╁	 	 				
	0.10	x				١.	ļ	0.	. 0.	0.
TRUSTEE JAY BARRETT	0.10	122	-	 	 					
TRUSTEE	0.10	X						0.	ο.	0.
VICKY VANMEETREN	0.10	23		-		1-	\vdash			
TRUSTEE	0.10	x						0.	0.	0.
BART JONES	1 000		 		\vdash		-			
TRUSTEE	0.10	$ \mathbf{x} $						0.	. 0.	0.
GINA POLOVINA				1		Τ				
TRUSTEE	0.10	x			1			0.	. 0.	0.
KEVIN RABBITT										
TRUSTEE	0.10	X						0.	0.	0.
ARRY SINGER										
RUSTEE	0.10	x					L_	0.	. 0.	0.
BRUCE SPOTLESON										
TRUSTEE	0.10	X						0.	. 0.	0.
JOHN WILSON										
TRUSTEE	0.10	X						0.	. 0.	0.
932007 02-04-10										Form 990 (2009)

CHAMBER OF COMMERCE, INC

Part VII Section A. Officers, Directors, Tru (A)	(B)	npic	oyee	s, a (C		nign	est	(D)	(E)		(F)
Name and title	Average			Posi		1		Reportable	Reportable		Estimated
) Name and this	hours	(c				app	ly)	compensation	compensatio	n	amount of
	per				-	T		from	from related	- 1	other
	week	ndividual trustee or director				5		the	organizations		compensation from the
		iee or	stee			ensate		organization (W-2/1099-MISC)	(W-2/1099-MIS	,0)	organization
		trust	aal tru		oyee	omp.		(44-5/1088-141120)			and related
		vidua	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				organizations
		置	list	₩	Key	울등	훈				
NANCY WONG											•
TRUSTEE	0.10	X	<u> </u>					0.		0.	0.
FAFIE MOORE										_	•
VICE CHAIRMAN - MEMBER S	0.10	X			L	ļ		0.		0.	0.
STEVE HILL											
CHAIRMAN OF THE BOARD	0.10	X				_	ļ	0.		0.	0.
KEVIN ORROCK											
VICE CHAIR FINANCE	0.10	X				Ĺ	<u> </u>	0.		0.	0.
HUGH ANDERSON											
VICE CHAIR GOVT AFFAIRS	0.10	X			<u> </u>	ļ	<u> </u>	0.		0.	0.
MICHELE TELL WOODROW											0
TRUSTEE	0.10	X	<u> </u>			<u> </u>		0.		0.	0.
MICHAEL YACKIRA			,							_	0
TRUSTEE	0.10	X	<u> </u>		_	ļ	-	0.		0.	0.
KRISTIN MCMILLAN			Ì			İ				_	•
CHAIRMAN ELECT	0.10	X			ļ			0.		0.	0.
COREY JENKINS									• .	_	^
TRUSTEE	0.10	X	ļ			_	ļ	0.		0.	0.
RICH WORTHINGTON										_	^
EXECUTIVE COMMITTEE	0.10	X		L		<u>l_</u>		0.		0.	31,305.
1b Total						<u> </u>		975,178.			31,303.
Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	,υυυ in reportabl	e	6
compensation from the organization							· ·				Yes No
					1 _		1	-i-bt componented or	mployee en		
3 Did the organization list any former officer,	director or tru	stee	е, ке	y en	npio	yee,	ori	nignest compensated er	Tiployee on		3 X
line 1a? If "Yes," complete Schedule J for s	uch inaiviauai							hor componentian from	the organization		
4 For any individual listed on line 1a, is the su	ım or reportati	ile c	omp	ensa	auoi Sab	n an	u ou G J	for such individual	tile Organization		4 X
and related organizations greater than \$15Did any person listed on line 1a receive or a	u,uuu?II res	, ()(inpi	ere .	on	euui	rolot	tod organization for seni	ices rendered to	······	
the organization? If "Yes," complete Sched										i	5 X
Section B. Independent Contractors	ale o foi sacii	рел	3011	*****							
	mnensated in	den	ende	ent c	cont	ract	ors 1	that received more than	\$100,000 of con	npens	ation from
1 Complete this table for your five nignest co	mponoatoa in	uop	01141						•	•	
(A)								(B)			(C)
Name and business	address							Description of s	services	C	Compensation
IN BUSINESS LAS VEGAS										-	
	ENDERSO:	N,	N	V	89	07	4	MAGAZINE PUE	LISHER		135,560.
2500 GOZIZ GIZINE									,		•
								-			
	•										
· · · · · · · · · · · · · · · · · · ·											
											litary year light list in the list
2 Total number of independent contractors (including but :	not l	imite	ed to	the	ose I	isted	d above) who received r	nore than		
\$100,000 in compensation from the organi						1		•			

GREATER LAS VEGAS

88-0035080 Page 9 OF COMMERCE, INC. CHAMBER Form 990 (2009) Statement of Revenue Part VIII (D) Revenue excluded from (A) (B) (C) Unrelated Related or Total revenue business tax under exempt function sections 512, revenue revenue 513, or 514 1 a Federated campaigns 1a 1b 4 ,003,332. b Membership dues 10 c Fundraising events 432,941. d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 592,681. similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 028,954 h Total. Add lines 1a-1f **Business Code** 599,896. 2 a MEMBERSHIP SERVICES 541900 599,896. Program Service Revenue f All other program service revenue 599,896. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 303,528. 303,528 other similar amounts) Income from investment of tax-exempt bond proceeds 4 96,610. 65,000. 161,610 5 Royalties (ii) Personal (i) Real 82,627 8,348. 6 a Gross Rents 81,478 b Less: rental expenses 1,149. 8,348. c Rental income or (loss) 8,348. 1,149. 9,497. <u>....</u>... **>** d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 4970875 7,915. assets other than inventory b Less: cost or other basis 5605660 1,123. and sales expenses c Gain or (loss) -634785. 6,792. -627,993-627,993. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue includina \$ contributions reported on line 1c). See Part IV, line 18 _____a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 _____a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 30,035. and allowances 51,284. b Less: cost of goods sold -21,249 c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 340,055. 11 a ADVERTISING REVENUE 511190 340,055. 23,630. 85,487. 900099 109,117. b OTHER REVENUE 49,915. 722320 49,915. c CATERING INCOME d All other revenue 499,087 e Total. Add lines 11a-11d 548,805. 400,138. -24,567.953,330. Total revenue. See instructions.

Form 990 (2009)

88-0035080 Page 10 CHAMBER OF COMMERCE. INC. 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) but are not required to complete columns (B), (C), and (D). (B) Program service (A) Total expenses (D) Fundraising (C) Management and Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 563,976. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,198,382. Other salaries and wages 7 Pension plan contributions (include section 401(k) 21,682. and section 403(b) employer contributions) 175,119. Other employee benefits 9 189,394. Payroll taxes 10 Fees for services (non-employees): a Management Legal _____ b Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 292,956. Other _____ g 173,706. Advertising and promotion 12 379,116. Office expenses 13 64,782. Information technology 14 Royalties 15 960,046. Occupancy 16 69,167. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 4.148. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 497,211 Depreciation, depletion, and amortization 22 18,902. Insurance 23 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 262,393. ACTIVITIES 243,080. PREVIEW 209,391. c BARTER 146,359. d READERSHIP

7,000.

101,715.

6,578,525.

f

TAXES

All other expenses

Total functional expenses. Add lines 1 through 24f

Joint costs. Check here | if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Pa	rt X	Balance Sheet			
7			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,784,091.	1	1,472,984.
	2	Savings and temporary cash investments	20,092.	2_	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	35,516.	4	72,964.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	•	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	<u> </u>
Ø	7	Notes and loans receivable, net	12,134.	7	11,748.
Assets	8	Inventories for sale or use	24,757.	8	18,903.
As	9	Prepaid expenses and deferred charges	331,555.	9	280,430.
	10a	Land, buildings, and equipment: cost or other		i de est	
	.00	basis. Complete Part VI of Schedule D10a 4 , 089 , 082			
	ь	Less: accumulated depreciation 10b 1,073,854		10c	3,015,228.
	11	Investments - publicly traded securities	9,484,486.	11	11,732,778.
	12	Investments - other securities. See Part IV, line 11	251,719.	12	257,660.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
* •	15	Other assets. See Part IV, line 11	1	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	16,862,695.
	17	Accounts payable and accrued expenses	614,742.	17	271,813.
	18	Grants payable	·	18	
	19	Deferred revenue	1 2 2 2 2 2 2 2 2	19	3,097,496.
	20	Tax-exempt bond liabilities	l .	20	
w	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
ig		highest compensated employees, and disqualified persons. Complete Part II			
Ë		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	3,355.		0.
	26	Total liabilities. Add lines 17 through 25	3,850,402.	26	3,369,309.
		Organizations that follow SFAS 117, check here X and complete			
Š		lines 27 through 29, and lines 33 and 34.		300	
. 2	27	Unrestricted net assets	11,586,052.	27	13,493,386.
ala	28	Temporarily restricted net assets		28	
дp	29	Permanently restricted net assets		29	TANKS OF THE CONTROL OF THE PROPERTY OF THE PR
ä		Organizations that do not follow SFAS 117, check here and			
o.		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥ A	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	11,586,052.		13,493,386.
	34	Total liabilities and net assets/fund balances	15,436,454.	34	16,862,695.
					Form 990 (2009)

Form 990 (2009)

Form 990 (2009) Part XI Financial Statements and Reporting Yes X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X Were the organization's financial statements audited by an independent accountant? c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: Separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit X Act and OMB Circular A-133? За 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.

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Open to Public Inspection

partment of the Treasury

For Organizations Exempt From mounte rax order section of its and section of

Complete if the organization is described below.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

 Section 501(c)(4), (5), or (6) organiza 		ax), men		·
	LAS VEGAS		Emp	loyer identification number
CILAMDED	OF COMMEDCE THO	•		88-0035080
Part I-A Complete if the org	ganization is exempt under	r section 501(c) o	r is a section 527 o	organization.
Provide a description of the organization.	zation's direct and indirect political	campaign activities in	Part IV.	
2 Political expenditures			▶\$	S
3 Volunteer hours			***************************************	
Part I-B Complete if the org	ganization is exempt unde	r section 501(c)(3).	
1 Enter the amount of any excise tax	incurred by the organization under	section 4955	▶\$	S
2 Enter the amount of any excise tax	incurred by organization managers	s under section 4955		·
3 If the organization incurred a section	on 4955 tax, did it file Form 4720 fo	r this year?	·	Yes No
4a Was a correction made?				
b If "Yes," describe in Part IV.				() (0)
	ganization is exempt unde			(c)(3).
1 Enter the amount directly expende	d by the filing organization for sect	on 527 exempt function	on activities 🕨 🕄	S
2 Enter the amount of the filing organ	nization's funds contributed to othe	r organizations for sec	ction 527	
exempt function activities				<u> </u>
3 Total exempt function expenditures	s. Add lines 1 and 2. Enter here and	d on Form 1120-POL,		
line 17b			▶ 9	-
4 Did the filing organization file Form	1120-POL for this year?			Yes No
5 Enter the names, addresses and en	mployer identification number (EIN)	of all section 527 poli	tical organizations to which	ch payments were made.
For each organization listed, enter	the amount paid from the filing org	anization's funds. Also	enter the amount of poli	tical contributions received
that were promptly and directly del				
(PAC). If additional space is neede	d, provide information in Part IV.			
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
		,	funds. if none, enter -0	1
			,	delivered to a separate
				political organization. If none, enter -0
				ii none, enter e :
LAS VEGAS CHAMBER OF		00 0020264	0	. 162,394.
COMMERCE BIZPA	89119-3290	88-0239364	0	104,394
	i ·			
	1	l .	1	1

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990 or 990-EZ) 2009

GREATER LAS VEGAS

Schedule C (Form 990 or 990-EZ) 2009 CHZ	MBER OF	COMMERCE,	INC.	88-0	035080 Page 2
Part II-A Complete if the organiza (election under section 5	tion is exei	mpt under sectioi	ח סטונטונטן מווע ווו	ed Form 5706	
		listed group			
Check if the filing organization be if the filing organization ch			visions apply.	•	
	obbying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence p	ublic opinion (arass roots lobbying)			
b Total lobbying expenditures to influence a					
c Total lobbying expenditures (add lines 1a					
e Total exempt purpose expenditures (add	ines 1c and 1c	d)			
f Lobbying nontaxable amount. Enter the a					•
If the amount on line 1e, column (a) or (b) is:		bying nontaxable amo			
Not over \$500,000	1	the amount on line 1e.			
Over \$500,000 but not over \$1,000,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,00		00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000			
		<u> </u>			
g Grassroots nontaxable amount (enter 259	and the second s				
h Subtract line 1g from line 1a. If zero or les					·
i Subtract line 1f from line 1c. If zero or les	s, enter -0				<u> </u>
j If there is an amount other than zero on e				Г	¬,, ,
reporting section 4911 tax for this year?				L	Yes No
columns	that made a s below. See th	eraging Period Under section 501(h) election e instructions for line	i do not have to comp s 2a through 2f on pa	plete all of the five age 4.)	
L	obbying Expe	nditures During 4-Yea	r Averaging Period	I	
Calendar year (or fiscal year beginning in)	a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount			·		
b Lobbying ceiling amount					
(150% of line 2a, column(e))					:
	-				
c Total lobbying expenditures					
d Grassroots nontaxable amount	tag same	one of the state o	viesbrave (anglares de ricore la Os	r september a Marting newspropy of the policy of the page	
e Grassroots ceiling amount					
(150% of line 2d, column (e))	fashirappanihi				
f Grassroots lobbying expenditures				Schedule C (Form	990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 CHAMBER OF COMMERCE, INC. 88-003508
| Part: II-B| Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

—ـــــــــــــــــــــــــــــــــــــ		(;	a)	(b)
		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or				
•	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u> </u>			
c	Media advertisements?				
d	Mailings to members, legislators, or the public?			ļ	
e e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
a a	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
	Total. Add lines 1c through 1i				
00	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912	i de la compania de la compania de la compania de la compania de la compania de la compania de la compania de			
D	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
-1	If the filing arganization incurred a section 4912 tay, did if file Form 4720 for this year?		,	Santing Section	
Par	till-A Complete if the organization is exempt under section 501(c)(4),	on 501 (c)(5), or s	ection	
20.00.	501(c)(6).				
				Yes	<u>No</u>
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		X
Par	tillial Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)(5), or s	ection	
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."	rt III-A, Ii	ine 3 is a	ınswered	
<u>. </u>	Dues, assessments and similar amounts from members		1	4.003	3,332.
1			14.650		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	Cai			
	expenses for which the section 527(f) tax was paid).		_	163	2,394.
а				102	1,55 = 0
b	Carryover from last year	· · · · · · · · · · · · · · · · · · ·	2b	161	3,394.
С	Total		2c		333.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	= -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	Cess	13533		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		1	225	7,939.
5	Taxable amount of lobbying and political expenditures (see instructions)	<u></u>	5	-43	1,333.
Pai	t IV Supplemental Information				II-I
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II-B	, line 11. Als	so, complete	tnis part
	ny additional information.		•		
PAI	RT I-C CONTINUATION:				
LA;	S VEGAS CHAMBER OF COMMERCE BIZPAC FUND				
66'	71 LAS VEGAS BLVD, SOUTH NO. 300 LAS VEGAS, NV 891	19-329	0		
	N: 88-0239364 COL (D) AMOUNT: 0. COL (E) AMOUNT	. 162	394.		

Schedule D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ➤ Attach to Form 990. ➤ See separate instructions.

epartment of the Treasury ernal Revenue Service Name of the organization

GREATER LAS VEGAS

Employer identification number 88-0035080

	CHAMBER OF COMMERCE art I Organizations Maintaining Donor Advised	Funds or Other Similar Fu	unds or Accounts Complete if the
Pa	art Organizations Maintaining Donor Advised		illas of Accounts: Complete ii inc
	organization answered "Yes" to Form 990, Part IV, line 6	6. (a) Donor advised funds	(b) Funds and other accounts
	·	(a) Donor advised funds	(b) i unus and other deseants
, 1			
2	4 5 -		
3			
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor	advised funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds ca	n be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purp	oose conferring
	impermissible private benefit?		Yes No
Pa	art II Conservation Easements. Complete if the orga		90, Part IV, line 7.
1			
	Preservation of land for public use (e.g., recreation or ple		n historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
. 2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	form of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
		į.	
á	a Total number of conservation easements		
1	b Total acreage restricted by conservation easements		
•	c Number of conservation easements on a certified historic struc		
•	d Number of conservation easements included in (c) acquired af	fter 8/17/06	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated t	by the organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5			g of Yes No
	violations, and enforcement of the conservation easements it i	noids?	
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements d	uring the year
7	Amount of expenses incurred in monitoring, inspecting, and el	ntorcing conservation easements d	170/b\/4\/D\/i\
8			
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservatio	on easements in its revenue and exp	ribes the organization's accounting for
	include, if applicable, the text of the footnote to the organization	on's financial statements that desc	libes the digatization a accounting to
	conservation easements. art III Organizations Maintaining Collections of	Art Historical Treasures	or Other Similar Assets.
12	Complete if the organization answered "Yes" to Form 9	990 Part IV line 8.	
	Complete if the organization answered Tes to Form of	500,1 4,117,	
	la If the organization elected, as permitted under SFAS 116, not	to report in its revenue statement a	and balance sheet works of art, historical
1	treasures, or other similar assets held for public exhibition, edi	ucation or research in furtherance	of public service, provide, in Part XIV, the text of
			01,000.00
	the footnote to its financial statements that describes these its b. If the organization elected, as permitted under SFAS 116, to re-	enort 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 nublic s	ervice, provide the following amounts relating to
	·	research in furtherarios of public s	orriso, provide and remaining and
	these items:		> \$
	(i) Revenues included in Form 990, Part VIII, line 1		\$
	to the second and an health works of out biotorical trace	ecures or other similar assets for fin	ancial gain, provide
\setminus^2	2 If the organization received or neid works or art, riistorical trea the following amounts required to be reported under SFAS 11		
ノ	Develope included in Form 000 Part VIII line 1		> \$
	b Assets included in Form 990, Part VIII, line 1		> \$
	p Assets included in Form 350, Part A		······································

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Sche	dule D (Form 990) 2009 CHAMBER	OF COMMER	CE,	INC.					0 Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical T	reasures,	or Other	Similar Ass	ets (cont	inued)
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	e following tha	at are a sigr	nificant use of i	s collectio	n items
) .	(check all that apply):		<u> </u>						
√ a	Public exhibition	d		Loan or ex	change progra	ams			
b	Scholarly research	е		Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how th	ney further	the organizati	ion's exem _l	ot purpose in P	art XIV.	4
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical tre	asures, or oth	er similar a	ssets		
_	to be sold to raise funds rather than to be ma							Yes	No_
Par	t IV Escrow and Custodial Arran							ne 9, or	
	reported an amount on Form 990, Par					·. ·			
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributio	ns or other as	ssets not in	cluded		
	on Form 990, Part X?							Yes	L No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table:					
-								Amoun	t
. с	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year								
f	Ending balance							<u> </u>	
	Did the organization include an amount on Fo	orm 990, Part X, line	21?			·	[Yes	No
	If "Yes." explain the arrangement in Part XIV.							·	
	t V Endowment Funds. Complete in		swered	"Yes" to F	orm 990, Part	IV, line 10.			
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (d) Three years ba	ck (e) Fou	r years back
1a	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
_	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year		as:		•				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
.c	1 CHILL CHILD WILLDING	%							
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held	and administe	ered for the	organization		
	by:				•				Yes No
	(i) unrelated organizations							3a(i)	-
	(ii) related organizations							3a(ii)	ļ
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required of	n Sche	dule R?				3b	
4	Describe in Part XIV the intended uses of the	organization's ende	owment	funds.					
Pai	t VI Investments - Land, Building	gs, and Equipm	ent. Se	e Form 99	0, Part X, line	10.			
	Description of investment	(a) Cost or o	ther	(b) Cos	st or other	(c) Acc	umulated	(d) Boo	ok value
		basis (invest		basi	s (other)	depr	eciation		
1a	Land								
b	Buildings								
~	Leasehold improvements			2,0	56,040.	3	60,513.	1,69	5,527.
d	Equipment			2,0	24,247.	7	11,068.	1,31	<u>3,179.</u>

6,522.

3,015,228.

CHAMBER OF COMMERCE, INC.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year man	
Financial derivatives			
Closely-held equity interests	1.		
Other			
			· · · · · · · · · · · · · · · · · · ·
<u> </u>			
15 000 P 1V 1/P) 5 - 40 \ \			
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)			AND THE PARTY OF T
Part VIII Investments - Program Related.	See Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year man	
		· · · · · · · · · · · · · · · · · · ·	
			·
			•
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, lir	ne 15		
	a) Description		(b) Book value
	.,		
			<u>'</u>
•			
Total. (Column (b) must equal Form 990, Part X, col (B) li	ne 15.)		
Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X	ne 15.) K, line 25.	Togy to a proper to the second	
Total. (Column (b) must egual Form 990, Part X, col (B) li	ne 15.) K, line 25.	(b) Amount	
Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15.)	(b) Amount	
Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15.) K, line 25.	(b) Amount	
Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15.) K, line 25.	(b) Amount	
Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15.) K, line 25.	(b) Amount	
Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15.) K, line 25.	(b) Amount	
Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X	ne 15.) K, line 25.	(b) Amount	
Fotal. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15.) K, line 25.	(b) Amount	
Fotal. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15.) K, line 25.	(b) Amount	
Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15.) K, line 25.	(b) Amount	
Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15.) K, line 25.	(b) Amount	
Fotal. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15.) K, line 25.	(b) Amount	

88-0035080 Page 4 CHAMBER OF COMMERCE Schedule D (Form 990) 2009 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 5,953,330. Total revenue (Form 990, Part VIII, column (A), line 12) 6,578,525. 2 Total expenses (Form 990, Part IX, column (A), line 25) -625,195.Excess or (deficit) for the year. Subtract line 2 from line 1 3 2,532,529. 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 5 Investment expenses 6 6 7 Prior period adjustments 7 Other (Describe in Part XIV.) 8 8 2,532,529. Total adjustments (net). Add lines 4 through 8 9 1,907,334. Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 8,657,757. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2,532,529. a Net unrealized gains on investments 2a b Donated services and use of facilities 2b 2c c Recoveries of prior year grants 39,226. d Other (Describe in Part XIV.) 2,571,755. Add lines 2a through 2d 6,086,002. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a -132.672Other (Describe in Part XIV.) -132,672.c Add lines 4a and 4b 5,953,330. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 6,750,423. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX. line 25: a Donated services and use of facilities 2a_ b Prior year adjustments 2b c Other losses 2c 222.324. d Other (Describe in Part XIV.) ______ 2d 222,324. Add lines 2a through 2d 6,528,099. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV.) 50,426. c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X. line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. PART XII, LINE 2D - OTHER ADJUSTMENTS: INVESTMENT ADVISOR FEES: -50336. NET ASSETS RELEASED FROM RESTRICTION: 89562. PART XII, LINE 4B - OTHER ADJUSTMENTS: ĆOGS: -51284.

