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 in Energy and Mineral Resources
Oversight hearing on
"America's Mineral Resources: Creating Mining and Manufacturing Jobs and Securing America"
and a legislative hearing on:

- HR 1063 (Lamborn), "National Strategic and Critical Minerals Policy Act of 2013"
- HR 687 (Gosar/Kirkpatrick), "Southeast Arizona Land Exchange and Conservation Act of 2013"
- HR 697 (Heck), "Three Kids Mine Remediation and Reclamation Act"
- HR 761 (Amodei), "Critical and Strategic Minerals Production Act"
- HR 767 (Cramer), To amend the Energy Policy Act of 2005 to modify the Pilot Project offices of the Federal Permit Streamlining Pilot Project.
- HR 957 (Lummis), "American Soda Ash Competitiveness Act"
- HR 981 (Johnson of GA and Markey), "Resource Assessment of Rare Earths Act of 2013"

March 21, 2013

March 21, 2013
For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:
* * * *
For Witnesses Representing Organizations:
1. Name: Ruthe Batulis
2. Name of Organization(s) You are Representing at the Hearing: Dakota County Regional Chamber of Commerce; Minnesota Chamber of Commerce Executives; Minnesota Chamber of Commerce
3. Business Address: 1121 Town Centre Drive, Eagan MN 55123
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy]

For all Witnesses

Name/Organization: <u>Ruthe Batulis /DCR Chamber of Commerce</u>
Title/Date of Hearing: <u>Oversight hearing on "America's Mineral Resources: Creating Mining and Manufacturing Jobs and Securing America" and a legislative hearing on 7 bills</u>

- 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.
 - Institute of Organizational Management 2005 (Professional designation for Chambers and Associations)
 - University of Minnesota Duluth Basic Economic Development Course 2006
- 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.

Member of the Minnesota Chamber of Commerce

Member of the U.S. Chamber of Commerce

- 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.

 None
- d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.
 None
 - d. 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
 - e. 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
 - f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.
 - The Dakota County Regional Chamber supports job creation and expansion in the State of Minnesota. We believe that thousands of jobs and business expansion throughout the state will occur as mining of strategic metals is approved.

Witnesses Representing Organizations

Name/Organization: Ruthe Batulis /DCR Chamber of Commerce

Title/Date of Hearing: Oversight hearing on "America's Mineral Resources: Creating Mining and

Manufacturing Jobs and Securing America" and a legislative hearing on 7 bills

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

Jobs For Minnesotans

Minnesota Chamber of Commerce Board of Directors member one year term as MCCE representative

i. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) 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).

None

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)).

Sent 3/19/2013

Department of the Treasury

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.

OMB No. 1545-0047 Open to Public Inspection

09/30/12 For the 2011 calendar year, or tax year beginning 10/01/11 , and ending Employer identification number DAKOTA COUNTY REGIONAL CHAMBER OF C Name of organization Check if applicable: COMMERCE Address change 41-0843535 Doing Business As Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number Initial return 651-452-9872 102 1121 TOWNE CENTER DRIVE Terminated City or town, state or country, and ZIP + 4 EAGAN MN 55123 314,655 Amended return G Gross receipts \$ Name and address of principal officer: Application pending H(a) Is this a group return for affiliates? RUTHE BATULIS 1121 TOWNE CENTER DRIVE STE 102 H(b) Are all affiliates included? 55123 If "No," attach a list, (see instructions) EAGAN **X** 501(c) (**6**) (insert no.) 501(c)(3) 527 WWW.DCRCHAMBERS.COM Website: H(c) Group exemption number Form of organization: X Corporation Trust Year of formation: 1957 M State of legal domicile: Summary Part I 1 Briefly describe the organization's mission or most significant activities: PROMOTE COMMUNITY INTERESTS ctivities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 24 3 24 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 458 6 Total number of volunteers (estimate if necessary) 6 1,025 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 0 8 Contributions and grants (Part VIII, line 1h) 215,802 230,425 9 Program service revenue (Part VIII, line 20) 295 214 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 48,970 55,988 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 286,708 264,986 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 0 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) 126,951 140,495 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 145,652 143,354 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 270,305 286,147 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) -21,161 16,403 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 126,843 116,929 20 Total assets (Part X, line 16) 51,939 45,450 21 Total liabilities (Part X, line 26) 64,990 81,393 22 Net assets or fund balances. Subtract line 21 from line 20 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 Sign RUTHE BATULIS PRESIDENT Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Check Paid 12/14/12 self-employed P00302186 JEFFREY PLETCHER 41-1532347 Preparer HARRINGTON LANGER & ASSOCIATES Firm's EIN Firm's name **Use Only** 563 PHALEN BLVD 55130 651-481-1128 SAINT PAUL, MN May the IRS discuss this return with the preparer shown above? (see instructions) Yes