Schedule D (Form 990) 2009

GREATER LAS VEGAS

RENTAL EXPENSE: -81478.

GREATER LAS VEGAS

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Schedule J (Form 990) 2009

Internal Revenue Service Name of the organization

epartment of the Treasury

GREATER LAS VEGAS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

CHAMBER OF COMMERCE, INC.

➤ Attach to Form 990. ➤ See separate instructions. Employer identification number 88-0035080

Pe	Mili Questions Regarding Compensation		Yes	No
10	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
•	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		yenik Tunik	
U	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
_	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	trustoss, uno uno secono en estado de la companya d			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
0	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Tomicoso of outor organizations	Anna in		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization:			
_	Receive a severance payment or change-of-control payment?	4a		X
a	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
D	- v. t. t. t. t. t. t. t. t. t. t. t. t. t.	4c		X
С	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	il 165 to any or lines 42 o, not the percents and provide the apparent			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		723	
J.	contingent on the revenues of:	130000 130000	i da	
_	The organization?	5a		
a	Any related organization?	5b_		
D	If "Yes" to line 5a or 5b, describe in Part III.		350	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
0	contingent on the net earnings of:	10000		
_		6a		
a L	Any related organization?	6b		
ม	If "Yes" to line 6a or 6b, describe in Part III.	Historia Historia		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
1	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
0	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	-		
y	Populations section 53 / 958-6/c)?	9		

GREATER LAS VEGAS

88-0035080

INC. CHAMBER OF COMMERCE, Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(i) 248,126. (ii) 248,126. (ii) 0.			Retirement and	Nontaxable	Total of columns	•
sensation 8,126	(ii) Bonus &	(iii) Other		benefits	(B)(I)-(D)	Compensation reported in prior
3,126		reportable	compensation			Form 990 or Form 990-EZ
5,042	60,000	0	4,338.	1,814.	314,278.	0
-			• 0	0		0.
•	19,00	0	5,489.	791.	160,322.	0.
ِي		0.	- 1	0	0	0.
129,863	18,00		5,409.	791.	154,063.	0.
J	0 0	.0	0	0	0	0.
				-		
						•
	-		-			
	-					
				-		
		,				
						-
				-		
		,				
	-			-		

Schedule J (Form 990) 2009

SCHEDULE J-2

(Form 990)

Continuation Sheet for Form 990

2009

➤ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

➤ See the Instructions for Form 990.

Open to Public Inspection

epartment of the Treasury ternal Revenue Service

GREATER LAS VEGAS

Employer Identification number 88-0035080

CHAMBER (OF COMME	ERC	Œ,	,]	INC	Ţ.			88-003	
Part Continuation of Officers, Di	rectors, Tr	ust	ees	s, K	еу	Em	plo	yees, and Highes	t Compensated I	Employees
(A)	(B)			(((D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cł	neck	allt	that	app	ly)	compensation	compensation	amount of
•	per						٠	from	from related	other
	week	a				yloye		the organization	organizations (W-2/1099-MISC)	compensation from the
		direct				d em		(W-2/1099-MISC)	(**-27 (033-141100)	organization
		ee or	stee			nsate		(17 2) 1000 111100)		and related
		ndividual trustee or director	Institutional trustee		oyee	Highest compensated employee		'		organizations
		idual	tution	ier.	Key employee	est c	Former			
		Indi	list	Officer	Key	High	5			
KARA KELLEY										
PRESIDENT	40.00			X		X		308,126.	0.	<u>6,152.</u>
JOHN D OSBORN							:			
VICE PRESIDENT MARKETING	40.00			X		X		154,042.	0.	<u>6,280.</u>
VERONICA METER								,		•
VICE PRESIDENT GOVERNMEN	40.00			X		X		147,863.	0.	6,200.
DAVID ENTLER										
VICE PRESIDENT FINANCE	40.00			X				101,808.	0.	2,859.
VANCE ADAMS										
ACCOUNT EXECUTIVE	40.00					X		142,910.	0.	4,453.
CHRIS WILSON									_	
ACCOUNT EXECUTIVE	40.00			_		X		120,429.	0.	5,361.
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SCHEDULE L

(Form 990 or 990-EZ)

partment of the Treasury nternal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Employer identification number

Schedule L (Form 990 or 990-EZ) 2009

Name of the organization GR										• -		cation n	umber
	AMBER C									8-00	<u>3508</u>	0	
Part Excess Benefit			•								.,		
Complete if the orga	anization ansv	wered	"Yes"	on Form	990, Part IV,	ine 25a or	25b, or For	m 990-E	Z, Part	V, line 40		(-) Com	ro ata d?
1 (a) Name of dis	squalified per	son				(b) [escription (of transa	ction			(c) Corr	No No
												res	NU
											·		
	·								,				
2 Enter the amount of tax imp										▶ \$			
section 4958	nv on line 2	above	reimi	bursed by	the organiza	tion	······································						
3 Eliter the amount of tax, if a	iry, On inte 2,	above	, 101111	Dui 360 D	y trio organiza		······································		••••••				
Part II Loans to and/o	r From Int	eres	ted F	ersons	S.								
Complete if the orga	anization ansv	wered	"Yes"	on Form	990, Part IV, I	ine 26, or	Form 990-E	Z, Part V	, line 38	Ba.			
(a) Name of interested person and purpose	(b) Loan the orga	to or fr	om	(c) Origi	nal principal nount		ince due	(e)	In ult?	I (f) Apr	oroved ard or sittee?	(g) W agreer	ritten ment?
	То	Fro	om	1				Yes	No	Yes	No	Yes	No
·	1												
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		<u> </u>		ļ			<u> </u>	11,12,133,221	.:::::::::::::::::::::::::::::::::::::	Talijali seeli suus			1 1.1,4.1017
Total					> \$	·		Hipaning.		DESTRUCT	MEMORES	118 1119 1119	
Part III Grants or Assis													
Complete if the orga		wered	"Yes"				1 - 4			· (-) A ~~	ount on	d type o	
(a) Name of interested	person			(b) Relat	ionship betwe the or	en interes ganization	tea person	and		(C) An	assistar	ice	ı
•						-			-				
													
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		. '							<u> </u>			·	
Part IV Business Trans													
Complete if the orga		wered										(e) Sha	aring of
(a) Name of interested	person				ip between in id the organiz		(c) Amo transa			Descript transact		organiz	zation's
•			1	Jerson an	id tile Organiz	ation	папоа	Otion		ιαποαστ	1011	rever	
POTTON GROWT HOOM			DDT	IOE CI	DOME TROO	NT TC	125	560	DDI	ICE S	DOUT	Yes	No X
BRUCE SPOTLESON			DΚU	CE 21	POTLESO	и тр	133	000	· DKC	מ ייי	<u> </u>	-	42
<u> </u>	·	-	-			-			1	,		<u> </u>	
						·-				···		<u> </u>	
					<u> </u>			•					

AA For Privacy Act and Paperwork Reduction Act Notice, see the

Instructions for Form 990 or 990-EZ.

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Open to Public

OMB No. 1545-0047

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.

Inspection

	Revenue S		
1		-	

GREATER LAS VEGAS

Employer identification number

Name of the organization 88-0035080 CHAMBER OF COMMERCE, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE CHAMBER IS COMMITTED TO CREATING AN ENVIRONMENT THAT PROMOTES BUSINESS, THEREBY STRENGTHENING THE COMMUNITY FORM 990, PART VI, SECTION A, LINE 6: THE LAS VEGAS CHAMBER OF COMMERCE HAS MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: THE LAS VEGAS CHAMBER OF COMMERCE HAS MEMBERS WHO USE BALLOTS TO VOTE YES OR NO FOR THE SLATE OF TRUSTEE'S UP FOR ELECTION. FORM 990, PART VI, SECTION B, LINE 11: FORM 990 WAS EMAILED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES FOR THEIR REVIEW PRIOR TO THE TIME IT WAS FILED. FORM 990, PART VI, SECTION B, LINE 12C: EACH JANUARY, THE CHAMBER HOLDS A TRUSTEES ARE PRESENTED WITH A COPY OF THE CONFLICT OF TRUSTEE RETREAT. INTEREST POLICY AND REQUESTED TO SIGN. EACH TRUSTEE SIGNS ANNUALLY. STAFF OF THE CHAMBER REVIEWS TRANSACTIONS ANNUALLY FOR COMPLIANCE AND PRESENTS A LIST OF TRANSACTIONS THAT COULD POTENTIALLY BE A CONFLICT OF INTEREST TO THE CHAMBER'S EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION PLAN FOR THE LAS

WILL VOTE ON WHETHER ANY SUCH TRANSACTIONS ARE IN THE BEST INTEREST OF THE

CHAMBER.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

2009
Open to Public Inspection

epartment of the Treasury lernal Revenue Service

Name of the organization

GREATER LAS VEGAS

CHAMBER OF COMMERCE, INC.

Employer identification number 88-0035080

EMPLOYEES AT ALL LEVELS ARE COMPARED WITH DATA ON SALARY SURVEYS FROM
PRIVATE INDUSTRY, NON-PROFIT ORGANIZATIONS, NATIONAL AND REGIONAL CHAMBER
OF COMMERCE ORGANIZATIONS, AND LOCAL EMPLOYMENT AGENCIES. IF CHANGES ARE
MADE TO OUR SALARY SCALES, THOSE CHANGES ARE SUBMITTED TO THE BOARD OF
TRUSTEE'S EXECUTIVE COMMITTEE FOR REVIEW AND APPROVAL.
FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE UPON
REQUEST.
FORM 990, PAGE 12, PART IX, LINE 2C
THE PROCESS HAS BEEN CONSISTENT WITH PRIOR YEARS.
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: BRUCE SPOTLESON
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BRUCE SPOTLESON IS A CHAMBER TRUSTEE
(C) AMOUNT OF TRANSACTION \$ 135560.
(D) DESCRIPTION OF TRANSACTION: BRUCE SPOTLESON IS A CHAMBER TRUSTEE AND
ALSO A KEY EMPLOYEE OF IN BUSINESS LAS VEGAS, WHICH PUBLISHES THE CHAMBER
MAGAZINE.
(E) SHARING OF ORGANIZATION REVENUES? = NO

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990.

OMB No. 1545-0047

2009 Open to Public Inspection Employer identification number 88-0035080

LAS	: [Em	Employer identification number
CHAMBER OF COMMERCE, INC.	COMMERCE, INC. molete if the organization answered "Yes" to	Form 990. Part IV. line 33.)			000000000000000000000000000000000000000
refittiograph of Distribution Complete					
(a)	(q)	(0)	(p)	(e)	(£)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
	,		•		
				-	
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	utions (Complete if the organization ans	swered "Yes" to Form 990, Par	t IV, line 34 becaus	e it had one or more	related tax-exempt
(a)	(q)	(c)	(b)	(e)	(f)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	exempt code section	status (if section 501(c)(3))	Direct controlling entity
				(CNO) CO	
LAS VEGAS CHAMBER OF COMMERCE FOUNDATION - 88-0344339, 6671 LAS VEGAS BLVD SO, # 300,					
NV 89119	SCHOLARSHIPS	NEVADA	501(c)(3)	6	N/A
AC H			٠,		
4 667				, X , X	K / EX
LAS VEGAS, NV 89119	POLITICAL ACTION EFFORTS	NEVADA	170	N/A	N/A
					Schooling B (Form 990) 2009
LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.	ice, see the instructions for Form 990	o de la companya de l			

88-0035080

Page 2

GREATER LAS VEGAS

Schedule R (Form 990) 2009 CHAMBER OF COMMERCE, INC.

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

9	General or managing partner?	Yes						 -	 				ated
6	Code V-UBI amount in box n	K-1 (Form 1065)											ad one or more re
<u>E</u>	Disproportion- ate allocations?	Yes No	٠.										because it h
(6)	Share of end-of-year				_		-						30, Part IV, line 34
Œ	Share of total income						•			•			d "Yes" to Form 99
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)											or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related
(a)	Direct controlling entity	•											Trust (Complete if the
(၁)	Legal domicile (state or foreign	country)		•		•							
(q)	Primary activity											,	ganizations Taxable as a Cor
(a)	Name, address, and EIN of related organization												Identification of Related Organizations Taxable as a Corporation

Part IV organizations treated as a corporation or trust during the tax year.)

(a)	(q)	(0)	(p)	(e)	(£)	(6)	(h)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling Type of entity (C corp, S corp, or trust)	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
CHAMBER INSURANCE & BENEFITS, LLC - 35-229986			LAS VEGAS				
66/1 LAS VEGAS BLVD. SO # 300 LAS VEGAS NV 89119	INSURANCE MARKETING	NV	COMMERCE	C CORP	1086931.	297,220	1008
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							ļ.

Schedule R (Form 990) 2009

INC. GREATER LAS VEGAS CHAMBER OF COMMERCE,

Page 3

88-0035080

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Schedule R (Form 990) 2009

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes No
1 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?		
a Beceipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	×
	1b	×
	<u>5</u>	×
d Loans or loan diarantees to or for other organization(s)	19	×
	4	×
E Loais of Idal gualances by only of galization(s)	2	
• Sala of accate to other organization(e)	#	×
_	=	×
y Fullidade of accepts from outer organization(s)	F	×
Long of facilities aguinment or ather seeds to other organization(s)	=	×
i lease of facilities, equipment, or other assets from other organization(s)	-	×
k Performance of services or membership or fundraising solicitations for other organization(s)	눆	×
	11	X
m Sharing of facilities, equipment, mailing lists, or other assets	1m	×
n Sharing of paid employees	1h	×
o Reimbursement paid to other organization for expenses	10	×
	우	×
q Other transfer of cash or property to other organization(s)	1g	×
	11.	×
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	ds.	
(b) Name of other organization(s)	(c) Amount involved) nvolved
type (a-r)		
(1) CHAMBER INSURANCE & BENEFITS	9	65,000.
(8)		
(4)		
(9)		
(6)	Schedule R (Form 990) 2009	n 990) 2009
	-	

88-0035080

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Schedule R (Form 990) 2009

CHAMBER OF COMMERCE, GREATER LAS VEGAS

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.

illat was not a related organization. See instructions regarding excussion for certain investment parties inpo-	Idsion for certain investment parmers		Ī				
(a)	(q)		<u></u>	(e)		(a)	(E)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
		.	Yes No			(Form 1065)	1 ' 1
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Schedule R (Form 990) 2009

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2009

	2000
Prepared for	Mr. David Entler Las Vegas Chamber of Commerce 6671 Las Vegas Blvd., South No. 300 Las Vegas, NV 89119-3290
Prepared by	RSM McGladrey, Inc. 300 South 4th Street, Suite 600 Las Vegas, NV 89101
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 15, 2010.



RSM McGladrey, Inc.

300 South 4th Street, Suite 600 Las Vegas, NV 89101-6017 O 702.759.4000 F 702.759.4063 www.mcqladrey.com

Greater Las Vegas Chamber of Commerce, Inc.

2010 Tax Return

300 So. Fourth Street, Suite 600 Las Vegas, NV 89101-6017 O 702.759.4000 F 702.759.4063 www.mcgladrey.com



Mr. David Kellerman Las Vegas Chamber of Commerce 6671 Las Vegas Blvd., South No. 300 Las Vegas, NV 89119-3290

Dear David:

Enclosed are the original 2010 Exempt Organization returns, as follows...

2010 FORM 990 2010 FORM 990-T

We have prepared the returns from information you furnished us without verification. Upon examination of the returns by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

After you have reviewed your Form 990 for completeness and accuracy, please sign and return Form 8879-EO to our office via fax or mail to authorize that your Form 990 can be filed electronically.

The original Form 990-T should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We recommend that you use certified mail with post marked receipt for proof of timely filing of the Form 990-T.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

Very truly yours,

Kevin B. Lustig Director, Tax Services

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2010

Prepared for	Mr. David Kellerman Las Vegas Chamber of Commerce 6671 Las Vegas Blvd., South No. 300 Las Vegas, NV 89119-3290
Prepared by	RSM McGladrey, Inc. 300 South 4th Street, Suite 600 Las Vegas, NV 89101
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 15, 2011.

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

2010

Open to Public Inspection

A	For t	ne 2010 calendar year, or tax year beginning and ending		
В	Check applica	C Name of organization	D Employer identif	ication number
_		GREATER LAS VEGAS		
	Add char	ess CHAMBER OF COMMERCE, INC.		
	Nam Char	ge Doing Business As LAS VEGAS CHAMBER OF COMMERCE,	88-0	035080
	Initia retu	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numbe	er
	Tern ated	OUT HAS VEGAS DEVD., SOUTH SOU	702-	641-5822
	Ame retu	City or town, state or country, and ZIP + 4	G Gross receipts \$	12,604,114.
	App		H(a) Is this a group i	return
	pend	F Name and address of principal officer: KRISTIN MCMILLAN	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates in	cluded? Yes No
			527 If "No," attach a	a list. (see instructions)
J	Webs	ite: ► WWW.LVCHAMBER.COM	H(c) Group exemption	
			$^{\prime}$ ear of formation: 1911	M State of legal domicile: ${ m NV}$
Pi	art I	Summary		
ě	1	Briefly describe the organization's mission or most significant activities: THE MISS	ION OF THE LA	S VEGAS
Activities & Governance		CHAMBER OF COMMERCE IS TO STRENGTHEN, ENHANC	E AND PROTECT	BUSINESS
ern	2	Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its net a	
λοκ	3	Number of voting members of the governing body (Part VI, line 1a)	3	26
ø	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
es	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		60
₹	6	Total number of volunteers (estimate if necessary)	6	160
Acı		Total unrelated business revenue from Part VIII, column (C), line 12		
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	192,121.
	1		Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)	5,028,954.	4,699,452.
Revenue	9	Program service revenue (Part VIII, line 2g)	599,896.	609,658.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-324,465.	-316,116.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	648,945.	730,897.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,953,330.	5,723,891.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	3,148,553.	3,264,236.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,140,333.	3,204,230.
en		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 •	U.	O.
Ä		Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,429,972.	3,444,301.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,578,525.	6,708,537.
	19	Revenue less expenses. Subtract line 18 from line 12	-625,195.	-984,646.
es	13	nevenue less expenses. Subtract line to from line 12	Beginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)	16,862,695.	18,044,833.
Ass Ba	21	Total liabilities (Part X, line 16)	3,369,309.	3,654,070.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	13,493,386.	14,390,763.
Pa	irt II	Signature Block	23/133/3001	11,330,703.
10000000	11 113/04/02/99/202	lties of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prepa		
Sigr	1	Signature of officer	Date	
Here	9	KRISTIN MCMILLAN, PRESIDENT & CEO		
		Type or print name and title		
		Print/Type preparer's name Rreparer's signature	Date Check	PTIN
Paid		KEVIN B. LUSTIG	11/08/11 self-employed	1
Prep		Firm's name RSM MCGLADREY, INC.	Firm's EIN	
Use (Unly	Firm's address 300 SOUTH 4TH STREET, SUITE 600		
		LAS VEGAS, NV 89101	Phone no. 70	02 759 4000
May	the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No

GREATER LAS VEGAS

CHAMBER OF COMMERCE, INC. Form 990 (2010) 88-0035080 Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: TO STRENGHTEN, ENHANCE, AND PROTECT BUSINESS IN NEVADA. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$) (Revenue \$ including grants of \$ MEETINGS HELD TO EDUCATE BUSINESSES ON CURRENT TOPICS. TO PROMOTE COMMUNITY AWARENESS, AND TO PROVIDE NETWORKING OPPORTUNITIES. (Code:) (Expenses \$ including grants of \$) (Revenue \$ DISTRIBUTING GUIDES, NEWSPAPERS, PAMPHLETS, BROCHURES, ETC. TO MAIL, GIVE OR SELL TO VISITORS AND THE GENERAL PUBLIC TO PROMOTE LAS VEGAS BUSINESSES. (Code:) (Expenses \$ including grants of \$) (Revenue \$ RESEARCH RELATED TO UNDERSTANDING GOVERNMENT'S IMPACT ON NEVADA BUSINESS AND REPRESENTATION OF NEVADA INTERESTS IN STATE GOVERNMENT. Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$

) (Revenue \$

4e

Total program service expenses

Page 3

88-0035080

GREATER LAS VEGAS Form 990 (2010) CHAMBER OF C
Part IV Checklist of Required Schedules CHAMBER OF COMMERCE, INC.

Berdille	Marie on the dame of the dame		~	
	le the experientian described in continu 501/2/2/ or 4047/2/11/ (other than a private foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	١.,		X
_		1	<u> </u>	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	-	<u>^</u>
3	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	3	х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	Ė	 	
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	Ť		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6]	х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			.,
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	00.7 (00.00) 00.00000 00.0000000	1001/2017 (1) (0011/01/2016 1001/11/17/18	
	as applicable.	01 11 11 11 11 11 11 11 11 11 11 11 11 1		
. а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, & Part VI	11a	Х	
b		Ha	22	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
Ĭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ď	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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	- 1	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	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? If "Yes," complete Schedule G, Part I	17	ľ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			-
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that		T	
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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GREATER LAS VEGAS Form 990 (2010) CHAMBER OF COMMERC Part IV Checklist of Required Schedules (continued) CHAMBER OF COMMERCE,

INC.

15.000	The state of Hodginga Contractor			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			,,
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	-	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
00	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete	00	x	
24-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	<u> </u>	
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		· ·	
	Schedule K. If "No", go to line 25	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	 	21
	Did the organization invest any proceeds or tax exempt bonds beyond a temporary period exception?	240	 	
·	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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? If "Yes," complete	i		
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	,		
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		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):			
а		28a	Х	
b		28b	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? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			77
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		ľ	7.7
20	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II		ĺ	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?	33		
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Form 990 (2010)

CHAMBER OF COMMERCE, INC.

, —	Check if Schedule O contains a response to any question in this Part V					
) —					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3:	LESSE		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ווייוול		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and		ble gaming	1		
	(gambling) winnings to prize winners?	•	• •	1c	X	a eservinas
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	6(ol		
b	of at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	0.0000000000000000000000000000000000000
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction		••••••			103134
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	X	
	If IIV as II has it filed a Farma COOT for this years of IIV a II provide an application in Cabady I. C.		••••••	3b	X	\vdash
	At any time during the calendar year, did the organization have an interest in, or a signature or other			- 05	 	
-	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		X
b	If "Yes," enter the name of the foreign country:	uoooui	191	-Tu		
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accour	nte			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b				5b	\vdash	X
c				5c	\vdash	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t			30	\vdash	├─-
Va	any contributions that were not tax deductible?					Х
h	If "Yes," did the organization include with every solicitation an express statement that such contribu			6a	 	
b	were not tax deductible?			G.		1
7	Organizations that may receive deductible contributions under section 170(c).	•••••		6b		ROPE IN
a	Dild to the transfer of the second se	rvicae ni	ovided to the payor?	7-		
	The state of the s			7a	 	-
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		uro d	7b		<u> </u>
·	to file Form 8282?	•				
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d	••••••••••	7c	Shirt to S	
e			• 2	7e	MONONTH I	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute or a personal benefit			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe		20 as required?	7g		X
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di				10.00	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8	AMOUNT AND	akuse
9	Sponsoring organizations maintaining donor advised funds.	u.,, u	during and your.		MSAR	isika:
а	Did the organization make any taxable distributions under section 4966?			9a		AUDENT.
b	Did the organization make a distribution to a donor, donor advisor, or related person?	•••••	***************************************	9b	_	
10	Section 501(c)(7) organizations. Enter:	•••••				Lp (0. ps
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	***			
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	145461367	.0345403
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			i din e	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		İ	13a	portional of the	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.	••••••				agu
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a	overness.forist #89	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	· O		14h	\dashv	

CHAMBER OF COMMERCE, INC.

88-0035080

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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 to any question in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other				
	officer, director, trustee, or key employee?		"	2	X	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3	Did the organization delegate control over management duties customarily performed by or under the		Γ			
	of officers, directors or trustees, or key employees to a management company or other person?	***************************************		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Does the organization have members or stockholders?		[6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more me		····· [
	governing body?			7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per-			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken		1		10-11-1-1	
	by the following:	0 ,	53 10 16 16 16			
а	The governing body?		la:	8a	X	aemshakes
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	and the second s		İ	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		.3			
•					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		Γ.	10a	100	X
	If "Yes," does the organization have written policies and procedures governing the activities of such organization have written policies and procedures governing the activities of such organization have written policies and procedures governing the activities of such organization have written policies and procedures governing the activities of such organization have written policies and procedures governing the activities of such organization have written policies and procedures governing the activities of such organization have written policies and procedures governing the activities of such organization have written policies and procedures governing the activities of such organization have written policies and procedures governing the activities of such organization have written policies and procedures governing the activities of such organization have written policies and procedures governing the activities of such organization have written policies and procedures governing the activities of such organization have written policies and procedures governing the activities of such organization have been procedured by the procedure of the proced		····	1		
		, , , , , , , , , , , , , , , , , , , ,	١.	10b	1	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before fill			11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		66		: Name	812 hail
	Does the organization have a written conflict of interest policy? If "No," go to line 13		lor).	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could		····			
	to conflicts?	_		12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "		··· F			
	in Schedule O how this is done		1	12c	Х	
13	Does the organization have a written whistleblower policy?			13	х	
				14	Х	
	Did the process for determining compensation of the following persons include a review and approval		1920		4-12-01-P	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official		1	5a	X	essalasio 4d
	Other officers or key employees of the organization		⊢	5b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a				
	taxable entity during the year?		1	6a		X
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evalu				11 11 12 11	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organ					
	exempt status with respect to such arrangements?			6b		2227233
	ion C. Disclosure			<u> </u>		
17	List the states with which a copy of this Form 990 is required to be filed NONE					
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s onlv) availa	ble for	•		
	public inspection. Indicate how you make these available. Check all that apply.	\-/\-/// arano				
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, con	offict of interest policy	/. and	finan	cial	
	statements available to the public.		,, 4114	. ii icii l	-iui	
	State the name, physical address, and telephone number of the person who possesses the books and	I records of the organ	nization	n: 🕨		
	DAVID KELLERMAN - 702-641-5822	see, as or allo organ		. ,	•	
	6671 LAS VEGAS BLVD., SOUTH STE 300, LAS VEGAS, NV	89119-329	0			

Form 990 (2010) Part-VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII	ĺ
	 -

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 n	or any related	org	aniza	ation	n co	mpe	nsa	ted any current officer,	director, or trustee.	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	١.	Position (check all that apply)				Reportable	Reportable	Estimated	
	hours per week				hat apply)		compensation from	compensation from related	amount of other	
	(describe	ector						the	organizations	compensation
	hours for	or di	99			sated	ĺ	organization	(W-2/1099-MISC)	from the
	related	rustee	l trust		92	ligit.		(W-2/1099-MISC)		organization
	organizations		Institutional trustee	_	Key employee	stcor	 			and related
	in Schedule O)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			organizations
BOB ANSARA										:
TRUSTEE	0.10	X	匚		L			0.	0.	0.
TIM CASHMAN						i				
TRUSTEE	0.10	X			<u> </u>			0.	0.	0.
MICHAEL BONNER		l								_
EXECUTIVE COMMITTEE - CHAIRMAN ELECT	0.10	X	L			<u></u>		0.	0.	0.
BOB BROWN										
TRUSTEE	0.10	X						0.	0.	0.
SENATOR RICHARD BRYAN	0 10	7,								•
TRUSTEE KEVIN BURKE	0.10	X	_					0.	0.	0.
	0.10	Х			i			0.	0.	0
EXECUTIVE COMMITTEE DORIS CHARLES	0.10	<u> </u>			-			0.	0.	0.
TRUSTEE	0.10	x		i				0.	0.	0.
CORNELIUS EASON	0.10			\dashv				0.	0.	
TRUSTEE	0.10	X		i	•			0.	0.	0.
JONATHAN HALKYARD				\neg	_					
TRUSTEE	0.10	x						0.	0.	0.
JAY BARRETT				T						
EXECUTIVE COMMITTEE	0.10	X						0.	0.	0.
VICKY VANMEETREN										
EXECUTIVE COMMITTEE	0.10	X						0.	0.	0.
BART JONES										
TRUSTEE	0.10	X						0.	0.	0.
GINA POLOVINA				l						
TRUSTEE	0.10	X			_			0.	0.	0.
BILL NELSON				ļ	ĺ				_	_
TRUSTEE	0.10	X			_	_		0.	0.	0.
LARRY SINGER	0 10									
TRUSTEE	0.10	Х	_	\dashv		ļ		0.	0.	0.
BRUCE SPOTLESON	0 10	~ l						_		0
TRUSTEE JOHN WILSON	0.10	_	\dashv	\dashv		\dashv		0.	0.	0.
TRUSTEE	0.10	~			ı			0.	0.	0.
INODIBE	0.10	Δ						U • [U•]	- 000 (22.12)

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Section A. Officers, Directors, Tru		mpl	oyee			High	nest	Compensated Employ	rees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
) Name and title	Average	١.	Position (check all that apply)					Reportable	Reportable	Estimated
	hours per	(c	hecl	k all	that	app	oly)	compensation	compensation	amount of
•	week	ь						from	from related	other
	(describe hours for	lirect				_		the	organizations	compensation
	related	e or c	ig ig			safe		organization	(W-2/1099-MISC)	from the
	organizations	trustee or director	l firs		23	튵		(W-2/1099-MISC)		organization
	in Schedule	daalt	itiona	_	nploy	st co.	<u></u>		.11	and related
	0)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Роглае г			organizations
NANCY WONG	, , , , , , , , , , , , , , , , , , ,	\vdash	-		-					
TRUSTEE	0.10	X						0.	0.	0.
KARLA PEREZ										
TRUSTEE	0.10	X						0.	0.	0.
STEVE HILL										
IMMEDIATE PAST CHAIRMAN	0.10	X	i			ŀ		0.	0.	0.
KEVIN ORROCK										
VICE CHAIR FINANCE	0.10	X						0.	0.	0.
HUGH ANDERSON										
VICE CHAIR GOVT AFFAIRS	0.10	Х						0.	0.	0.
MICHELE TELL WOODROW										
TRUSTEE	0.10	x						0.	0.	0.
MICHAEL YACKIRA										
TRUSTEE	0.10	Х						0.	0.	0.
KRISTIN MCMILLAN										
CHAIRMAN	0.10	$ \mathbf{x} $		l				0.	0.	0.
COREY JENKINS	<u> </u>		\dashv	_						
TRUSTEE	0.10	x						0.	0.	0.
1b Sub-total		_			1			0.1	0.	0.
c Total from continuation sheets to Part VII	Section A	• • • • • •		•••••	••••		ŀ	1,000,194.	0.	55,661.
d Total (add lines 1b and 1c)								1,000,194.	0.	55,661.
Total radd lines 18 and 16/						طيداد				33,001.
compensation from the organization	or in threat to the	036	11216	u au	ove) WI	10 16	ceived more than \$100.	ooo in reportable	6
compensation from the organization	·				_					Yes No
3 Did the organization list any former officer,	director or true	etoo	kov	omi	nlov	' 00	or hi	ighast companyated om	unlavos on	100 100
line 1a? If "Yes," complete Schedule J for su									· · ·	37
4 For any individual listed on line 1a, is the sur								or componentian from t	no organization	3 X
and related organizations greater than \$150									ne organization	4 X
5 Did any person listed on line 1a receive or a	orus compor	itoo	npic on fr	20 O	0116		o ic	of sucri individual	Ti di di di di di di di di di di di di di	690 (depende paracocarrilla (d.), warranna
rendered to the organization? If "Yes," comp							siate	organization or individ	ual for services	5 X
Section B. Independent Contractors	nete ochedale	7070	n su	cn p	16130	<i>011</i>				5 X
Complete this table for your five highest con	nnensated ind	ione	nder	nt cc	ntro	acto	re th	at received more than 4	2100 000 of componer	ation from
the organization.	.,porioateu illu	-po	iuei	,, ,,,	,, , t. I C	الانامد	13 U	ar received Hittle High (roo,ooo or compense	anon nom
(A)							Т	(B)		(C)
Name and business a	address							Description of se	rvices Co	ompensation
IN BUSINESS LAS VEGAS										
2360 CORPORATE CIRCLE, HE	NDERSON	,	NV	8	90	74	М	AGAZINE PUBI	ISHER	107,920.
		<u> </u>					\top			
										**
								,		
							+			
2 Total number of independent contractors (in	cluding but no	t lim	ited	to t	hose	e list	ed a	above) who received mo	re than	100 To the control of
\$100,000 in compensation from the organiza					1				982 32 32 32 32 32 32 32 32 32 32 32 32 32	
SEE PART VII, SECTION	A CONT	IN	ŬΑ	ΓI	ON	S	HE	ETS	F	orm 990 (2010)

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) (F) (D) (E) Name and title Average Position Reportable Reportable Estimated hours (check all that apply) compensation compensation amount of per from from related other week the employee organizations compensation (W-2/1099-MISC) Individual trustee or director organization from the (W-2/1099-MISC) organization Highest compensated Institutional trustee and related organizations Officer MATTHEW CROSSON 40.00 $\mathbf{x} \mathbf{x}$ CEO Х 211,951. 0. 10,782. JOHN D OSBORN Х VICE PRESIDENT MARKETING 40.00 142,078. 0. 8,374. VERONICA METER VICE PRESIDENT GOVERNMENT 40.00 X X 133,004. 0. 8,159. DAVID ENTLER 40.00 Х VICE PRESIDENT FINANCE 98,130. 0. 7,163. VANCE ADAMS ACCOUNT EXECUTIVE 40.00 X 161,866. 0. 6,126. CHRIS WILSON ACCOUNT EXECUTIVE 40.00 X 142,353. 0. 7,952. MARGARET FRANZINO 40.00 DIRECTOR OF SALES X 110,812. 0. 7,105. 1,000,194. Total to Part VII, Section A, line 1c 55,661.

Page 9

GREATER LAS VEGAS CHAMBER OF COMMERCE, INC.

	art	VII	Statement of Reve	nue					
	_					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Ť.	<u>"</u>			1a	B 04 404	_	100		
grants	3	b	Membership dues	1b 3	,791,181	•_			
S,	=	C	Fundraising events	1c			C. D. C. Troub C. C. C. C. C. C. C. C. C. C. C. C. C.	rr - call rappiste page (and 4.5)	
gifts,	5	d	Related organizations	1d	384,698				The state of the s
S,							40.000		
Ö	2		All other contributions, gifts, gran						The same of the sa
pd.			similar amounts not included abo	4 1	523,573			Transfer to the second	Complement Complete Complete
Ē	3	a	Noncash contributions included in line						
Contributions,		~	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·		4,699,452.	30.000.000		
_	+	- 11	Total. Add lines 1a-11		Business Code	T			
4	١,		MEMBERSHIP SERV	TCEC	541900	609,658.	609,658.		
Š	2	a	MEMBERBIILE BERV	АТСПО	241300	009,030.	003,030		
Program Service Revenue	3	b				<u> </u>			
E 9		С						ļ	
Da Da	2	d			ļ				
Š		е							-
ц	1		All other program service reve						
_	_	g	Total. Add lines 2a-2f			609,658.	Proceedings of the second	al service and a great production of	n transfer of the second
	3		Investment income (including	dividends, inter	est, and			İ	
	1		other similar amounts)		>	269,288.			269,288.
	4		Income from investment of ta	x-exempt bond p	oroceeds >			€.	
	5		Royalties			146,142.		65,000.	81,142.
				(i) Real	(ii) Personal		100	10.0	
	6	а	Gross Rents	116,686.	18,312.				
	İ		Less: rental expenses	168,934.					
	ŀ		Rental income or (loss)	-52,248.	18,312.				
	ł		Net rental income or (loss)			-33,936.	-52,248.	18,312.	
	7		Gross amount from sales of	(i) Securities	(ii) Other		1011 (11 10 10 10 10 10 10 10 10 10 10 10 10 1		Section of the second section of the second
	'		assets other than inventory	6064894.	(ii) GETIGE				F 1968 1960 1960 1960 1960 1960 1960 1960 1960
			Less: cost or other basis				and discount of		
				6649532.	766.				
		_	Gain or (loss)	-584638	-766 .				
		4	Net gain or (loss)	3010301	700.	-585 /0/	-585,404.		
			Gross income from fundraising			303,404.	JUJ, 404.	acasteria de la companya de comp	Business and a superior of the second of the
Ĭ	l °		including \$	•					
Ver	1			of					1944 (1946) (1946) (1944) (194
Re	ĺ		contributions reported on line				and the second second second		and participation of a constraint of the constra
Other Reven			Part IV, line 18					eng ta madaut syriani na ny i	The production of production
₽			Less: direct expenses						
			Net income or (loss) from fund		······	8388888			
	9		Gross income from gaming ac					Control State of the Control of the	
			Part IV, line 19						
			Less: direct expenses					la company de la company de la company de la company de la company de la company de la company de la company d	
		C	Net income or (loss) from gam	ing activities					
	10	а	Gross sales of inventory, less i	returns					Circumstance of the Control
			and allowances	а	19,078.			en en en en en en en en en en en en en e	
		b i	Less: cost of goods sold	b	60,991.		27 28 (44) (30) (30) (31) (7) (31) (32) 33 (44) (30) (30) (30) (30) (30)		
		c i	Net income or (loss) from sales	s of inventory		-41,913.	-41,913.		and the state of t
			Miscellaneous Revenue	Э	Business Code				
	11	a i	ADVERTISING REV	ENUE	511190	396,091.		396,091.	
		b (OTHER REVENUE		900099	194,354.	17,393.	176,961.	
		c (CATERING INCOME		722320	70,159.		70,159.	
		-	All ather various	_					
			T-1-1 A-1-1 U deladed	<u>_</u>		660,604.			
	12		Total revenue. See instructions.			5,723,891.	-52,514.	726.523.	350,430.

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) but are not required to complete columns (B), (C), and (D). (B) Program service (A) (C) (D) Do not include amounts reported on lines 6b. Total expenses Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 676,339. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 2,168,589. 7 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 29,622. 177,936. Other employee benefits 9 211,750. 10 Payroll taxes Fees for services (non-employees): a Management _____ Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 362,243. Other _____ a 161,862. 12 Advertising and promotion 393,602. Office expenses 13 73,774. Information technology 14 15 Royalties 925,307. 16 Occupancy 75,237. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 11,570. 19 20 Payments to affiliates 21 487,687 Depreciation, depletion, and amortization 22 7,924. 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) BARTER 248,636. ACTIVITIES 213,487. PREVIEW 177,822. READERSHIP 135,647. TAXES 62,528. 106,975. All other expenses Total functional expenses. Add lines 1 through 24f 6,708,537. Joint costs. Check here | if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Form 990 (2010)

Pe	art X	Balance Sheet								
)			(A) Beginning of year		(B) End of year					
	1	Cash - non-interest-bearing	1,472,984.	1	1,479,456.					
	2	Savings and temporary cash investments		2						
	3	Pledges and grants receivable, net		3						
	4	Accounts receivable, net	72,964.	4	108,764.					
	5	Receivables from current and former officers, directors, trustees, key			100 100 100 100 100 100 100 100 100 100					
		employees, and highest compensated employees. Complete Part II	55.9m 599 55.50 m 1 55.50 m 1 56.50 m 1 56.50 m 1 56.50 m 1 56.50 m 1 56.50 m 1 56.50 m 1 56.50 m 1 56.50 m 1 5							
		of Schedule L		5	SOSSIBROGGISSMONSKERENTERFORE SAMARAM INC. TODAY OF SEE					
	6	Receivables from other disqualified persons (as defined under section		0.000	incontrol of the control		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	And the second s		SECTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T
		employers and sponsoring organizations of section 501(c)(9) voluntary			generality (1868) (1964					
ts		employees' beneficiary organizations (see instructions)	11,748.	6 7	12 452					
Assets	7	Notes and loans receivable, net	18,903.		12,453. 10,414.					
₹	8	Inventories for sale or use	280,430.	8 9	156,639.					
	9	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other	200,430.	9	130,033.					
	lua	basis. Complete Part VI of Schedule D		1.000						
	h	Less: accumulated depreciation 10b 1,554,903.	3,015,228.	10c	2,581,833.					
	11	Investments - publicly traded securities	11,732,778.	11	13,215,530.					
	12	Investments - other securities. See Part IV, line 11	257,660.	12	282,350.					
	13	Investments - program-related. See Part IV, line 11		13	20270001					
	14	Intangible assets		14						
	15	Other assets. See Part IV, line 11	0.	15	197,394.					
	16	Total assets. Add lines 1 through 15 (must equal line 34)	16,862,695.	16	18,044,833.					
	17	Accounts payable and accrued expenses	271,813.	17	457,032.					
	18	Grants payable		18						
	19	Deferred revenue	3,097,496.	19	2,532,642.					
	20	Tax-exempt bond liabilities		20						
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21						
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,	The state of the s							
ia		highest compensated employees, and disqualified persons. Complete Part II								
	i .	of Schedule L		22						
		Secured mortgages and notes payable to unrelated third parties		23	1					
		Unsecured notes and loans payable to unrelated third parties	0.	24	664 306					
		Other liabilities. Complete Part X of Schedule D Total liabilities. Add lines 17 through 25	3,369,309.	25	664,396. 3,654,070.					
		Organizations that follow SFAS 117, check here	3,309,309.	26	3,034,070.					
s	l	lines 27 through 29, and lines 33 and 34.		2 12 12 12 12 12 12 12 12 12 12 12 12 12						
ခင		Unrestricted net assets	13,493,386.	27	14,390,763.					
a <u>l</u> a	28	Temporarily restricted net assets		28	22/000/7004					
d B		Permanently restricted net assets		29						
-r		Organizations that do not follow SFAS 117, check here and								
orl	l	complete lines 30 through 34.								
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30						
dss.		Paid-in or capital surplus, or land, building, or equipment fund		31						
et/	32	Retained earnings, endowment, accumulated income, or other funds		32						
Z		Total net assets or fund balances	13,493,386.	33	14,390,763.					
	34	Total liabilities and net assets/fund balances	16,862,695.	34	18,044,833.					