orm	1990 (2011) DAKOTA COUNTY REGIONAL CHAMBER OF 41-0843535	Page 2
	art 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:	
P	PROMOTE COMMUNITY INTERESTS	
	·	
	······································	
	Distribution of the state of th	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	163 110
	Did the organization cease conducting, or make significant changes in how it conducts, any program	
		Yes X No
	If "Yes," describe these changes on Schedule O.	
ļ	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 others, the total expenses, and revenue, if any, for each program service reported.	
R E	HEIGHTS, ROSEMOUNT, SUNFISH LAKE AND WEST ST. PAUL. THE CHAMBER UNREGIONS BUSINESS COMMUNITY TO ENHANCE MEMBER'S SUCCESS BY: DELIVERING DUCATIONAL OPPORTUNITIES, SUPPORTING BUSINESSESS DEVELOPMENT, PROVINCETWORKING OPTIONS, AND SHAPING PUBLIC POLICY.	NG
	· · · · · · · · · · · · · · · · · · ·	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	·	
	•	
4c	c (Code:) (Expenses \$ including grants of \$) (Revenue \$	
	·	
	d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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 X 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 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." X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted X 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X 11b 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 X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d reported in 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 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if X the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance X to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X If "Yes," complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

19? Note. All Form 990 filers are required to complete Schedule O .

Checklist of Required Schedules (continued) Yes No 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 X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 X 22 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 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 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 X through 24d and complete Schedule K. If "No," go to line 25 24b 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 24c 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? 24d d 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 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 Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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 X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 32 complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations \mathbf{X} sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization receive any payment from or engage in any transaction with a controlled entity within the X meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

Form **990** (2011)

X

Form 990 (2011) DAKOTA COUNTY REGIONAL CHAMBER OF 41-0843535 Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4		Yes	No
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1.5				
Ü	reportable gaming (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	5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	X	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X	*******
b	NOW THE STATE OF T			0-	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au					
	over, a financial account in a foreign country (such as a bank account, securities account, or other finan					
	account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A					
5a	Mark the second of the second			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction					X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	s or				
	gifts were not tax deductible?	<i>.</i>		6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ods				
					ļ	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	ļ	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					1
	required to file Form 8282?		γ	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	· · · · · · · · · · · · · · · · · · ·			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor				-	-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract				 	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form				 	+
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	on file a	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a L	Did the organization make any taxable distributions under section 4966?					+
b 10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			9b		
		10a	1			
a b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:	.00	1			
a	Cross income from more born or shough olders	11a	1			
b	Gross income from other sources (Do not net amounts due or paid to other sources	110				
~	and the second state of th	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<u></u>	12a	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	- 1	1			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	to the expenientian licensed to issue qualified health plane in more than one state?			13a	1	
-	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	13b	,			
С	Enter the amount of reserves on hand	140-				
14a	Did the apparentian resolve any neuments for indeed temping consists during the tay year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule					

7b

8a

8b

X

X

Yes No

X

410843535,12/14/2012 8:00 AM Form 990 (2011) DAKOTA COUNTY REGIONAL CHAMBER OF 41-0843535 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "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 Section A. Governing Body and Management Yes No 24 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. 24 Enter the number of voting members included in line 1a, above, who are independent b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body?

the 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.)