Form 990 (2010)

CHAMBER OF COMMERCE, INC.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,7:		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,7		
3	Revenue less expenses. Subtract line 2 from line 1	3		34,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,49	93,3	86.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,88	32,0	23.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	14,39	90,7	63.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•••••		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.	. 1000		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Auc	lit		***************************************
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	it &		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form	990 (2010)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organiz 				
	R LAS VEGAS	,	Emp	loyer identification number
	R OF COMMERCE, IN			88-0035080
Part -A Complete if the or	ganization is exempt und	er section 501(c)	or is a section 527 o	organization.
Provide a description of the organ Political expenditures Volunteer hours			▶	.
Part I-B Complete if the or	ganization is exempt und	ler section 501(c)(3).	ii .
1 Enter the amount of any excise tax	k incurred by the organization und	der section 4955	▶ \$	S
2 Enter the amount of any excise tax				
3 If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.				
Part I-C Complete if the or				(c)(3).
1 Enter the amount directly expende	ed by the filing organization for se	ction 527 exempt functi	on activities 🕨 \$	S
2 Enter the amount of the filing organ		•		
exempt function activities			▶\$	
3 Total exempt function expenditure		•		
line 17b			▶\$	S
4 Did the filing organization file Form	1120-POL for this year?	•••••		Yes No
5 Enter the names, addresses and e				
made payments. For each organiza				
contributions received that were proposed political action committee (PAC). If				ate segregated fund or a
	1		T	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
			funds. If none, enter -0	promptly and directly
			i i i i i i i i i i i i i i i i i i i	delivered to a separate
				political organization. If none, enter -0
LAS VEGAS CHAMBER OF	LAS VEGAS, NV			il none, enter-o
	89119-3290	88-0239364	0.	133,242.
COIMING DIZITA	03113 3230	00 0233304	0.	133,444.
. ,				
		`		
	I	i		i

GREATER LAS VEGAS

88-0035080 Page 2 CHAMBER OF COMMERCE Schedule C (Form 990 or 990-EZ) 2010 Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). if the filing organization belongs to an affiliated group. A Check B Check ▶ if the filing organization checked box A and "limited control" provisions apply. (b) Affiliated group (a) Filing Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0i Subtract line 1f from line 1c. If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? No 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (a) 2007 (b) 2008 (c) 2009(d) 2010 (e) Totai (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 CHAMBER OF COMMERCE, INC. 88-0035080 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		T (a)		(b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:			100	
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				i a programa de la composición de la composición de la composición de la composición de la composición de la c La composición de la composición de la composición de la composición de la composición de la composición de la
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV	Out to majority to the Comment			
j	Total. Add lines 1c through 1i			2000 AMOUNTAGE	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	OTTO CARTALLUL DE CARTO DE	MACILIA MACILI	300 (1900) 200 (1900) 200 (1900)	4446
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			30000 Mills or 1000 Mills or 1000 Mills	eranous sous and annual
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504()	(F)	211300000	
rai	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)	on 501(c)	(5), or se	ection	
	501(c)(6).				
	Mara substantially all (000) and analysis and any district the state of the state o			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	• • • • • • • • • • • • • • • • • • • •	1		X
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X
3 Pari	Did the organization agree to carryover lobbying and political expenditures from the prior year? III = B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	on 501(c)	3	otion	X
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."	rt III-A, lir	ne 3 is a	nswered	! •
1	Dues, assessments and similar amounts from members		1 1	3,791	L,181.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi	cal		•	
	expenses for which the section 527(f) tax was paid).				
а	Current year			133	3,242.
b	Carryover from last year		2b		
	Total			133	3,242.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	379	7,118.
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		Andreader and the second of th		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)	***************************************	5	-245	876.
Part	NX 57029-9350				
	ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; an	d Part II-B, i	ine 1i. Also	, complete	this part
	additional information.				
PAR	I I-C CONTINUATION:		,		
LAS	VEGAS CHAMBER OF COMMERCE BIZPAC FUND				
667	1 LAS VEGAS BLVD, SOUTH NO. 300 LAS VEGAS, NV 8911	9- <u>3290</u>			
EIN	: 88-0239364 COL (D) AMOUNT: 0. COL (E) AMOUNT:	1332	42.		

SCHEDULE D

(Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

GREATER LAS VEGAS

CHAMBER OF COMMERCE, INC.

Employer identification number 88-0035080

Pa	art Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		2 3 3 4 4 5 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		****
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		unds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an historic	ally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.	·	
			Held at the End of the Tax Year
а	***************************************		2a
b	Total acreage restricted by conservation easements		2b
С			2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	anization during the tax
_	year -		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
^	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
9	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizatic conservation easements.	on s ilnancial statements that describes the of	rganization's accounting for
Par	till Organizations Maintaining Collections of	Art Historical Treasures or Other	Similar Assats
PR000071120	Complete if the organization answered "Yes" to Form 9		Silliai Assets.
	If the organization elected, as permitted under SFAS 116 (ASC		and halones at a transfer of a t
	historical treasures, or other similar assets held for public exhi	bition education or records in furtherence of	frublic carries are ide in Det VIV
	the text of the footnote to its financial statements that describ		i public service, provide, in Part XIV,
b	If the organization elected, as permitted under SFAS 116 (ASC		halanaa ahaat waxka af art. historias l
	treasures, or other similar assets held for public exhibition, edu	cation or research in furtherance of public so	odiance sheet works of art, historical
	relating to these items:	soution, or research in furtherance of public se	sivice, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		b ¢
2	If the organization received or held works of art, historical treas	Sures or other similar assets for financial asia	provide
	the following amounts required to be reported under SFAS 116		provide
	Revenues included in Form 990, Part VIII, line 1		• •
	Assets included in Form 990, Part X	••••••	. •

		LAS VEGAS					
		OF COMMER					O Page 2
L	art III Organizations Maintaining						
) 3	• • • • • • • • • • • • • • • • • • • •	ion, and other recor	ds, check any of th	ne following that are a	a significant use of its	s collectio	n items
<i>"</i>	(check all that apply):						
	a Public exhibition	C		kchange programs			
	b Scholarly research	. 6	Other				
	Preservation for future generations						
4						rt XIV.	
5	, ,					_	
T	to be sold to raise funds rather than to be m	aintained as part of	the organization's	collection?		Yes	No
P	art IV Escrow and Custodial Arrar		ete if the organizat	ion answered "Yes" t	to Form 990, Part IV,	line 9, or	
	reported an amount on Form 990, Pa						
1:	a Is the organization an agent, trustee, custoo		-			_	
	on Form 990, Part X?				L	_ Yes	∟∟ No
ı	o If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:				
						Amount	
(Beginning balance				1c		
	d Additions during the year						
	Distributions during the year					00	
1	Ending balance				1f		
	Did the organization include an amount on F		21?		L	_ Yes	└── No
2011 100	o If "Yes," explain the arrangement in Part XIV Endowment Funds. Complete in	£ 11					
1.5	Endowment Funds. Complete i					r 	
10	Regioning of war helance	(a) Current year	(b) Prior year	(c) Two years back	L'	(e) Four	years back
_	Beginning of year balance	-			£	700000000000000000000000000000000000000	
t c	***************************************				8.1		
	Net investment earnings, gains, and losses						
	Grants or scholarships Other expenditures for facilities					40.0	44.05750
-							
	and programs Administrative expenses	-				7 10 11 11 11	
g		=			PERSONAL PROPERTY OF THE PROPE		
2	End of year balance	r and halanaa hald a					
	Board designated or quasi-endowment		s. %				
b	- <u>-</u>	%					
c	·						
_		~	tion that are hold	and administered for	the evanianties		
- 3a	Are there endowment funds not in the posse		ition inat are nelu a	and administered for	ine organization		
За	Are there endowment funds not in the posses						/ NI-
За	by:						es No
За	by: (i) unrelated organizations		•••••			3a(i)	res No
	by:					3a(i) 3a(ii)	Yes No

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 1a Land b Buildings 2,056,040. 566,368. 988,535. 1,489,672. 1,092,161. c Leasehold improvements 2,080,696. d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2010

2,581,833.

Schedule D (Form 990) 2010

CHAMBER OF COMMERCE, INC.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:
" (including name of security)		The state of the s
		Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(1)		NEW PARTS OF THE P
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)		
Part VIII Investments - Program Related	 See Form 990, Part X, line 	
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		Cost of the of year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		THE SECTION OF THE SE
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, li		
	(a) Description	(b) Book value
(1)	(4) 2000.101.01.1	(b) Dook value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)	Ung dE 1	
Total. (Column (b) must equal Form 990, Part X, col (B) I. Part X Other Liabilities. See Form 990, Part	V line 25	>
1. (a) Description of liability	Λ, iii le 25.	(b) Amount
(1) Federal income taxes		
(2) CAPITAL LEASE		23,000.
(3) DEFERRED RENT		641,396.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)	•	
(10)		
(11)	ino 25)	(b) Amount 23,000. 641,396. 664,396. nents that reports the organization's liability for uncertain tax positions under
LOTAL IL DILIMO IDI MILET ANUAL HARM UUN LART Y AALTUNII		TALLOCAL CONTRACTOR CO

GREATER LAS VEGAS

032054 12-20-10

	edule D (Form 990) 2010 CHAMBER OF COMMERCE, INC.			<u>8-00350</u>	80 Page 4
Pa	Int XI Reconciliation of Change in Net Assets from Form 990 to Audited Final	ncial	Statem		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		5,7	23,891
2	Total expenses (Form 990, Part IX, column (A), line 25)	2			08,537
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3			84,646.
4	Net unrealized gains (losses) on investments	4			82,023
5	Donated services and use of facilities	5	 		,
6		6		· 	
	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV.)			1 0	00 000
9	Total adjustments (net). Add lines 4 through 8			1,8	82,023.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 TEXTINI Reconciliation of Revenue per Audited Financial Statements With Reve	10	Dot Dot		97,377.
1100000000	TOTAL CONTROL OF THE PROPERTY				EO 40E
1	Total revenue, gains, and other support per audited financial statements			1 7,9	52,425.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		_		
а	•	12,0	23.		
b					
¢					
d	Other (Describe in Part XIV.)	3,2	75.		
е	Add lines 2a through 2d		2	e 2,04	45,298.
3	Subtract line 2e from line 1			5,90	07,127.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	••••••			<u> </u>
a		6,4	29.		
	Other (Describe in Part XIV.) 4b -22	9,6	65.		
			1000000	11	83,236.
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	•••••			23,891.
5 Pa	t XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nese	ner Re	turn	43,091.
	Total expenses and losses per audited financial statements				92,520.
1		••••••		0,0	72,520.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities				
þ	Prior year adjustments 2b				
С	Other losses 2c				
d	Other (Describe in Part XIV.)	3,2	00.		
е	Add lines 2a through 2d		20		93,200.
3	Subtract line 2e from line 1		з	6,59	99,320.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 4	6,42	29.		
b	Other (Describe in Part XIV.) 4b 6	2,78	38.		
	Add lines 4a and 4b		(3)(113)(3)	10	9,217.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				8,537.
Par	t XIV Supplemental Information				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV. lir	nes 1b ar	d 2h: Part V	line 4: Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro				
•	, , , , , , , , , , , , , , , , , , , ,	٠٠٠٠٠ م	, aaanno		· ·•
PAF	T XII, LINE 2D - OTHER ADJUSTMENTS:				
				·	
NET	ASSETS RELEASED FROM RESTRICTION			16	3,275.
					-,
			· · · · · · · · · · · · · · · · · · ·		
PAR	T XII, LINE 4B - OTHER ADJUSTMENTS:				
COG	S			-16	8,934.
		-			
REN	TAL EXPENSE			-6	0,991.
MIS	C. RECONCILING ITEM				260.

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 CHAMBER OF COMMERCE, INC.	88-0035080 Page 5
Part XIV Supplemental Information (continued)	
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-229,665
DADE VIII I THE 2D OFFIED AD HIGHWENER.	
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	160.024
RENTAL EXPENSE	168,934
COGS	60,991
NET ASSETS RELEASED FROM RESTRICTION	163,275
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	393,200.
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
UBIT	62,528
MISC. RECONCILING ITEM	260
TOTAL TO SCHEDULE D, PART XIII, LINE 4B	62,788

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees, and History Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

➤ Attach to Form 990. GREATER LAS VEGAS

CHAMBER OF COMMERCE, INC. Employer identification number 88-0035080

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	111342-1114 11176-1117		1
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	17666 1 465 17666 1 465 121 121 1250 1751 18699		
	First-class or charter travel Housing allowance or residence for personal use	610 (A) (1) (0) (4) (1) (1) (0) (4) (1) (4)		
	Travel for companions Payments for business use of personal residence	100 min 100 mi		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	SINE UNI		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	100000000		
	Em Fosorial services (e.g., maid, chautted), chef			
L	If any of the bayes on line to are checked, did the argenization follows a written notice argenting normant as			
IJ	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	Managara Managara	r ISA-rivitati Kultukuku	riotischen Literaturia
^	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		-
2	• • • • • • • • • • • • • • • • • • •			İ
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	- Contract con-	-1 : 05,05,500,64e
_		Distriction of the second of t		1.55
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.	60 10 10 10 10 10 10 10 10 10 10 10 10 10		
	Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	Property of the Control of the Contr		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a	Chieffic	interioral
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.		in Mala	Section 1
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	Errordera Manager		
а	The organization?	6a	iionaliinid	Matalinani
h	Any related organization?	6b		—
_	If "Yes" to line 6a or 6b, describe in Part III.	00	ille Shara	ENGERS)
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
•	not described in lines 5 and 6? If "Yes," describe in Part III	,		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	7		
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	8		
J	Regulations section 53 4958-6(c)?			
	neggiations section 35.4900·0(c)?	lai		

OF COMMERCE, INC. CHAMBER

Schedule J (Form 990) 2010

88-0035080

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(B) Breakdown of W-2 an	down of \	V-2 and/or 1099-MI	nd/or 1099-MISC compensation	(C)	(Q)	(E)	(F)
(A) Name	(i) Base compensation	ation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
110000	(1) 211,	691.	0	260.	0	10,782.	222,733.	0
1 MATTHEW CROSSON	7	0 2	ı	0	0	0		0
2 JOHN D OSBORN	•	» c	.000,UI		3,662.	4,712.	150,452.	0
	161	736.	130		1 272	0 1 1 7	- 1	0.
3 VANCE ADAMS	-1	0	0.0		1,3/3.	4,753	167,992.	0
	142,	223.	130.		3,199.	4.753	150.305.	
4 CHRIS WILSON	(ii)	0	0	0	0			
2	(E)							
	(1)							
	(1)							
7	(ii)							
	(0)							
8	(ii)							
	(1)			,				
6	(E)							
10	(C)							
	(1)							
11	(ii)							
	(i)							
12	(11)							
	(E)							
13	(ii)							
	(E)							
14	(ii)						,	
	(E)							
15	(ii)							
	(E)							
16	(ii)							

032112 12-21-10

Schedule J (Form 990) 2010

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization GREATER LAS VEGAS Employer identification number CHAMBER OF COMMERCE, INC. 88-0035080 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) Approved by board or (a) Name of interested (b) Loan to or from (c) Original principal (d) Balance due (e) In (g) Written person and purpose the organization? ămount default? agreement? committee? То From Yes No Yes No Yes No Total **>** \$ Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person and (a) Name of interested person (c) Amount and type of the organization assistance

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

GREATER LAS VEGAS CHAMBER OF COMMERCE, INC.

88-0035080

Schedule L (Form 990 or 990-EZ) 2010 Page 2 Part V Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (a) Name of interested person (b) Relationship between interested (d) Description of (c) Amount of organization's person and the organization transaction transaction revenues? Yes No BRUCE SPOTLESON BRUCE SPOTLESON IS 107,920 BRUCE SPOTI X Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions) SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: BRUCE SPOTLESON (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BRUCE SPOTLESON IS A CHAMBER TRUSTEE (C) AMOUNT OF TRANSACTION \$ 107,920. (D) DESCRIPTION OF TRANSACTION: BRUCE SPOTLESON IS A CHAMBER TRUSTEE AND ALSO A KEY EMPLOYEE OF IN BUSINESS LAS VEGAS, WHICH PUBLISHES THE CHAMBER MAGAZINE. (E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2010
Open to Public Inspection

Name of the organization

GREATER LAS VEGAS CHAMBER OF COMMERCE, INC.

Employer identification number 88-0035080

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN NEVADA. THE CHAMBER IS COMMITTED TO CREATING AN ENVIRONMENT THAT

PROMOTES BUSINESS, THEREBY STRENGTHENING THE COMMUNITY.

FORM 990, PART VI, SECTION A, LINE 2: BRUCE SPOTELSON, ONE OF THE TRUSTEES PUBLISHES THE MAGAZINE FOR THE CHAMBER.

FORM 990, PART VI, SECTION A, LINE 6: THE LAS VEGAS CHAMBER OF COMMERCE HAS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: THE LAS VEGAS CHAMBER OF COMMERCE

HAS MEMBERS WHO USE BALLOTS TO VOTE YES OR NO FOR THE SLATE OF TRUSTEE'S UP

FOR ELECTION.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 WAS EMAILED TO THE

EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES FOR THEIR REVIEW PRIOR TO THE

TIME IT WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: EACH JANUARY, THE CHAMBER HOLDS A
TRUSTEE RETREAT. TRUSTEES ARE PRESENTED WITH A COPY OF THE CONFLICT OF

INTEREST POLICY AND REQUESTED TO SIGN. EACH TRUSTEE SIGNS ANNUALLY. THE
STAFF OF THE CHAMBER REVIEWS TRANSACTIONS ANNUALLY FOR COMPLIANCE AND
PRESENTS A LIST OF TRANSACTIONS THAT COULD POTENTIALLY BE A CONFLICT OF
INTEREST TO THE CHAMBER'S EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE
WILL VOTE ON WHETHER ANY SUCH TRANSACTIONS ARE IN THE BEST INTEREST OF THE

Department of the Treasury nternal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Part I

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. ▶ Attach to Form 990.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

INC.

CHAMBER OF COMMERCE, GREATER LAS VEGAS

2010 Open to Public Inspection OMB No. 1545-0047

Employer identification number 88-0035080

Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets e Total income ூ Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part II

	(g) Section 512(b)(13) controlled entity?	N _o			Þ	4		×	1			
	Section 512 controlle	Yes										
	(f) Direct controlling entity				4/ ال			N/A				
	(e) Public charity status (if section	50 I (C)(3))						N/A				
	(d) Exempt Code section				501(C)(3)			527				
	(c) Legal domicile (state or foreign country)				NEVADA			NEVADA				
	(b) Primary activity				SCHOLARSHIPS			POLITICAL ACTION EFFORTS				
(mo)	(a) Name, address, and EIN of related organization	TAG VECAS CHAMPED OF GORDON HOUSE	THE ARGUS CHAMBER OF COMMERCE FOUNDATION -	88-0344339, 6671 LAS VEGAS BLVD SO. # 300,	LAS VEGAS, NV 89119	LAS VEGAS CHAMBER OF COMMERCE BIZPAC FUND -	88-0239364, 6671 LAS VEGAS BLVD SO. # 300,	LAS VEGAS, NV 89119				

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2010

032161 12-21-10 LHA

GREATER LAS VEGAS

CHAMBER OF COMMERCE, Schedule R (Form 990) 2010

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

Page 2

88-0035080

(j) (k) General or Percentage managing ownership				e related
(j) General or managing partner?				r mor
Gen mar				one o
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	,			because it had
(h) Disproportionate allocations?				art IV, line 34
(g) Share of end-of-year assets				" to Form 990, Pa
(f) Share of total income			:	on answered "Yes
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)				mplete if the organization
(d) Direct controlling entity				oration or Trust (Con year.)
Legal domicile (state or foreign country)		,		as a Corporate tax
(b) Primary activity				janizations Taxable poration or trust during
(a) Name, address, and EIN of related organization				Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

Percentage ownership Ξ Share of end-of-year assets Share of total income Type of entity (C corp, S corp, or trust) <u>e</u> Direct controlling entity CHAMBER OF LAS VEGAS ਉ Legal domicile (state or foreign country) <u>છ</u> Primary activity CHAMBER INSURANCE & BENEFITS, LLC - 35-2299986 Name, address, and EIN of related organization 6671 LAS VEGAS BLVD, SO # 300 LAS VEGAS, NV 89119

100%

177,217.

317,084.

CORP

COMMERCE

N

INSURANCE MARKETING

Schedule R (Form 990) 2010

032162 12-21-10

GREATER LAS VEGAS
CHAMBER OF COMMERCE, INC. Schedule R (Form 990) 2010

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

88-0035080

Note Complete line 1 if any autitivia listed in Date II III = 11.11				ŀ		
Isted III Falls II, III, or IV of this schedule.					Yes	ŝ
Descript of the lax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	elated organizations listec	l in Parts II-IV?			
receipt of (I) interest (II) annuities (III) royalties or (IV) rent from a controlled entity				1a	X	ĺ
Gift, grant, or capital contribution to other organization(s)				£	×	l
Gift, grant, or capital contribution from other organization(s)				2 4	:	×
Loans or loan guarantees to or for other organization(s)				2 7		×
Loans or loan guarantees by other organization(s)				<u> </u>		⋈
Color of accorte to other accomination()						
ization(s)				#		⋈
Coboses of assets individual digatilization(s)				1g		×
Excualige of assets Lease of facilities, equipment, or other assets to other organization(s)				4		×
				F	192	۹
Lease of facilities, equipment, or other assets from other organization(s)				F		ľ
for ot	zation(s)			· ¥		×
Performance of services or membership or fundraising solicitations by other organization(s)	zation(s)			=		×
Sharing of facilities, equipment, mailing lists, or other assets				Ę	×	
				ŧ	×	ĺ
Reimbilisement paid to other organization for overses						
				유		×
				ę.		×∥
				7	×	
Other transfer of cash or property from other organization(s)				-		M
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.	ho must complete the	is line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
INSURANCE & BENEFITS	A	65,000.				i

Schedule R (Form 990) 2010

88-0035080

Page 4

GREATER LAS VEGAS

Schedule R (Form 990) 2010 CHAMBER OF COMMERCE, INC.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

(2)								
Name address and Elv	(a)		(g)	(e)		(6)		
of entity	Filliary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate allocations?	Code V-UBI amount in box 20	General or managing	, o o
			Yes No	•		of Schedule K-1 (Form 1065)	1.	<u>ه</u> ا
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Schedule R (Form 990) 2010

GREATER LAS VEGAS CHAMBER OF COMMERCE, INC.

Schedule R	(Form 990) 2010	CHAMBER	OF	COMMERCE,	INC.	88-0035080 Page 5
Part VII	Supplemental Inform	mation		•		
	Complete this part to prov	ride additional inf	ormat	tion for responses to	questions on Schedule R (see ins	tructions).
	***					**
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Form 8868 (Rev. 1-2011) Page 2							
If you are filing for an Additional (Not Automatic) 3-Month Ex	ctension,	complete only Part II and check this b	ох	>	X		
Note. Only complete Part II if you have already been granted an		, , , ,	d Form	8868.			
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). On the state of Time of the stat							
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).							
Name of exempt organization GREATER LAS VEGAS Employer identification number							
print CHAMBER OF COMMERCE, INC. 88-0035080							
File by the extended Number, street, and room or suite no. If a P.O. box, see instructions. due date for 6671 T.AS VEGAS BLVD. SOUTH NO. 300							
filing your GOTI HIB VEGIES DEVD-, BOOTH, NO. 300							
return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. LAS VEGAS, NV 89119-3290							
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			0 1		
Application	Return	Application			Return		
Is For	Code	Is For			Code		
Form 990	01						
Form 990-BL	02	Form 1041-A			08		
Form 990-EZ	03	Form 4720			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		
STOP! Do not complete Part II if you were not already granted	an auton	natic 3-month extension on a previou	sly file	d Form 8868.	0		
		571 LAS VEGAS BLVD.,	50	OTH STE 30	0 –		
 The books are in the care of ► LAS VEGAS, NV 8 Telephone No. ► 702-641-5822) J T T J -						
	in tha Lin	FAX No.					
If the organization does not have an office or place of business If this is fave of cause Pattern and the agreemination in fave district.							
If this is for a Group Return, enter the organization's four digit (box							
	JOVEME	ch a list with the names and EINs of all BER 15, 2011.	membe	ers the extension is	ior.		
		, ,	Final ra		·		
	6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return						
Ll Change in accounting period 7 State in detail why you need the extension							
NEED ADDITIONAL TIME TO GATHER	NECE	SSARY INFORMATION.					
				<u> </u>			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, c	or 6069, er	nter the tentative tax, less any					
nonrefundable credits. See instructions.			8a	\$	0.		
b If this application is for Form 990-PF, 990-T, 4720, or 6069, 6	enter any i	refundable credits and estimated	1001000000 1001000000 10000000000				
tax payments made. Include any prior year overpayment allo	owed as a	credit and any amount paid	2003-2003-200 2003-2003-200 2003-2003-20				
previously with Form 8868.			8b	\$	0.		
c Balance due. Subtract line 8b from line 8a. Include your pay	ment with	n this form, if required, by using					
EFTPS (Electronic Federal Tax Payment System). See instru			8c	\$	0.		
——————————————————————————————————————		d Verification					
Under penalties of perjury, I declare that I have examined this form, including it is true, correct, and complete, and that I am authorized to prepare this form	ng accompa m.	anying schedules and statements, and to the	best of	my knowledge and bei	ief,		
Signature ► Title ► P	RESID	ENT & CEO	Date	>			
							

McGladrey LLP



300 South 4th Street Suite 600 Las Vegas, NV 89101-6017 O 702.759.4000 F 702.759.4063 www.mcgladrey.com

Mr. David Kellerman Las Vegas Chamber of Commerce 6671 Las Vegas Blvd., South No. 300 Las Vegas, NV 89119-3290

Dear David:

Enclosed are the original and one copy of the 2011 Exempt Organization returns, as follows...

2011 FORM 990

2011 FORM 990-T

We have prepared the returns from information you furnished us without verification. Upon examination of the returns by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

After you have review your Form 990 for completeness and accuracy, please sign and return Form 8879-EO to our office via fax or mail to authorize that your Form 990 can be filed electronically.

The original Form 990-T should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We recommend that you use certified mail with post marked receipt for proof of timely filing of the Form 990-T.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

Very truly yours,

Kevin B. Lustig, CPA Director, Tax Services

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2011

Mr. David Kellerman
Las Vegas Chamber of Commerce 6671 Las Vegas Blvd., South No. 300 Las Vegas, NV 89119-3290
McGladrey LLP 300 South 4th Street, Suite 600 Las Vegas, NV 89101
Not applicable
Not applicable
Not applicable
Please return Form 8879-EO by November 15, 2012.
This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 15, 2012.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

scai year beginning , 2011, and ending	scal year beginning		, 2011, and ending
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Department of the Treasury Internal Revenue Service ▶ Do not send to the IRS. Keep for your records.

▶ See instructions.

Name of exempt organization

GREATER LAS VEGAS CHAMBER OF COMMERCE, INC.

Employer identification number

88-0035080

OMB No. 1545-1878

Name and title of officer

KRISTIN MCMILLAN PRESIDENT & CEO

Part I Type of Return and Return Information (Whole Dollars Only)

For calendar year 2011, or fi

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.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	5541588
2a	Form 990-EZ check here Description b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
		-	·

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 2011 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	DIN:	check	one	hox	only
Ullicei 3	TIIV.	CHECK	ULIE	DUA	UIIIV

X I authorize	MCGLADREY LLP	to enter my PIN 35080
	ERO firm name	Enter five numbers, but do not enter all zeros
is being fi	nature on the organization's tax year 2011 electronically filed return. If I have indicated within ed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also at PIN on the return's disclosure consent screen.	
indicated	cer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 within this return that a copy of the return is being filed with a state agency(ies) regulating chall will enter my PIN on the return's disclosure consent screen.	•
Officer's signature >	Date >	
Part III Cer	tification and Authentication	

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

88388410111 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 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 \blacktriangleright Date \blacktriangleright 11/09/12

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

OMB No. 1545-0047 Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection A For the 2011 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number GREATER LAS VEGAS Address change CHAMBER OF COMMERCE, INC. Name change LAS VEGAS CHAMBER OF COMMERCE 88-0035080 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Termin-6671 LAS VEGAS BLVD., SOUTH 300 702-641-5822 Amended return 25,886,684. City or town, state or country, and ZIP + 4 **G** Gross receipts \$ Applica-LAS VEGAS. NV 89119-3290 H(a) Is this a group return pending F Name and address of principal officer: KRISTIN MCMILLAN Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes 6 4947(a)(1) or 527) ◀ (insert no.) If "No." attach a list. (see instructions) J Website: ► WWW.LVCHAMBER.COM **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other -Year of formation: 1911 M State of legal domicile: NV Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF THE LAS VEGAS **Activities & Governance** CHAMBER OF COMMERCE IS TO STRENGTHEN, ENHANCE AND PROTECT BUSINESS 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 27 23 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 <u> 160</u> Total number of volunteers (estimate if necessary) 561,130. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 162,910. **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 4,699,452. 4,623,784. Contributions and grants (Part VIII, line 1h) Revenue 609,658. 524,738. Program service revenue (Part VIII, line 2g) -316,116. -188,067. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 581,133. 730,897. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,723,891. 5,541,588. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 3,264,236. 2,934,643. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 3,468,101. 3,444,301. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,708,537. 6,402,744. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -984,646. -861,156. Revenue less expenses. Subtract line 18 from line 12 Ssets or Balances **Beginning of Current Year End of Year** 18,044,833. 16,291,116. 20 Total assets (Part X, line 16) 3,654,070. 3,420,471. 21 Total liabilities (Part X. line 26) Met 14,390,763. 12,870,645. Net assets or fund balances. Subtract line 21 from line 20. 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. Signature of officer Date Sign KRISTIN MCMILLAN, PRESIDENT & CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature KEVIN B. LUSTIG 11/09/12 P00703382 Paid self-employed Firm's name ► MCGLADREY LLP 42-0714325 Preparer Firm's EIN Firm's address 300 SOUTH 4TH STREET, SUITE 600 Use Only LAS VEGAS, NV 89101 Phone no. 702 759 4000

」No

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: TO STRENGHTEN, ENHANCE, AND PROTECT BUSINESS IN NEVADA.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ? 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?
	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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
4-	others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$) MEETINGS HELD TO EDUCATE BUSINESSES ON CURRENT TOPICS, TO PROMOTE
	COMMUNITY AWARENESS, AND TO PROVIDE NETWORKING OPPORTUNITIES.
	COMMUNITY AWARENESS, AND TO PROVIDE NETWORKING OPPORTUNITIES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	DISTRIBUTING GUIDES, NEWSPAPERS, PAMPHLETS, BROCHURES, ETC. TO MAIL,
	GIVE OR SELL TO VISITORS AND THE GENERAL PUBLIC TO PROMOTE LAS VEGAS
	BUSINESSES.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	RESEARCH RELATED TO UNDERSTANDING GOVERNMENT'S IMPACT ON NEVADA
	BUSINESS AND REPRESENTATION OF NEVADA INTERESTS IN STATE GOVERNMENT.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4۵	Total program service expenses

Form 990 (2011) CHAMBER OF C Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	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	3	х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	N/	A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	v	
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	–		
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			٠,,
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		Х
С	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? If "Yes," complete Schedule D, Part VIII	11c		Х
d	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	11d		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated limit classification and the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	L
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			,.
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	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? If "Yes," complete Schedule G, Part I	17	_	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2011) CHAMBER OF COMMERC Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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? If "Yes," complete Schedule J 24 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 24a 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	Yes	No
 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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? If "Yes," complete Schedule J 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 		
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OF a Castian FO4(a)(2) and FO4(a)(4) expenientians. Did the expenientian engage in an expense hencefit transaction with a		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		
disqualified person during the year? If "Yes," complete Schedule L, Part I	N/	A
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? If "Yes," complete		
Schedule L, Part I	N/	<u> </u>
Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		
person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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):	37	
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	Δ	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	х	
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	Λ	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29		
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		х
contributions? If "Yes," complete Schedule M 30		
31 Did the organization liquidate, terminate, or dissolve and cease operations?		Х
If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		
October 1 to N. Double		Х
32 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? If "Yes," complete Schedule R, Part I		х
34 Was the organization related to any tax-exempt or taxable entity?		
If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	х	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of		
section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	х	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		
If "Yes," complete Schedule R, Part V, line 2	N/	A
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? If "Yes," complete Schedule R, Part VI	х	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	22	
Note. All Form 990 filers are required to complete Schedule O	21	1

Form 990 (2011) CHAMBER OF COMMERCE, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1006. Enter 0- if not applicable 1a 4.0		Check if Schedule O contains a response to any question in this Part V			
b Enter the number of Forms W2G included in line 1a. Enter 0-If not applicable				Yes	No
be Enter the number of Forms W-26 included in line 1a. Enter O-If not applicable Did the organization comply with backup withfulding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendary pear ending with or within the year covered by this return 77 bill at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 bill the organization have unrelated business gross income of \$1,000 or more during the year? 2 bill the organization have unrelated business gross income of \$1,000 or more during the year? 3 bill the organization have unrelated business gross income of \$1,000 or more during the year? 3 bill the organization have unrelated business gross income of \$1,000 or more during the year? 3 bill the organization have unrelated business gross income of \$1,000 or more during the year? 3 bill the organization have unrelated business gross income of \$1,000 or more during the year? 3 bill the organization and 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)? 4 bill the year, the term the name of the foreign country in the year per securities account, or other financial accountry. 5 bill the year, the line Sa or 3b, did the organization that it was or is a party to a prohibited tax shert transaction? 5 bill the year, to line Sa or 3b, did the organization that was or is a party to a prohibited tax shert transaction? 5 bill the organization share amount of years an enomally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles? 5 bill the organization share any receive deductible contribution of years and party sa contributions or gifts were not tax deductibles? 5 bill the year is the second property of t	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 40			
gamblingly winnings to prize winners? 2	b				
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a IX is summarized to have been summarized business greater than 250, you may be required to e-file (see instructions) 3b IV ** (**)	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
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3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes, 'has it filed a Form 9907 for this year? If 'No, 'provide an explanation in Schedule O 5b If Yes, 'has it filed a Form 9907 for this year? If 'No, 'provide an explanation in Schedule O 5c If Yes, 'has it filed a Form 9907 for this year? If 'No, 'provide an explanation in Schedule O 5c If Yes, 'has it filed a Form 9907 for this year? If 'No, 'provide an explanation in Schedule O 5c If Yes, 'has it filed a Form 9907 for Form 1D F 902.21, Report of Foreign Bank and Financial account; 5c If Yes, 'to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, 'to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, 'to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, 'to line 5a or 5b, did the organization hat it was or is a party to a prohibited tax shelter transaction? 5c If Yes, 'to line 5a or 5b, did the organization hat it was or is a party to a prohibited tax shelter transaction? 5c If Yes, 'to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, 'to lide the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes, 'tid the organization notify the donor of the value of the goods or services provided? 9b If 'Yes, 'tid the organization notify the donor of the value of the goods or services provided? 9c If Yes, 'tid the organization receive a payment in excess of \$75 made party as a contribution of party and the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 65		See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
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Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X		37 / 3	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X		• • • • • • • • • • • • • • • • • • • •			
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b	· · · · · · · · · · · · · · · · · · ·			
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X					
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	С				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b			14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Page 6

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.

Х Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 27 1a 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. 23 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Х Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х 12c Did the organization have a written whistleblower policy? X 13 13 X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 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 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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. **X** Upon request Own website Another's website 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DAVID KELLERMAN - 702-641-5822 6671 LAS VEGAS BLVD., SOUTH STE 300, LAS VEGAS 89119-3290

Form 990 (2011)

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

Check if Schedule O contains a response to any question 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.

(A)	(B)			(0)			(D)	(E)	(F)
Name and Title	Average	(do		Posi heck	ition		one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson	is bot	h an	compensation	compensation	amount of
	week (describe	_	T			T	T	from the	from related organizations	other compensation
	hours for	or director				P		organization	(W-2/1099-MISC)	from the
	related	tee or	stee			nsate		(W-2/1099-MISC)	(** = ** * * * * * * * * * * * * * * * *	organization
	organizations	al trustee	nal trı		loyee	ompe e				and related
	in Schedule	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BOB ANSARA	O)	프	Ë	#0	Ke	를 B	요			
TRUSTEE	0.10	x						0.	0.	0.
(2) TIM CASHMAN	0.120									
TRUSTEE	0.10	x						0.	0.	0.
(3) MICHAEL BONNER										
TRUSTEE	0.10	Х						0.	0.	0.
(4) BOB BROWN										
TRUSTEE	0.10	Х						0.	0.	0.
(5) RICHARD BRYAN								_	_	_
TRUSTEE	0.10	Х						0.	0.	0.
(6) KEVIN BURKE	0.10	l							•	•
TRUSTEE	0.10	Х						0.	0.	0.
(7) DORIS CHARLES	0.10	٦,							0	0
TRUSTEE (8) CORNELIUS EASON	0.10	Х						0.	0.	0.
TRUSTEE	0.10	x						0.	0.	0.
(9) JONATHAN HALKYARD	0.10							0.	0.	0.
TRUSTEE	0.10	x						0.	0.	0.
(10) JAY BARRETT									•	
CHAIRMAN ELECT	0.10	х						0.	0.	0.
(11) VICKY VANMEETREN										
TRUSTEE	0.10	Х						0.	0.	0.
(12) BART JONES										
TRUSTEE	0.10	Х						0.	0.	0.
(13) GINA POLOVINA									_	_
TRUSTEE	0.10	Х						0.	0.	0.
(14) BILL NELSON	0.10								0	0
TRUSTEE	0.10	X						0.	0.	0.
(15) LARRY SINGER	0.10	٠.						0.	0.	0
TRUSTEE (16) BRUCE SPOTLESON	0.10	^		\vdash				0.	0.	0.
TRUSTEE	0.10	x						0.	0.	0.
(17) JOHN WILSON	0.10								0.	0.
TRUSTEE	0.10	x						0.	0.	0.

D1 (U			_									<u> </u>
Part VII Section A. Officers, Directors, Tr	ustees, Key E	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)			
(A)	(B)			•	C)			(D)	(E)		(F)	
Name and title	Average	(do	not c	Pos heck	ition	than	one	Reportable	Reportable	Es	stimate	∌d
	hours per	box	, unle cer ar	ss pe	rson	is bot	h an	compensation	compensation	ar	nount	of
	week	-	T a	14 4 4	I)/ ii us	100)	from	from related		other	
	(describe hours for	or director						the	organizations		pensa	
	related	ord	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		rom the janizat	
	organizations	ruste	nal trustee		ee	npen		(***2/1099*****130)			d relat	
	in Schedule		rtiona	L	nploy	st co.	 				anizati	
	O)	Individual	Institution	Officer	Key employee	Highest compensated employee	Former					
(18) NANCY WONG												
TRUSTEE	0.10	X						0.	0.			0.
(19) KARLA PEREZ												
TRUSTEE	0.10	X						0.	0.			0.
(20) KEVIN ORROCK												
CHAIRMAN	0.10	X						0.	0.			0.
(21) HUGH ANDERSON												
VICE CHAIR GOVT AFFAIRS	0.10	X						0.	0.			0.
(22) MICHELE TELL WOODROW												
TRUSTEE	0.10	X						0.	0.			0.
(23) COREY JENKINS		l										_
TRUSTEE	0.10	X						0.	0.			0.
(24) MARILYN BURROWS		١										•
TRUSTEE	0.10	Х						0.	0.			0.
(25) DALLAS HAUN	0 10	,,										^
TRUSTEE	0.10	X						0.	0.			0.
(26) RUSS JOYNER	0 10	١,,							_			^
TRUSTEE	0.10		_			Ļ		0.	0.			0.
1b Sub-total									0.	1	6 7	
c Total from continuation sheets to Part V								817,144.	0.		6,7	
d Total (add lines 1b and 1c)						<u> </u>		817,144.		4	6,7	<u> </u>
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bove	e) wh	no re	eceived more than \$100	0,000 of reportable			/
compensation from the organization											Yes	No
3 Did the organization list any former officer	director or tw	ıoto	م اده				ایم	highaat aamnanaatad a	mnlavaa an		163	140
line 1a? If "Yes," complete Schedule J for										3		Х
4 For any individual listed on line 1a, is the s												
and related organizations greater than \$15	•							•	•	4	х	
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes," cor					,			•		5		Х
Section B. Independent Contractors												

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)	(B)	(C)
Name and business address	Description of services	Compensation
THE JGS GROUP, 922 S. PAVILION CENT	ER PREVIEW PRODUCTION	
DRIVE, SUITE 100, LAS VEGAS, NV 891	44 SERVICES	144,650.
SNELL & WILMER- SAM MCMULLIN, 400 E	. VAN	
BUREN STREET, PHOENIX, AZ 85004-220	2 LOBBYIST	108,000.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E)										
(A)	(B)							(D)	(E)	(F)
Name and title	Average	, ,		Pos				Reportable	Reportable	Estimated
	hours	(CI	neck	all t	inat	app	ly)	compensation	compensation from related	amount of
	per week					gg.		from the	organizations	other compensation
	Week	tor				ploye		organization	(W-2/1099-MISC)	from the
		direc.				ed em		(W-2/1099-MISC)	(,	organization
		tee or	ıstee			ensate		,		and related
		ıl frus	nal tri		oyee	dwo				organizations
		Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			
		pul	lust	Officer	Key	Hig	For			
(27) NEAL SMATRESK	0.10	,,							0	0
TRUSTEE	0.10	Х						0.	0.	0
(28) KRISTIN MCMILLAN	40.00			,,		,,		150 225		7 076
PRESIDENT/CEO	40.00	<u> </u>		Х		Х		159,335.	0.	7,276
(29) JOHN D OSBORN	40.00			,,		,,		160 000		10 407
VICE PRESIDENT MARKETING	40.00	┢		Х		Х		162,222.	0.	10,427
(30) PEGGY FRANZINO	40.00			3,7	37			100 761	_	7 044
VICE PRESIDENT MEMBERSHIP	40.00	_		Х	Λ			102,761.	0.	7,944
(31) DAVID KELLERMAN	40.00			37				27 020	0.	1 001
VICE PRESIDENT FINANCE	40.00	⊢		Х				37,830.	0.	1,884
(32) BRIAN MCANALLEN	40.00			х	v			122 /67	0.	F 700
VICE PRESIDENT GOVT AFFAIRS	40.00	┢		Λ	Λ			132,467.	0.	5,799
(33) PEGGY CASPAR	40.00			х				02 042	0.	E 27/
VICE PRESIDENT MARKETING (34) DAVID ENTLER	40.00	-		Λ				92,043.	0.	5,374
VICE PRESIDENT FINANCE	40.00			х				93,148.	0.	6 113
(35) VERONICA METER	40.00	-		Λ				93,140.	0.	6,443
VICE PRESIDENT GOVT AFFAIRS	40.00			х				37,338.	0.	1,554
VICE INEBIDENT GOVI AFFAIRD	40.00	┢		21				37,330.	0.	1,334
		┢								
		┢								
		\vdash								
		T								
Total to Part VII, Section A, line 1c				<u></u>	<u></u>	<u></u>		817,144.		46,701

	rt VIII		2110				00 0000	Tage T
Pa	rt VII	Statement of Rever	iue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
छ छ।	1 2	Federated campaigns	1a					,
au n				662,044.				
رة ق		Membership dues		002,044.				
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events		384,865.				
ਫ਼ੵਫ਼		Related organizations		304,003.				
Sir		Government grants (contribut	· · -					
e ë	f	All other contributions, gifts, gran						
혈美		similar amounts not included above	ve 1f	576,875.				
E S	g	Noncash contributions included in lines	1a-1f: \$					
<u>8</u> 8	h	Total. Add lines 1a-1f			4,623,784.			
				Business Code				
ø	2 a	MEMBERSHIP SERV	'ICES	541900	524,738.	524,738.		
ار کز	b				-	-		
Sel	c							
E §	d							
Per								
Program Service Revenue	e	All all and an area areas areas		<u> </u>				
-		All other program service reve			524,738.			
\rightarrow		Total. Add lines 2a-2f			524,/30.			
	3	Investment income (including			100 165			100 165
		other similar amounts)		109,167.			109,167.	
	4	Income from investment of tax	x-exempt bond p	proceeds				
	5	Royalties			129,647.		65,000.	64,647.
			(i) Real	(ii) Personal				
	6 a	Gross rents	97,572.	31,580.				
		Less: rental expenses	113,958.	0.				
		Rental income or (loss)	-16.386.	31,580.				
					15,194.	-16,386.	31,580.	
		Gross amount from sales of	(i) Securities	(ii) Other	23/2320	20,0001	32/3331	
	ı a		19876249					
		assets other than inventory	19070249					
	b	Less: cost or other basis	20172402					
			20173483	1				
		Gain or (loss)			005 004	005 004		
	d	Net gain or (loss)		<u></u>	-297,234.	-297,234.		
<u>o</u>	8 a	Gross income from fundraising	g events (not					
<u>ا</u> ھ		including \$	of					
ě		contributions reported on line	1c). See					
<u> </u>		Part IV, line 18	а					
Other Revenue	b	Less: direct expenses						
0		Net income or (loss) from fund						
		Gross income from gaming ac						
	Ja	Part IV, line 19		1				
	la.							
		Less: direct expenses						
		Net income or (loss) from gam	-	P				
	10 a	Gross sales of inventory, less		1 = 100				
		and allowances						
	b	Less: cost of goods sold	b	57,655.	4.5	4.5		
Ţ	С	Net income or (loss) from sale	s of inventory		-42,469.	-42,469.		
ſ		Miscellaneous Revenu		Business Code				
ſ	11 a	ADVERTISING REV	ENUE	511190	236,118.		236,118.	
	b	OTHER REVENUE		900099	219,201.	14,211.	204,990.	
	c	CATERING INCOME]	722320	23,442.	•	23,442.	
	d	All other revenue			- ,		- , - -	
		Total. Add lines 11a-11d			478,761.			
					5,541,588.	182 860	561,130.	173 21/
13200	12	Total revenue. See instructions.		P	o, o=1, 000 •	102,000.	JOT, 130.	1/J,014.

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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) but are not required to complete columns (B), (C), and (D).

com	plete columns (B), (C), and (D).				
	Check if Schedule O contains a respon-				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	816,401.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,711,144.			
8	Pension plan accruals and contributions (include	24 22			
	section 401(k) and section 403(b) employer contributions)	34,387.			
9	Other employee benefits	176,182.			
10	Payroll taxes	196,529.			
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	61,134.			
g		342,299.			
12	Advertising and promotion	96,646.			
13	Office expenses	367,319.			
14	Information technology	84,921.			
15	Royalties				
16	Occupancy	903,811.			
17	Travel	160,287.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.7.04.0			
19	Conferences, conventions, and meetings	27,318.			
20	Interest	1,825.			
21	Payments to affiliates	E0E 5.5			
22	Depreciation, depletion, and amortization	527,567.			
23	Insurance	15,932.			
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 0.)				
а	A CONTEST TO C	371,629.			
b		208,958.			
С	PREVIEW	149,763.			
d	TAXES & LICENSES	71,241.			
е	All other expenses	77,451.			
25	Total functional expenses. Add lines 1 through 24e	6,402,744.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet (B) (A) End of year Beginning of year 1,479,456. 818,800. 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 108,764. 39,758. 4 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L 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) 6 12,453. 9,151. 7 Notes and loans receivable, net 7 8,469.10,414. Inventories for sale or use 8 8 156,639. 195,906. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 4,446,939. basis. Complete Part VI of Schedule D ______ 10a 2,082,470. 2,581,833. 2,364,469. b Less: accumulated depreciation 10b 10c 13,215,530. 12,550,791. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 282,350. 283,222. 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 197,394 20,550. 15 Other assets. See Part IV, line 11 15 18,044,833. 16,291,116. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 427,885. 457,032. Accounts payable and accrued expenses 17 17 18 18 Grants payable 2,532,642. 2,384,348. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 664,396. 608,238. 25 Schedule D 3,654,070. 3,420,471. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 14,390,763. 12,870,645. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 14,390,763. 12,870,645. 33 33 Total net assets or fund balances 16,291,116. 18,044,833. 34 Total liabilities and net assets/fund balances

Form **990** (2011)

Form **990** (2011)

Pa	TEXT RECONCILIATION OF NET ASSETS					
	Check if Schedule O contains a response to any question in this Part XI		<u></u>			X
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	1 2 3 4 5 6	5 6 14	,54 ,40 -86 ,39	1,5 2,7 1,1 0,7 8,9	88. 44. 56. 63.
Pa	rt XIII Financial Statements and Reporting					Х
	Check if Schedule O contains a response to any question in this Part XII					No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		_ [Yes	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 Sch			2c	Х	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue					
	separate basis, consolidated basis, or both: Separate basis Separate basis Separate basis Separate basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		tit	0-		x
	Act and OMB Circular A-133?			3a		_^
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits organization did not undergo the required audit or audits.	ired aud	iπ	2h		

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organiz 				
	R LAS VEGAS		Empl	oyer identification number
CHAMBE	R OF COMMERCE, IN	1C.		88-0035080
Part I-A Complete if the or	rganization is exempt un	der section 501(c) o	or is a section 527 o	rganization.
 Provide a description of the organ Political expenditures Volunteer hours 	·		▶\$	
	rganization is exempt un			
1 Enter the amount of any excise ta	x incurred by the organization un	der section 4955	▶\$	
2 Enter the amount of any excise ta	x incurred by organization manag	gers under section 4955	▶\$	
3 If the organization incurred a sect				
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.		day a satism FO4/a)		-1(0)
Part I-C Complete if the or	·		<u> </u>	• • • • • • • • • • • • • • • • • • • •
1 Enter the amount directly expende				
2 Enter the amount of the filing orga		•		
exempt function activities 3 Total exempt function expenditure				
			▶ ¢	
line 17b Did the filing organization file Forr	n 1120-POL for this year?		Ψ Ψ	Yes No
5 Enter the names, addresses and a made payments. For each organiz contributions received that were political action committee (PAC).	employer identification number (E zation listed, enter the amount pa promptly and directly delivered to	EIN) of all section 527 poli aid from the filing organiza a a separate political organ	tical organizations to whic ation's funds. Also enter th nization, such as a separa	th the filing organization ne amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
LAS VEGAS CHAMBER O				
COMMERCE BIZPA	89119-3290	88-0239364	0.	69,294.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

LHA

GREATER LAS VEGAS

ichedule C (Form 990 or 990-FZ) 2011 CHAMBER OF COMMERCE, INC

88-0035080 Page 2

Part II-A Complete if the org					0033000	Page 2
(election under sec		•	()()			
		ffiliated group (and list in	n Part IV each affiliated	group member's nar	me, address, Ell	N,
. —	re of excess lobbying		ininun nunh.			
Limi	ts on Lobbying Exp	and "limited control" pro enditures ounts paid or incurred.		(a) Filing organization's totals	(b) Affiliated totals	group
1a Total lobbying expenditures to infl	uence public opinion	(grass roots lobbying)				
b Total lobbying expenditures to infl			T T			
c Total lobbying expenditures (add I						
d Other exempt purpose expenditur						
e Total exempt purpose expenditure	es (add lines 1c and	1d)				
f Lobbying nontaxable amount. Ent	er the amount from t	he following table in bot	th columns.			
If the amount on line 1e, column (a) o	or (b) is: The Io	bbying nontaxable am	ount is:			
Not over \$500,000	20% c	f the amount on line 1e				
Over \$500,000 but not over \$1,00	0,000 \$100,0	000 plus 15% of the exc	cess over \$500,000.			
Over \$1,000,000 but not over \$1,5		000 plus 10% of the exc				
Over \$1,500,000 but not over \$17	,000,000 \$225,0	000 plus 5% of the exce	ess over \$1,500,000.			
Over \$17,000,000	\$1,000),000.				
g Grassroots nontaxable amount (er	•					
h Subtract line 1g from line 1a. If zer	•					
i Subtract line 1f from line 1c. If zero	•					
j If there is an amount other than ze reporting section 4911 tax for this		r line 1i, did the organiz			Yes	□ No
	4-Year A	veraging Period Under	Section 501(h)			
		section 501(h) election he instructions for line				
		enditures During 4-Ye		37		
	, , ,	1				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Tota	ય
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
	I	1	1		1	

Schedule C (Form 990 or 990-EZ) 2011

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2011 CHAMBER OF COMMERCE, INC. 88-003508

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i	(c)(5),			
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i	(c)(5),			
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i	(c)(5),			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i	(c)(5),			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i	(c)(5),			
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i	(c)(5),			
e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i	(c)(5),			
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i	(c)(5),			
g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i	(c)(5),			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i	(c)(5),			
i Other activities? j Total. Add lines 1c through 1i	(c)(5),			
j Total. Add lines 1c through 1i	(c)(5),			
	(c)(5),			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	(c)(5),			
	(c)(5),			
b If "Yes," enter the amount of any tax incurred under section 4912	(c)(5),			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	(c)(5),			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	(c)(5),			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).		or se	ection	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		Х
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				Х
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		Х
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501		or se	ection	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"				e 3, is
answered "Yes."		•		
Dues, assessments and similar amounts from members		1	3,662	2,044.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
expenses for which the section 527(f) tax was paid).				
a Current year		2a	69	9,294.
b Carryover from last year		2b		
c Total		2c	69	9,294.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	366	5,204.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political				
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5	-296	5,910.
Part IV Supplemental Information				
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A;	nd Parl	t II-B, lir	ne 1. Also, o	complete
this part for any additional information.		•	,	•
PART I-C CONTINUATION:				
LAS VEGAS CHAMBER OF COMMERCE BIZPAC FUND				
6671 LAS VEGAS BLVD, SOUTH NO. 300 LAS VEGAS, NV 89119-32	90			
EIN: 88-0239364 COL (D) AMOUNT: 0. COL (E) AMOUNT: 69	294.		_	
TIM. 00 0233304 COL (D) AMOUNT. 0. COL (E) AMOUNT: 03	<u> </u>	•		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ 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. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization (

GREATER LAS VEGAS

CHAMBER OF COMMERCE, INC.

Employer identification number 88-0035080

Par	art I Organizations Maintaining Donor	Advised Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Pa	rt IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor adv		l funds
	are the organization's property, subject to the organ	_	
6	Did the organization inform all grantees, donors, and		
	for charitable purposes and not for the benefit of the		
Par		f the organization answered "Yes" to Form 990, Part	
1	Purpose(s) of conservation easements held by the o		
	Preservation of land for public use (e.g., recrea		rically important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space		
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.		
	,,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		1 1
С	Number of conservation easements on a certified his		
d			
	listed in the National Register		
3	Number of conservation easements modified, transfe		
	year >	, , ,	3
4	Number of states where property subject to conserv	ation easement is located	
5	Does the organization have a written policy regarding		
	violations, and enforcement of the conservation ease		Yes No
6	Staff and volunteer hours devoted to monitoring, ins		
7	Amount of expenses incurred in monitoring, inspecti		
8	Does each conservation easement reported on line 2		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports co		
	include, if applicable, the text of the footnote to the		
	conservation easements.		
Par	rt III Organizations Maintaining Collect	ons of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes"	to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS	116 (ASC 958), not to report in its revenue statemer	nt and balance sheet works of art,
	historical treasures, or other similar assets held for p	ublic exhibition, education, or research in furtherance	e of public service, provide, in Part XIV,
	the text of the footnote to its financial statements the	at describes these items.	
b	If the organization elected, as permitted under SFAS	116 (ASC 958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhi	pition, education, or research in furtherance of public	c service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, histo		
	the following amounts required to be reported under		
а	Revenues included in Form 990, Part VIII, line 1	······································	• \$
	Assets included in Form 990, Part X		

	t III Organizations Maintaining C	ollections of A	rt, Historical T	reasures, c	r Other	Simila	r Asse	ts (cont	inued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of th	e following that	t are a sig	nificant ι	se of its	collectio	n items
	(check all that apply):								
а	Public exhibition	d	Ⅰ 🖳 Loan or ex	change progra	ıms				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization	on's exem	pt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit o						_	-	
	to be sold to raise funds rather than to be ma							Yes	└── No
Pai	t IV Escrow and Custodial Arran		ete if the organizat	ion answered "	'Yes" to F	orm 990,	Part IV,	ine 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi							٦.,	
	on Form 990, Part X?						L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:					_	
						+-+		Amoun	<u> </u>
	Beginning balance								
	Additions during the year								
_	Distributions during the year								
f Oo	Ending balance							Yes	□ No
	If "Yes," explain the arrangement in Part XIV.		211					」 res	□□ NO
	t V Endowment Funds. Complete in		swered "Yes" to F	orm 990 Part	IV line 10				
		(a) Current year	(b) Prior year	(c) Two years		: 1) Three ye	ears back	(e) Four	years back
1 a	Beginning of year balance	(a) Guirent year	(b) i noi year	(c) The year	o buon (c	1) 111100 y	ouro buon	(C) roun	youro buon
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
ŭ	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1a. column	(a)) held as:					
a	Board designated or quasi-endowment	-	%	(-),					
b	Permanent endowment ▶	%	_ / -						
С	Temporarily restricted endowment	 *							
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administe	red for the	e organiz	ation		
	by:								Yes No
	(i) unrelated organizations							3a(i)	
	(**)							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R?					3b	
4	Describe in Part XIV the intended uses of the	organization's endo	owment funds.						
Pai	t VI Land, Buildings, and Equipm	ent. See Form 990), Part X, line 10.						
	Description of property	(a) Cost or o		st or other s (other)	. ,	cumulated eciation	d	(d) Bool	k value
1a	Land								
	Buildings								
	Leasehold improvements			56,040.		10,28			5,759.
	Equipment	I	2,3	90,899.	7'	72,18	39.	1,61	8,710.
<u>e</u>	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10(c).)				2,36	4,469.

Schedule D (Form 990) 2011

Part \	/II Investments - Other Securities. Se	ee Form 990, Part X, lii	ne 12.		J
	(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valua st or end-of-year mar	
(1) Fina	ncial derivatives				
	sely-held equity interests				
(3) Oth					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
<u>(H)</u>					
(I)	ol /h) must squal Form 000. Part V. sal /B) line 12.)				
	ol (b) must equal Form 990, Part X, col (B) line 12.) ► /III Investments - Program Related. S	\	line 10		
I alt			line 13.	(c) Method of valua	tion:
	(a) Description of investment type	(b) Book value	Cos	st or end-of-year mar	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7) (8)					
(9)					
(10)					
	ol (b) must equal Form 990, Part X, col (B) line 13.)				
Part I		e 15.			
		Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)	Column (b) must equal Form 990, Part X, col (B) lin	15.)			
Part 2					
1.	(a) Description of liability	,	(b) Book value		
	Federal income taxes				
	CAPITAL LEASE		12,340.		
(3)	DEFERRED RENT		595,898.		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)	Delivers (b) severt asset [5] = 2000 Deliver (b)	- 05)	608,238.		
ı otal. (Column (b) must equal Form 990, Part X, col (B) lin	e ∠ɔ.) ▶	000,430.		

	edule D (Form 990) 2011 CHAMBER OF COMMERCE, INC.			88-0	0035080	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 t	o Audite	d Financial Sta	tement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		5,541	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		6,402	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		-861	,156.
4	Net unrealized gains (losses) on investments		4		-658	,962.
5	Donated services and use of facilities					
6	Investment expenses					
7	Prior period adjustments					
8	Other (Describe in Part XIV.)					
9	Total adjustments (net). Add lines 4 through 8		9			,962.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a				-1,520	<u>,118.</u>
Pai	t XII Reconciliation of Revenue per Audited Financial Statem					
1	Total revenue, gains, and other support per audited financial statements			. 1	5,063	<u>,405.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments		-658,962	<u>- </u>		
b	Donated services and use of facilities					
С	Recoveries of prior year grants					
d	Other (Describe in Part XIV.)	2d	70,300	<u>) </u>		
е	Add lines 2a through 2d				-588	
3	Subtract line 2e from line 1			. 3	5,652	<u>,067.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	61,134 -171,613	: •		
b	Other (Describe in Part XIV.)	4b	-171,613	<u> </u>		
С	Add lines 4a and 4b				-110	<u>,479.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			. 5	5,541	<u>,588.</u>
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stater					
1	Total expenses and losses per audited financial statements			. 1	6,539	<u>,523.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses		0.14 0.10			
d	Other (Describe in Part XIV.)	2d	241,913	<u> </u>	0.44	040
е	Add lines 2a through 2d				241	<u>,913.</u>
3	Subtract line 2e from line 1			. 3	6,297	<u>,610.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	64 454			
	Investment expenses not included on Form 990, Part VIII, line 7b		61,134			
b	Other (Describe in Part XIV.)	4b	44,000	<u>'-</u>	405	101
С	Add lines 4a and 4b			. 4c		,134.
5				. 5	6,402	,/44.
	rt XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	: III, lines 1a	and 4; Part IV, lines	3 1b and 2	2b; Part V, line	4; Part
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also cor	nplete this p	part to provide any a	additional	information.	
D 3 1	OM VII I IND OD OMNED AD HIGHWENMA					
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
	B AGGERG DELEAGED EDON DEGEDIONI				7.0	200
NE'	r ASSETS RELEASED FROM RESTRICTION				70	<u>,300.</u>
D 3 I	OM VII I INE 4D OMIED AD HIGHNENING					
PAI	RT XII, LINE 4B - OTHER ADJUSTMENTS:					
CO	29				_112	,958.
	JO				-113	, , , , , , ,
REI	NTAL EXPENSE				-57	,655.
					<u> </u>	,
TO	TAL TO SCHEDULE D, PART XII, LINE 4B				-171	,613.
	•					-

Part XIV Supplemental Information (continued)	00-0033000 Page 5
Supplemental information (continued)	
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSE	113,958.
COGS	57,655.
NET ASSETS RELEASED FROM RESTRICTION	70,300.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	241,913.
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
UBIT	44,000.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

Open to Public . Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

GREATER LAS VEGAS

CHAMBER OF COMMERCE, INC. Employer identification number 88-0035080

OMB No. 1545-0047

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		
	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		
	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Populations section 52 4059 6(a)2	۵	l	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	(i)	159,265.	0.	70.	0.	7,276.	166,611.	0.
	'') - ii)	0.	0.	0.	0.	0.	0.	0.
	i) (i)	162,117.	0.	105.	5,240.	5,187.	172,649.	
	ii) -	0.	0.	0.	0.	0.	0.	0.
	(i)							
	ii) 🗌							
	(i) L							
	ii)							
	(i)							
	ii)							
	(i) _							
	ii)							
	(i) 							
	ii) (i)							
	'') - ii)							
	(i)							
	ii) -							
·	(i)							
	ii)							
	(i)							
	ii) 🗌							
	(i) _							
	ii)							
	(i) L							
	ii)							
	(i)							
	ii)							
	(i) -							
	ii)							
	(i) 							
	ii)							

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization GREATER LAS VEGAS

Employer identification number

	WREK O							8-00	3508	U	
Part I Excess Benefit	Transacti	ons (section	on 501(c)(3) and sectio	n 501(c)(4) organizatio	ns only)					
Complete if the orga	nization ansv	wered "Yes"	on Form	990, Part IV,	line 25a or 25b, or Fo	m 990-E	Z, Part	V, line 40	b.		
1 (a) Name of dies	aualified nor	oon			(h) Description	of transc	otion			(c) Con	rected?
(a) Name of disc	quaimed per	SOFI			(b) Description	oi transa	Ction			Yes	No
2 Enter the amount of tax impo	osed on the o	organization	manager	s or disqualif	ied persons during the	year ur	der				
3 Enter the amount of tax, if ar	ny, on line 2,	above, reim	bursed by	the organiza	ation			. 🕨 \$			
			_								
Part II Loans to and/or	r From Int	erested I	Persons	S.							
Complete if the orga					line 26, or Form 990-E	Z, Part \	/, line 38	Ba.			
(a) Name of interested	1 () () () () () () ()					by bo	oroved ard or		ritten		
person and purpose	the orga	nization?	- ai	Hourit			auit?	cómm	ittee?	agreei	ment?
	То	From				Yes	No	Yes	No	Yes	No
							L				
Total Grants or Assis	tongo Poi	aofitina li	atorosto	> \$	•						
		_									
Complete if the orga		wered "Yes"									_
(a) Name of interested p	person		(b) Relati		een interested person ganization	and			ount an assistan	d type o	Ť
					gamzation		+				
							-				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011

Schedule L	(Form 990 or 990-EZ) 2011	CHAMBER	OF	COMMERCE,	INC.	8
Part IV	Business Transaction	ons Involving	j Inte	erested Persons	3.	
	Complete if the organization	on answered "Ye	es" on	Form 990, Part IV, li	ne 28a, 28b, or 28c.	

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	zation's
				Yes	No
BRUCE SPOTLESON	BRUCE SPOTLESON IS	92,538.	BRUCE SPOTL		Х
Part V Supplemental Information			•		
Complete this part to provide additional	al information for responses to question	s on Schedule L (see	instructions).		
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
/->					
(A) NAME OF PERSON: BRUCE	SPOTLESON				
/D \ DELAGIONGUID DEGMEEN T	NUMBER CHED DED CON AN		TON.		
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AN	D ORGANIZAT	TON:		
BRUCE SPOTLESON IS A CHAME	בס ייסווכייהי				
DROCE STOTLEDON IS A CHAME	JEK IKOBIEE				
(C) AMOUNT OF TRANSACTION	\$ 92.538.				
(0) 111001(1 01 11111(111011011011	y 52,0001				
(D) DESCRIPTION OF TRANSAC	TION: BRUCE SPOTLES	ON IS A CHA	MBER TRUSTE	E AN	D
ALSO A KEY EMPLOYEE OF IN	BUSINESS LAS VEGAS,	WHICH PUBL	ISHES THE C	HAMB	ER
MAGAZINE.					
(T) G					
(E) SHARING OF ORGANIZATIO	ON REVENUES? = NO				
				-	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2011
Open to Public Inspection

Name of the organization

GREATER LAS VEGAS
CHAMBER OF COMMERCE, INC.

Employer identification number 88-0035080

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN NEVADA. THE CHAMBER IS COMMITTED TO CREATING AN ENVIRONMENT THAT PROMOTES BUSINESS, THEREBY STRENGTHENING THE COMMUNITY.

FORM 990, PART VI, SECTION A, LINE 2: BRUCE SPOTELSON, ONE OF THE TRUSTEES, PUBLISHES THE MAGAZINE FOR THE CHAMBER.

FORM 990, PART VI, SECTION A, LINE 6: THE LAS VEGAS CHAMBER OF COMMERCE HAS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: THE LAS VEGAS CHAMBER OF COMMERCE

HAS MEMBERS WHO USE BALLOTS TO VOTE YES OR NO FOR THE SLATE OF TRUSTEE'S UP

FOR ELECTION.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 WAS EMAILED TO THE

EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES FOR THEIR REVIEW PRIOR TO THE

TIME IT WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: EACH JANUARY, THE CHAMBER HOLDS A
TRUSTEE RETREAT. TRUSTEES ARE PRESENTED WITH A COPY OF THE CONFLICT OF
INTEREST POLICY AND REQUESTED TO SIGN. EACH TRUSTEE SIGNS ANNUALLY. THE
STAFF OF THE CHAMBER REVIEWS TRANSACTIONS ANNUALLY FOR COMPLIANCE AND
PRESENTS A LIST OF TRANSACTIONS THAT COULD POTENTIALLY BE A CONFLICT OF
INTEREST TO THE CHAMBER'S EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE
WILL VOTE ON WHETHER ANY SUCH TRANSACTIONS ARE IN THE BEST INTEREST OF THE

CHAMBER.

Schedule O (Form 990 or 990-EZ) (2011) Page 2 GREATER LAS VEGAS **Employer identification number** Name of the organization CHAMBER OF COMMERCE, INC. 88-0035080 FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION PLAN FOR THE LAS VEGAS CHAMBER OF COMMERCE IS REVIEWED ANNUALLY. SALARIES FOR CHAMBER EMPLOYEES AT ALL LEVELS ARE COMPARED WITH DATA ON SALARY SURVEYS FROM PRIVATE INDUSTRY, NON-PROFIT ORGANIZATIONS, NATIONAL AND REGIONAL CHAMBER OF COMMERCE ORGANIZATIONS, AND LOCAL EMPLOYMENT AGENCIES. IF CHANGES ARE MADE TO OUR SALARY SCALES, THOSE CHANGES ARE SUBMITTED TO THE BOARD OF TRUSTEE'S EXECUTIVE COMMITTEE FOR REVIEW AND APPROVAL. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: NET UNREALIZED LOSSES ON INVESTMENTS: -658,962. FORM 990, PART XII, LINE 2C THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

► See separate instructions.

2011 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GREATER LAS VEGAS

CHAMBER OF COMMERCE, INC.

Employer identification number 88-0035080

(a)	(6)	(a)	(4)	10	`		/£\	
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state foreign country)	(d) or Total inco	ome End-of-yea		birect contro		9
Part II Identification of Related Tax-Exempt Organizations during the tax year.)	rations (Complete if the organization	answered "Yes" to Form 990	0, Part IV, line 34 b	pecause it had one	or more	related tax-exer	mpt	
(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	1	(f) ct controlling entity	Section 512(b)(1 controlled entity?	
				501(c)(3))			Yes	No
LAS VEGAS CHAMBER OF COMMERCE FOUNDATION -								
88-0344339, 6671 LAS VEGAS BLVD SO. # 300,								
LAS VEGAS, NV 89119	SCHOLARSHIPS	NEVADA	501(C)(3)	9	N/A			Х
LAS VEGAS CHAMBER OF COMMERCE BIZPAC FUND -								
88-0239364, 6671 LAS VEGAS BLVD SO. # 300,	7							
LAS VEGAS, NV 89119	POLITICAL ACTION EFFORTS	NEVADA	527	N/A	N/A			Х
	_							
					+			
	-							
	\dashv							

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Dispropate alloc		J 20 of Schedule	Partifici	
		country)		sections 512-514)		dossis	Yes	No	K-1 (Form 1065)	Yes N	0

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
CHAMBER INSURANCE & BENEFITS, LLC - 35-2299986			GREATER LAS				
6671 LAS VEGAS BLVD. SO. # 300			VEGAS CHAMBER				
LAS VEGAS, NV 89119	INSURANCE MARKETING	NV	OF COMMERCE	C CORP	384,865.	340,178.	100%

Schedule R (Form 990) 2011

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note Consider the Affician and their Behad to Darke II. III. and Matthia and added						V	NI.
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		alatad avasainationa listad	in Dorto II IVO			Yes	No
1 During the tax year, did the organization engage in any of the following transaction		•			1a	Х	
 a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) 					1b	21	Х
c Gift, grant, or capital contribution from related organization(s)					1c		X
d Loans or loan guarantees to or for related organization(s)					1d	Х	
e Loans or loan guarantees by related organization(s)					1e	X	
e Loans of loan guarantees by related organization(s)					10		
f Sale of assets to related organization(s)					1f		X
g Purchase of assets from related organization(s)					1g		X
h Exchange of assets with related organization(s)					1h		X
i Lease of facilities, equipment, or other assets to related organization(s)							
j Lease of facilities, equipment, or other assets from related organization(s)					1j		Х
${f k}$ Performance of services or membership or fundraising solicitations for related organizations					1k		Х
I Performance of services or membership or fundraising solicitations by related orga					11		Х
m Sharing of facilities, equipment, mailing lists, or other assets with related organizat					1m		Х
n Sharing of paid employees with related organization(s)					1n		X
Reimbursement paid to related organization(s) for expenses					10		X
p Reimbursement paid by related organization(s) for expenses					1 p		Х
						37	
q Other transfer of cash or property to related organization(s)					1q	X	Х
r Other transfer of cash or property from related organization(s)					1r		Λ
2 If the answer to any of the above is "Yes," see the instructions for information on v	·		relationships and trans				
(a) Name of other organization	(b) Transaction	(c) Amount involved	_	(d) Method of determining			
Name of other organization	type (a-r)	Amount involved	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	amount involved			
	, , , ,						
1) CHAMBER INSURANCE & BENEFITS	A	65,000.	FAIR MARKET	VALUE			
7		,					
2) CHAMBER INSURANCE & BENEFITS	D	9,151.	FAIR MARKET	VALUE			
•							
3) LAS VEGAS CHAMBER OF COMMERCE BIZPAC FUND	Q	69,294.	FAIR MARKET	VALUE			
4) LAS VEGAS CHAMBER OF COMMERCE BIZPAC FUND	E	17,114.	FAIR MARKET	VALUE			
5)							
6)							

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 section 512-514)	Are partner 501(corg	all rs sec. c)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets	Dispr tior alloca	opor- ate ions?		Gene mana part Yes	ral or aging ner?	(k) Percentage ownership
THE ENDOWMENT TEI FUND, LLC - 20-2472055, 4265 SAN FELIPE, SUITE 800, HOUSTON, TX 77027	INVESTMENTS		EXCLUDED UNDER SECTION 512-514		X	3,164.	1,869,505.		X	N/A		Х	.10%

Schedule R (Form 990) 2011

Part VII Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form **8621**

Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

OMB No.	1545-1002
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Attachment

Internal Revenue Service See Separate Instructions.		Sequence No. 03
Name of shareholder	Identifying number (see instruc	ctions)
GREATER LAS VEGAS		
CHAMBER OF COMMERCE, INC.	88-0035080	
Number, street, and room or suite no. (If a P.O. box, see instructions.)	Shareholder tax year: calendar year 2	011 or other tax year beginning
6671 LAS VEGAS BLVD., SOUTH, NO. 300	, and	ending , .
City or town, state, and ZIP code or country LAS VEGAS, NV 89119-3290		
Check type of shareholder filing the return: Individual X Corporation Partnershi	p S Corporation	Nongrantor Trust Estate
Name of passive foreign investment company (PFIC) or qualified electing fund (QEF)	Employer identification number	<u> </u>
BR PROPERTIES S.A.	Linproyer ruentineation number	i (ii diiy)
Address (Enter number, street, city or town, and country.)	Tax year of company or fund; ca	alendar year 2011 or other
RUA FUNCHAL, 418, 15 DEGREES ANDAR,	tax year beginning	, and
CONJUNTO 1502, SAN PAULO, BRAZIL 04451-060	ending	,
Part I Elections (See instructions.)		
A Election To Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the PFIC as	•	•
B Deemed Sale Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF	, elect to recognize gain on the d	eemed sale of my interest in the
PFIC. Enter gain or loss on line 10f of Part IV.		
Deemed Dividend Election. I, a shareholder on the first day of a PFIC's first tax year as a amount equal to my share of the post-1986 earnings and profits of the CFC as an excess	· · · · · · · · · · · · · · · · · · ·	. ,,
Floation To Extend Time For Downsont of Tay, Look bounded on of a OFF plant to extend the		
of the QEF until this election is terminated. Complete lines 3a through 4c of Part II to	calculate the tax that may be	e deferred.
Note: If any portion of line 1a or line 2a of Part II is includible under section 951, 1294(c) and 1294(f) and the related regulations for events that terminate this ele	you may _{not} make this electic ection.	n. Also, see sections
Election To Recognize Gain on Deemed Sale of PFIC. I, a shareholder of a former PFIC	or a PFIC to which section 1297(
distribution the gain recognized on the deemed sale of my interest in the PFIC, or, if I qua distributed, on the last day of its last tax year as a PFIC under section 1297(a). Enter gain		1986 earnings and profits deemed
F Election To Mark-to-Market PFIC Stock. I, a shareholder of a PFIC, elect to mark-to-mark		ble within the meaning of section
1296(e). Complete Part III.		-
G Deemed Dividend Election With Respect to a Section 1297(e) PFIC. I, a shareholder of		
1.1291-9(j)(2)(v), elect to make a deemed dividend election with respect to the Section 1.	297(e) PFIC. My holding period in	1 the stock of the Section 1297(e)
PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). Deemed Dividend Election With Respect to a Former PFIC. I, a shareholder of a former	PEIC within the meaning of Regu	ulations section 1 1291-9(i)(2)(iv)
elect to make a deemed dividend election with respect to the former PFIC. My holding per		
defined in Regulations section 1.1298-3(d).	Idana a sanalata Kana da da sananah i	On the same and the same
Part II Income From a Qualified Electing Fund (QEF). All QEF shareho Election D. also complete lines 3a through 4c. (See instructions.)	nders complete lines Ta through i	zc. II you are making
, , , , , , , , , , , , , , , , , , , ,	a	
b Enter the portion of line 1a that is included in income under section 951 or that may be	<u>u </u>	
· · · · · · · · · · · · · · · · · · ·	ь	
c Subtract line 1b from line 1a. Enter this amount on your tax return as ordinary income		1c
2 a Enter your pro rata share of the total net capital gain of the QEF 2	a	
b Enter the portion of line 2a that is included in income under section 951 or that may be		
excluded under section 1293(g)	b	
c Subtract line 2b from line 2a. This amount is a net long-term capital gain. Enter this amount in l		
used for your income tax return. (See instructions.)		2c
3 a Add lines 1c and 2c	 I	3a
b Enter the total amount of cash and the fair market value of other property distributed	.	
, , , , , , , , , , , , , , , , , , , ,	b	1
c Enter the portion of line 3a not already included in line 3b that is attributable to shares in the OEE that you disposed of pladadd or otherwise transferred during the toy year.		
, , , , , , , , , , , , , , , , , , ,	ic	3d
d Add lines 3b and 3ce Subtract line 3d from line 3a, and enter the difference (if zero or less, enter amount in brackets)	 I	3e
Important: If line 3e is greater than zero, and no portion of line 1a or 2a is includible in		
you may make Election D with respect to the amount on line 3e.		
	a	
b Enter the total tax for the tax year determined without regard to the amount entered		
on line 3e	b	
c Subtract line 4b from line 4a. This is the deferred tax, the time for payment of which is exten	ded by making Election D	4c

Form 8621 (Rev. 12-2011) Gain or (Loss) From Mark-to-Market Election (See instructions.) Part III 5 a Enter the fair market value of your PFIC stock at the end of the tax year 5a **b** Enter your adjusted basis in the stock at the end of the tax year 5b c Subtract line 5b from line 5a. If a gain, do not complete lines 6 and 7. Include this amount as ordinary income on your tax return. If a loss, go to line 6 5c Enter any unreversed inclusions (as defined in section 1296(d)) 6 Enter the loss from line 5c, but only to the extent of unreversed inclusions on line 6. Include this amount as an ordinary 7 loss on your tax return If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year: a Enter the fair market value of the stock on the date of sale or disposition 8a **b** Enter the adjusted basis of the stock on the date of sale or disposition 8b c Subtract line 8b from line 8a. If a gain, do not complete line 9. Include this amount as ordinary income on your tax return. If a loss, go to line 9 8с 9 a Enter any unreversed inclusions (as defined in section 1296(d)) 9a b Enter the loss from line 8c, but only to the extent of unreversed inclusions on line 9a. Include this amount as an ordinary loss on your tax return. If the loss on line 8c exceeds unreversed inclusions on line 9a, complete line 9c 9b c Enter the amount by which the loss on line 8c exceeds unreversed inclusions on line 9a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations 9с Note. See instructions in case of multiple dispositions. Part IV Distributions From and Dispositions of Stock of a Section 1291 Fund (See instructions.) Complete a separate Part IV for each excess distribution (see instructions). 10 a Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions 10a **b** Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) 10b c Divide line 10b by 3. (See instructions if the number of preceding tax years is less than 3.) 10c **d** Multiply line 10c by 125% (1.25) 10d e Subtract line 10d from line 10a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part IV. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return 10e f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, 1. 10f complete line 11. If a loss, show it in brackets and **do not** complete line 11 11 a Attach a statement for each distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution to each day in your holding period. Add all amounts that are allocated to days in each tax year. b Enter the total of the amounts determined in line 11a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC tax years). Enter these amounts on your income tax

return as other income SEE STATEMENT

f Determine interest on each net increase in tax determined on line 11e using the rates and methods of section 6621.

(other than the current tax year and pre-PFIC years). (See instructions.)

d Foreign tax credit. (See instructions.) e Subtract line 11d from line 11c. Enter this amount on your income tax return as "additional tax." (See instructions.)

c Enter the aggregate increases in tax (before credits) for each tax year in your holding period

Enter the aggregate amount of interest here. (See instructions.)

Form **8621** (Rev. 12-2011)

11b

11c 11d

11e

11f

1.

Form 8621 (Rev. 12-2011) Page 3

Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections Part V

Complete a separate column for each outstanding election. Complete lines 9 and 10 only if there is a partial termination of the section 1294 election.

1294 election.							
		(i)	(ii)	(iii)	(iv)	(v)	(vi)
1 7	Tax year of outstanding						
6	election						
2 (Undistributed earnings to						
١	which the election relates						
3 [Deferred tax						
4 ı	nterest accrued on deferred						
t	ax (line 3) as of the filing date						
5 E	Event terminating election						
6 E	Earnings distributed or deemed						
C	distributed during the tax year						
7 [Deferred tax due with this						
r	return						
8 /	Accrued interest due with						
t	his return						
	Deferred tax outstanding after						
ŗ	partial termination of election						
10 I	nterest accrued after partial						
t	ermination of election						

Form **8621** (Rev. 12-2011)

Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund See separate instructions. OMB No. 1545-1002 Attachment Sequence No. 69

ויינ	OMB No.	1545-1002

internal Revenue Service	Sequence No. 30				
Name of shareholder	Identifying number (see instructions)				
GREATER LAS VEGAS	00 0035000				
CHAMBER OF COMMERCE, INC. 88-0035080					
Number, street, and room or suite no. (If a P.O. box, see instructions.) 6671 LAS VEGAS BLVD., SOUTH, NO. 300	Shareholder tax year: calendar year 2011 or other tax year beginning				
·	, and ending , .				
City or town, state, and ZIP code or country LAS VEGAS, NV 89119-3290					
Check type of shareholder filing the return: Individual X Corporation Partnershi	p S Corporation Nongrantor Trust Estate				
Name of passive foreign investment company (PFIC) or qualified electing fund (QEF)	Employer identification number (if any)				
PSAM GLOBAL EVENT UCITS FUND	Employer ruentineation number (if any)				
Address (Enter number, street, city or town, and country.)	Tax year of company or fund: calendar year 2011 or other				
7-11 SIR JOHN ROGERSON'S QUAY	tax year beginning , and				
DUBLIN 2, IRELAND	ending , .				
Part I Elections (See instructions.)					
A Election To Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the PFIC as	,				
B Deemed Sale Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF	, elect to recognize gain on the deemed sale of my interest in the				
PFIC. Enter gain or loss on line 10f of Part IV.	055				
Deemed Dividend Election. I, a shareholder on the first day of a PFIC's first tax year as a amount equal to my share of the post-1986 earnings and profits of the CFC as an excess	• 1 (//				
Floation To Fisher d Time For Downsont of Tay, Loo shough older of a OFF placet to system date					
of the QEF until this election is terminated. Complete lines 3a through 4c of Part II to	calculate the tax that may be deferred.				
Note: If any portion of line 1a or line 2a of Part II is includible under section 951, 1294(c) and 1294(f) and the related regulations for events that terminate this ele	you may _{not} make this election. Also, see sections ection.				
Election To Recognize Gain on Deemed Sale of PFIC. I, a shareholder of a former PFIC	or a PFIC to which section 1297(d) applies, elect to treat as an excess				
distribution the gain recognized on the deemed sale of my interest in the PFIC, or, if I qual distributed, on the last day of its last tax year as a PFIC under section 1297(a). Enter gain					
F Election To Mark-to-Market PFIC Stock. I, a shareholder of a PFIC, elect to mark-to-mark					
1296(e). Complete Part III.	tot the 1110 stock that is mainstable within the mounting of section				
G Deemed Dividend Election With Respect to a Section 1297(e) PFIC. I, a shareholder of	a section 1297(e) PFIC, within the meaning of Regulations section				
1.1291-9(j)(2)(v), elect to make a deemed dividend election with respect to the Section 12					
PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d).	PEIO 111 11 11 11 11 11 11 11 11 11 11 11 1				
H Deemed Dividend Election With Respect to a Former PFIC. I, a shareholder of a former elect to make a deemed dividend election with respect to the former PFIC. My holding per					
defined in Regulations section 1.1298-3(d).	iod in the econor of the formor fire molecule the termination date, as				
Part II Income From a Qualified Electing Fund (QEF). All QEF shareho	lders complete lines 1a through 2c. If you are making				
Election D, also complete lines 3a through 4c. (See instructions.)					
1 a Enter your pro rata share of the ordinary earnings of the QEF	<u>a </u>				
b Enter the portion of line 1a that is included in income under section 951 or that may be					
excluded under section 1293(g)					
c Subtract line 1b from line 1a. Enter this amount on your tax return as ordinary income	· · · · · · · · · · · · · · · · · · ·				
2 a Enter your pro rata share of the total net capital gain of the QEF	<u>a </u>				
b Enter the portion of line 2a that is included in income under section 951 or that may be	. 1				
excluded under section 1293(g)	· · · · · · · · · · · · · · · · · · ·				
c Subtract line 2b from line 2a. This amount is a net long-term capital gain. Enter this amount in F					
used for your income tax return. (See instructions.)					
3 a Add lines 1c and 2c	3a				
b Enter the total amount of cash and the fair market value of other property distributed					
or deemed distributed to you during the tax year of the QEF. (See instructions.)	<u> </u>				
c Enter the portion of line 3a not already included in line 3b that is attributable to shares					
in the QEF that you disposed of, pledged, or otherwise transferred during the tax year 3					
d Add lines 3b and 3ce Subtract line 3d from line 3a, and enter the difference (if zero or less, enter amount in brackets)					
e Subtract line 3d from line 3a, and enter the difference (if zero or less, enter amount in brackets) Important: If line 3e is greater than zero, and no portion of line 1a or 2a is includible in					
you may make Election D with respect to the amount on line 3e.	income under section 331,				
	a				
	a				
b Enter the total tax for the tax year determined without regard to the amount entered on line 3e 4					

Form 8621 (Rev. 12-2011) Gain or (Loss) From Mark-to-Market Election (See instructions.) Part III 5 a Enter the fair market value of your PFIC stock at the end of the tax year 5a **b** Enter your adjusted basis in the stock at the end of the tax year 5b c Subtract line 5b from line 5a. If a gain, do not complete lines 6 and 7. Include this amount as ordinary income on your tax return. If a loss, go to line 6 5c Enter any unreversed inclusions (as defined in section 1296(d)) 6 Enter the loss from line 5c, but only to the extent of unreversed inclusions on line 6. Include this amount as an ordinary 7 loss on your tax return If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year: a Enter the fair market value of the stock on the date of sale or disposition 8a **b** Enter the adjusted basis of the stock on the date of sale or disposition 8b c Subtract line 8b from line 8a. If a gain, do not complete line 9. Include this amount as ordinary income on your tax return. If a loss, go to line 9 8с 9 a Enter any unreversed inclusions (as defined in section 1296(d)) 9a b Enter the loss from line 8c, but only to the extent of unreversed inclusions on line 9a. Include this amount as an ordinary loss on your tax return. If the loss on line 8c exceeds unreversed inclusions on line 9a, complete line 9c 9b c Enter the amount by which the loss on line 8c exceeds unreversed inclusions on line 9a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations 9с Note. See instructions in case of multiple dispositions. Part IV Distributions From and Dispositions of Stock of a Section 1291 Fund (See instructions.) Complete a separate Part IV for each excess distribution (see instructions). 10 a Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions 10a **b** Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) 10b c Divide line 10b by 3. (See instructions if the number of preceding tax years is less than 3.) 10c **d** Multiply line 10c by 125% (1.25) 10d e Subtract line 10d from line 10a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part IV. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return 10e f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, 10f complete line 11. If a loss, show it in brackets and **do not** complete line 11 11 a Attach a statement for each distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution to each day in your holding period. Add all amounts that are allocated to days in each tax year. b Enter the total of the amounts determined in line 11a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC tax years). Enter these amounts on your income tax 11b

c Enter the aggregate increases in tax (before credits) for each tax year in your holding period

Enter the aggregate amount of interest here. (See instructions.)

(other than the current tax year and pre-PFIC years). (See instructions.)

d Foreign tax credit. (See instructions.)

e Subtract line 11d from line 11c. Enter this amount on your income tax return as "additional tax." (See instructions.)

f Determine interest on each net increase in tax determined on line 11e using the rates and methods of section 6621.

Form **8621** (Rev. 12-2011)

11c

11d

11e

11f

Form 8621 (Rev. 12-2011) Page 3

Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections Part V

Complete a separate column for each outstanding election. Complete lines 9 and 10 only if there is a partial termination of the section 1294 election.

	1294 election.	-	-				
		(i)	(ii)	(iii)	(iv)	(v)	(vi)
1 -	Tax year of outstanding						
(election						
2 (Undistributed earnings to						
١	which the election relates						
3 (Deferred tax						
4 1	nterest accrued on deferred						
t	ax (line 3) as of the filing date						
5 l	Event terminating election						
6 E	Earnings distributed or deemed						
(distributed during the tax year						
7 (Deferred tax due with this						
ı	return						
8 /	Accrued interest due with						
1	his return						
	Deferred tax outstanding after						
F	partial termination of election						
10	nterest accrued after partial						
1	ermination of election						

Form **8621** (Rev. 12-2011)

FORM 8621 DISTRIBUTIONS OF STOCK IN A SECTION 1291 FUND	STATEMENT	4
1. DATE STOCK PURCHASED		
2. DATE STOCK DISPOSED OF OR DISTRIBUTED		
3. EXCESS DISTRIBUTION ALLOCATED TO EACH DAY IN HOLDING PERIOD		
4. TOTAL ALLOCABLE TO EACH TAX YEAR IN HOLDING PERIOD		
5. TOTAL ALLOCABLE TO THE CURRENT TAX YEAR AND		
PRE-PFIC TAX YEARS, IF DIFFERENT		1.
6. TOTAL TO LINE 11B (LINE 4 OR 5)		1.
7. TAX. TOTAL TO LINE 11C		0.
8. FOREIGN TAX CREDIT. TOTAL TO LINE 11D		0.
9. NET TAX. TOTAL TO LINE 11E		0.
10. INTEREST. TOTAL TO LINE 11F		0.

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Pa	rt I U.S. Transferor Information (see instructions)	
	ne of transferor	Identifying number (see instructions)
	REATER LAS VEGAS	88-0035080
	HAMBER OF COMMERCE, INC.	88-0033080
1	If the transferor was a corporation, complete questions 1a through 1d.	_
а	If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or	
	fewer domestic corporations?	
D	Did the transferor remain in existence after the transfer?	X Yes No
	If not, list the controlling shareholder(s) and their identifying number(s):	
	Controlling shareholder	Identifying number
С	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation	n? Yes X No
	If not, list the name and employer identification number (EIN) of the parent corporation:	
	Name of parent corporation E	IN of parent corporation
d	Have basis adjustments under section 367(a)(5) been made?	Yes X No
2	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under	er section 367), complete
	questions 2a through 2d.	
а	List the name and EIN of the transferor's partnership:	
	Name of partnership	EIN of partnership
b	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	Yes X No
	Is the partner disposing of its entire interest in the partnership?	
d	Is the partner disposing of an interest in a limited partnership that is regularly traded on an established	
	securities market?	Yes X No
Pa	rt II Transferee Foreign Corporation Information (see instructions)	
3	Name of transferee (foreign corporation)	4 Identifying number, if any
T	HE ENDOWMENT OFFSHORE TEI FUND, LTD.	98-0450549
5 P. (Address (including country) O. BOX 309 GT, UGLAND HOUSE, SOUTH CHURCH STREET	
	ORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS	
6	Country code of country of incorporation or organization	
7	Foreign law characterization (see instructions)	
_	ORPORATION	V
8	Is the transferee foreign corporation a controlled foreign corporation?	X Yes No

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			1,900,800.		
Stock and					
securities					
Installment obligations,					
account receivables or					
similar property					
Foreign currency or other					
property denominated in					
foreign currency					
Inventory					
,					
Assets subject to					
depreciation recapture					
(see Temp. Regs. sec.					
1.367(a)-4T(b))					
Tangible property used in					
trade or business not listed					
under another category					
Intangible					
property					
Property to be leased					
(as described in final					
and temp. Regs. sec.					
1.367(a)-4(c))					
Property to be sold					
(as described in					
Temp. Regs. sec.					
1.367(a)-4T(d))					
Transfers of oil and gas					
working interests (as					
described in Temp.					
Regs. sec. 1.367(a)-4T(e))					
Other property					
,					
		<u> </u>			•

Supplemental Inform	ation Required	To Be Reported (see inst	ructions):	
				Form 926 (Rev. 12-2011)

Form 926 (Rev. 12-2011) GREATER LAS VEGAS CHAMBER OF COMMERCE, INC.

Part IV Additional Information Regarding Transfer of Property (see instructions) 88-0035080 Page 3

9	Enter the transferor's interest in the foreign transferee corporation before and after the transfer:		
	(a) Before0000 % (b) After1050 %		
10	Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351		
11 a b c d	Indicate whether any transfer reported in Part III is subject to any of the following: Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes	X No X No X No X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	Yes	X No
b c d 14 15 a	Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following: Tainted property Depreciation recapture Branch loss recapture Any other income recognition provision contained in the above-referenced regulations Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ \$	Yes	X No X No X No X No X No
16	Was cash the only property transferred?	X Yes	□ No
17 a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	Yes	X No
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:		

Form 926 (Rev. 12-2011)

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Name of transferor		tion (see instructions	5)			Identifying numb	per (see instructions)
GREATER LA CHAMBER OF	COMMERCE,	INC.				88-0035	080
a If the transfer w fewer domesticb Did the transfer	as a section 361(a) or corporations?or remain in existence	mplete questions 1a t (b) transfer, was the t	ransferor control			Yes	X No
	Con	rolling shareholder				Identifying number	
c If the transferor	was a member of an	affiliated group filing a	consolidated ret	urn. was it the parer	nt corporation	n? Yes	X No
		ntification number (EIN					
	Name	of parent corporation	1		E	IN of parent corporat	ion
d Have basis adju	stments under sectio	n 367(a)(5) been made	9?			Yes	X No
questions 2a th	•	·	actual transferor	(but is not treated a	as such unde	r section 367), comple	ete
a List the hame a		me of partnership				EIN of partnership	
							37
c Is the partner d	sposing of its entire i	are of gain on the tran nterest in the partners	hip?				X No X No
securities marke	et?	in a limited partnersh			olisnea	Yes	X No
	eree (foreign corporation		tion (see instruc	ctions)		4 Identifying number	er, if any
PARTNERS G	ROUP PRIVAT	E EQUITY (OFFSHORE)	, LDC			
5 Address (includ	ing country) E , 87 MARY		-	-			
	f country of incorpora						
7 Foreign law cha	racterization (see inst	ructions)					
8 Is the transfered	e foreign corporation a	controlled foreign co	rporation?			X Yes	□ No

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash		-	594,000.		
Stock and					
securities					
Installment obligations,					
account receivables or					
similar property					
Sirillar property					
Foreign currency or other					
property denominated in					
foreign currency					
Toroigir currency					
Inventory					
inventory					
Assets subject to					
depreciation recapture					
(see Temp. Regs. sec.					
1.367(a)-4T(b))					
Tangible property used in trade or business not listed					
under another category					
Intensible					
Intangible					
property					
Duan auto da ha lacard					
Property to be leased					
(as described in final					
and temp. Regs. sec.					
1.367(a)-4(c))					
Property to be sold					
(as described in					
Temp. Regs. sec.					
1.367(a)-4T(d))					
Transfers of oil and gas					
working interests (as					
described in Temp.					
Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Info	ormation Require	d To Be Reported (see ins	tructions):	
				Form 926 (Rev. 12-2011)

Form 926 (Rev. 12-2011) GREATER LAS VEGAS CHAMBER OF COMMERCE, INC.

Part IV Additional Information Regarding Transfer of Property (see instructions) 88-0035080 Page 3

9	Enter the transferor's interest in the foreign transferee corporation before and after the transfer:		
	(a) Before % (b) After %		
10	Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351		
11 a b c d	Indicate whether any transfer reported in Part III is subject to any of the following: Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes	X No X No X No X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	Yes	X No
b c d 14 15 a	Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following: Tainted property Depreciation recapture Branch loss recapture Any other income recognition provision contained in the above-referenced regulations Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ \$	Yes	X No X No X No X No X No
16	Was cash the only property transferred?	X Yes	□ No
17 a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	Yes	X No
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:		

Form 926 (Rev. 12-2011)

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

December 31, 2011

Prepared for	Mr. David Kellerman Las Vegas Chamber of Commerce 6671 Las Vegas Blvd., South No. 300 Las Vegas, NV 89119-3290
Prepared by	McGladrey LLP 300 South 4th Street, Suite 600 Las Vegas, NV 89101
Amount due or refund	No amount is due. The organization will receive a refund in the amount of \$17,215
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	November 15, 2012
Special Instructions	The return should be signed and dated.

Form	990-T	E	xempt Organization Bus	sines	s Income Ta	ax Returr	ו 🕇	2011 2011		
	ment of the Treasury	For c	(and proxy tax und	ler se	ction 6033(e))			Open to Public Inspection for 501(c)(3) Organizations Only		
Α	Check box if		Name of organization (Check box if name of	hanged			D Emplo	yer identification number oyees' trust, see		
	address changed		GREATER LAS VEGAS	instructions.)						
	empt under section	Print	CHAMBER OF COMMERCE, I		88-0035080					
X] 501(c)(6)	or Type	Number, street, and room or suite no. If a P.O. bo				E Unrelated business activity codes (See instructions.)			
	408(e) 220(e)	Турс	6671 LAS VEGAS BLVD.,							
	408A530(a)		City or town, state, and ZIP code							
ᆜ	529(a)		LAS VEGAS, NV 89119-3	290			511	<u>190 532000</u>		
	ok value of all assets end of year		o exemption number (See instructions.) c organization type \(\boldsymbol{X} \) 501(c) corporatio	n L	501(c) trust	401(a) trust		Other trust		
16	,291,116.			_						
		n's prim	ary unrelated business activity. ADVERTI	SINC	}					
			oration a subsidiary in an affiliated group or a pare			>	Ye	s X No		
			tifying number of the parent corporation.							
			DAVID KELLERMAN				702-641-5822			
			de or Business Income		(A) Income	(B) Expense	s	(C) Net		
	Gross receipts or sale									
	Less returns and allo		c Balance	1c						
			A, line 7)	2						
	Gross profit. Subtrac			3						
			h Schedule D)	4a 4b						
			lart II, line 17) (attach Form 4797)	40 4c						
			ips and S corporations (attach statement)	5						
	Rent income (Schedu		ips and 3 corporations (attach statement)	6	55,023.	36,5	504.	18,519.		
			me (Schedule E)	7	33,023.	30,5	,,,,,	10,313.		
			and rents from controlled organizations (Sch. F)	8	65,000.			65,000.		
		-	on 501(c)(7), (9), or (17) organization		00,000			00,0001		
•	(0 0)		7. 00 (0)(1); (0); 0. (11) 0. gameanon	9						
10	,		me (Schedule I)	10						
			e J)	11	236,118.	158,2	206.	77,912.		
			ns; attach schedule.) STATEMENT 1	12	204,071.			204,071.		
			gh 12	13	560,212.	194,7	710.	365,502.		
Pai			ot Taken Elsewhere (See instructions for							
	• •		utions, deductions must be directly connecte			<u> </u>				
14			rectors, and trustees (Schedule K)				14			
15							15			
16							16 17			
17 18							18			
19							19			
20	Charitable contribut	ions (Se	e instructions for limitation rules.)				20			
21			562)							
22			n Schedule A and elsewhere on return				22b			
23							23			
24	Contributions to def	erred co	mpensation plans				24			
25							25			
26	Excess exempt expe	enses (So	chedule I)				26			
27	Excess readership of	osts (Sc	hedule J)				27	77,912.		
28	Other deductions (a	ttach sch	nedule)		SEE STATE	EMENT 2	28	123,680.		
29			es 14 through 28				29	201,592.		
30			ncome before net operating loss deduction. Subtrac				30	163,910.		
31			n (limited to the amount on line 30)				31	162 010		
32			ncome before specific deduction. Subtract line 31 f				32	163,910.		
33			y \$1,000, but see instructions for exceptions.)				33	1,000.		
34	Of zero or line 32	ess taxa	able income. Subtract line 33 from line 32. If line	oo is gre	ater than mie 32, emer th	e Silidilei	,	162 010		

Form 990-T	(2011)	CHAMBER OF	COMME	RCE, INC.				88-003	35080		Page 2
Part II	1	Tax Computation									
35	Organ	nizations Taxable as Corporat	ions. See i	nstructions for tax c	omputa	tion.					
	-	olled group members (section				_	nd:				
а		your share of the \$50,000, \$2		•							
		Š	(2) \$	* , ,	1	(3) \$ `	, · · · · · · · · · · · · · · · · · · ·				
h		organization's share of: (1) A		6 tax (not more than	 \$11.7!						
		dditional 3% tax (not more tha									
•								_	35c	46,7	85
		ne tax on the amount on line 3 s Taxable at Trust Rates. See							330	1 0,7	05.
36											
		Tax rate schedule or							36		
		tax. See instructions							37		
									38	46 7	0.5
		Add lines 37 and 38 to line 35	ic or 36, w	hichever applies					39	46,7	85.
		Tax and Payments									
		n tax credit (corporations atta									
b	Other	credits (see instructions) \dots					40b				
C	Gener	al business credit. Attach Forr	n 3800 👑				40c				
d	Credit	t for prior year minimum tax (a	ttach Form	8801 or 8827)			40d				
е	Total	credits. Add lines 40a through	1 40d						40e		
41	Subtr	act line 40e from line 39							41	46,7	85.
42	Other	taxes. Check if from: Fo	rm 4255 🛚	Form 8611	☐ Forn	n 8697 🔲 Form 8	866 Othe	er (attach schedule)	42		
43	Total	tax. Add lines 41 and 42							43	46,7	85.
44 a	Paym	ents: A 2010 overpayment cre	edited to 20)11			44a	20,000.			
		estimated tax payments						44,000.			
		eposited with Form 8868									
d	Foreio	n organizations: Tax paid or w	ithheld at s	source (see instructi	ons)		44d				
		ip withholding (see instruction									
		for small employer health ins									
				Form 2439	0011)		 		-		
9				Form 2439 Other			440				
45		payments. Add lines 44a thro	ugh 44a						45	64,0	00.
46	Ectim	ated tax penalty (see instruction	ugii 449 une) Chock	if Form 2220 is atta	chod				46	04,0	•••
47		ue. If line 45 is less than the to							47		
		payment. If line 45 is larger tha							48	17,2	15
48		the amount of line 48 you war						Refunded	49	17,2	
49 Part V	_	Statements Regardir							49	11,2	10.
			_							Yes	- Na
		e during the 2011 calendar yea								Yes	NO
		urities, or other) in a foreign c	-		-	ave to file Form TD F	90-22. I, Repor	T OT Foreign Bank	ano		37
2 Durin	NCIAI <i>F</i> na the ta	Accounts. If YES, enter the nan ax year, did the organization receive nstructions for other forms the organ	16 01 the 10 a distributio	reign country nere I n from, or was it the ara	ntor of. o	r transferor to, a foreign	trust?				X
											Х
		amount of tax-exempt interest					2				
		A - Cost of Goods Se		r method of inven		-					
		at beginning of year	1		-	Inventory at end of y			6		
	chases		2		-1	Cost of goods sold.			_		
		oor	3		-1	from line 5. Enter he	,		7	1	
		section 263A costs	4a		4	Do the rules of section	`	•		Yes	No
		s (attach schedule)	4b		1	property produced o	r acquired for re	esale) apply to			
5 Tota		l lines 1 through 4b	5								X
O:	Un	der penalties of perjury, I declare the rrect, and complete. Declaration of p	at I have exampreparer (other	mined this return, includer or than taxpayer) is base	ling acco	mpanying schedules and nformation of which pred	d statements, and arer has any know	to the best of my kno ledge.	wledge and bel	ief, it is true,	
Sign Here				1				M	ay the IRS disc		with
Here		.				PRESID	ENT & C		e preparer show		_ I
		Signature of officer		Date		Title		in	structions)?	Yes	No
		Print/Type preparer's name		Preparer's sig	nature		ate	Check i	f PTIN		
Paid								self- employed			
Prepa	rer	KEVIN B. LUST				1	1/09/12			703382	
Use C		Firm's name ► MCGLA						Firm's EIN ▶	42-0	71432	5
	· · · · y	l				, SUITE 6	00				
		Firm's address ► LAS	VEGA	S. NV 891	01			Phone no.	702 75	59 400	0

GREATER LAS VEGAS Form 990-T (2011) CHAMBER OF COMMERCE, INC. 88-0035080 Page 3 Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions) 1. Description of property (1) CATERING & EQUIPMENT RENTAL (2)(3)(4)Rent received or accrued 3(a) Deductions directly connected with the income in (a) From personal property (if the percentage of rent for personal property is more than (b) From real and personal property (if the percentage columns 2(a) and 2(b) (attach schedule) of rent for personal property exceeds 50% or if SEE STATEMENT 10% but not more than 50%) the rent is based on profit or income) 55,023. 36,504. (1) (2)(3)(4) Total Ō. 55,023. Total (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b). Enter Enter here and on page 1, Part I, line 6, column (B) here and on page 1, Part I, line 6, column (A) 55,023 36,504. Schedule E - Unrelated Debt-Financed Income (see instructions) **3.** Deductions directly connected with or allocable to debt-financed property 2. Gross income from or allocable to debt-(a) Straight line depreciation (attach schedule) (b) Other deductions 1. Description of debt-financed property financed property (1) (2) (3)(4)6. Column 4 divided 4. Amount of average acquisition 5 Average adjusted basis 7. Gross income 8 Allocable deductions of or allocable to debt-financed property (attach schedule) debt on or allocable to debt-financed by column 5 reportable (column (column 6 x total of columns property (attach schedule) 2 x column 6) 3(a) and 3(b)) % (1) % (2)(3)% % (4)Enter here and on page 1. Enter here and on page 1. Part I, line 7, column (A), Part I, line 7, column (B), 0 0 0 Total dividends-received deductions included in column 8 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 5. Part of column 4 that is included in the controlling 6. Deductions directly 1. Name of controlled organization Total of specified payments made Employer identification Net unrelated income connected with income number (loss) (see instructions) organization's gross income in column 5 (1) CHAMBER INSURANCE (2) AND BENEFITS, LLC 35-2299986 (3)(4) Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) 9. Total of specified payments 10. Part of column 9 that is included 11. Deductions directly connected with income in column 10 in the controlling organization's gross income (see instructions) (1) 65,000 65,000. (2)(3)(4)Add columns 6 and 11. Add columns 5 and 10

Enter here and on page 1, Part I,

line 8, column (B).

Enter here and on page 1, Part I.

line 8, column (A).

65,000.

Totals

Form 990-T (2011) CHAMBER OF COMMERCE, INC.

Schedule G - Investme (see insti			section (01(C)(<i>1</i>), (9), or (1 <i>1</i>) Or	ganıza	tion			
1. Desc	cription of i	ncome			2. Amount of income	directly	ductions connected schedule)		Set-asides tach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1) N/A										
(2) (3) (4)										
(3)										
(4)										
					Enter here and on page 1, Part I, line 9, column (A).					Enter here and on page 1, Part I, line 9, column (B).
Totals				▶	0.					0.
Schedule I - Exploited (see instru	Exem	pt Activity	Income	, Other	Than Advertisi	ng Inco	ome			•
1. Description of exploited activity	unrela inc	Gross ted business come from or business	3. Exper directly con with produ of unrela business in	nected iction ted	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from act is not u	s income tivity that inrelated s income		Expenses ttributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A										
(2) (3) (4)										
(3)										
(4)										
	pag	here and on ge 1, Part I, 10, col. (A).	Enter here a page 1, P line 10, co	art I,						Enter here and on page 1, Part II, line 26.
Totals		0.		0.						0.
Schedule J - Advertisi										
Part I Income From	Period	licals Repo	orted on	a Cons	solidated Basis					
1. Name of periodical		2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.		irculation come	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) ADVERTISING		139,957	7. 158	,206	•		0.		0.	
(2) BUSINESS VOIC	E.			-						
(3) ADVERTISING		96,161	L.	0 .			0.	9	7,352.	
(4)		-								
Totals (carry to Part II, line (5))		236,118	3. 158	,206	77,912			9	7,352.	77,912.
Part II Income From	Period	dicals Repo	orted on	a Sepa	rate Basis (For e	each perio	odical liste	d in Pa	art II, fill in	•
columns 2 through	7 on a l	line-by-line bas	sis.)							
1. Name of periodical		2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.		irculation come	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A										
(2)										
(2) (3) (4)										
(4)										
(5) Totals from Part I		236,118	3. 158	,206						77,912.
		Enter here and or page 1, Part I, line 11, col. (A).	n Enter h	ere and on 1, Part I, I, col. (B).						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)		236,118		,206						77,912.
Schedule K - Compens	sation	of Officer	s, Direct	ors, an	d Trustees (see	instructio				
1. N	Name				2. Title		3. Percei time devot busines	ed to		ensation attributable elated business
(1) N/A								%		
(2)								%		
(3)								%		
(4)								%		
Total. Enter here and on page 1, F	Part II, lin	e 14						▶		0.
			_	_		_	_	_		

FORM 990-T OTHER I	NCOME		STATEMENT	1
DESCRIPTION			AMOUNT	
POST OFFICE SERVICES TO SUBSIDIARY NEVADA DRUG CARD HEARTLAND REVENUE SHARE		-	63,5 40,9 97,7 1,8	34. 62.
TOTAL TO FORM 990-T, PAGE 1, LINE 12		-	204,0	71.
FORM 990-T OTHER D	EDUCTIONS		STATEMENT	2
DESCRIPTION			AMOUNT	
POST OFFICE SERVICES TO SUBSIDIARY NEVADA DRUG CARD	-	79,145 41,894 2,641		
TOTAL TO FORM 990-T, PAGE 1, LINE 28	- -	123,6	80.	
FORM 990-T DEDUCTIONS CONNECTED W	ITH RENTAL I	NCOME	STATEMENT	3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
MISC EXPENSES RELATED TO CATERING & EQUIPMENT RENTAL - SUBTOTAL	- 1	36,504.	36,5	04.
TOTAL TO FORM 990-T, SCHEDULE C, COLUMN	3		36,5	04.