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

Are any governance decisions of the organization reserved to (or subject to approval by) members,

stockholders, or persons other than 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

10a	Did the organization have local chapters, branches, or affiliates?	10a	X
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	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
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	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		
	describe in Schedule O how this was done	12c	
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
а	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	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 taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		
	organization's exempt status with respect to such arrangements?	16b	
Sec	ction C. Disclosure		

a The governing body?

17	List the states with which a copy of this Form 990 is required to be filed	M

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.

Own website Another's website Upon request

19 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 20 organization: > RUTHE BATULIS

1121 TOWNE CENTER DRIVE, SUITE 102

EAGAN

MN 55123

651-452-9872

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.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.																							
(A) Name and Title	(B) Average hours per week (describe	(C) (D) (E) Position Reportable Reportable (do not check more than one box, unless person is both an officer and a director/trustee) the organization (W-2/1099-MISC)					Position (do not check more than one box, unless person is both an officer and a director/trustee)					Position (do not check more than one box, unless person is both an officer and a director/trustee)				Average hours per (downweek box (describe off		Position Reportable Reportable compensation from related organizations (M-2/(1099-MISC))					(F) Estimated amount of other compensation from the
,	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	(W-2/1099-MISC)	(W 2 1000 MIGG)	organization and related organizations														
(1) ROB ARMFIELD																							
BOARD MEMBER	1.00	X					0	0	0														
(2) SARA BUTRUFF																							
BOARD MEMBER	1.00	X					0	0	0														
(3) BRENT CORY																							
BOARD MEMBER	1.00	X					0	0	0														
(4) GREG HANSEN	4 00				Ì																		
BOARD MEMBER	1.00	X				\vdash	0	0	0														
(5) GARY HUUSKO	1.00	x					0	o	0														
BOARD MEMBER (6) GREG KONAT	1.00	A	<u> </u>	<u> </u>	<u> </u>	 	U	0	0														
BOARD MEMBER	1.00	x					0	o	0														
(7) BETH KREHBIEL																							
BOARD MEMBER	1.00	X					0	0	0														
(8) MEGHAN MCDANIEL																							
BOARD MEMBER	1.00	X					0	0	0														
(9) CINDY HAAS		\prod																					
BOARD MEMBER	1.00	X		<u> </u>			<u> </u>	0	0														
(10) RYAN O'GARA																							
BOARD MEMBER	1.00	X	<u> </u>					0	0														
(11) ROZ PETERSON		İ			ļ																		
BOARD MEMBER	1.00	X					C	0	0														
(12) PHIL STALBOERGEF							_																
BOARD MEMBER	1.00	X	<u> </u>	ļ	<u> </u>		(0	0														
(13) LESLIE STROHM	1 00																						
BOARD MEMBER	1.00	X	-	1-	-			0	0														
(14) SCOTT SWENSON	1 00	177																					
BOARD MEMBER	1.00	X	<u> </u>	<u> </u>	<u> </u>) C	0														

Form 990 (2011)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (describe	bo	x, unle	Posi check i ess per nd a di	ition more rson i	s both	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-21033-WIGO)	organization and related organizations
(15) PAUL EGGEN BOARD MEMBER	1.00	X						0	0	0
(16) MICHELE ENGDAHL BOARD MEMBER	1.00	x						0	o	0
(17) ALLEN GLYNN BOARD MEMBER	1.00	x						0	0	0
(18) JEFF INDOVINA BOARD MEMBER	1.00	x						0	0	0
(19) CAROL KEYES BOARD MEMBER	1.00	х						0	0	0
(20) KELLY SCHAEFBAUE BOARD MEMBER		x						0	0	0
(21) ARLEEN SULLIVAN BOARD MEMBER	1.00	x						0	0	0
(22) JEFFREY LARSON BOARD MEMBER	1.00	x						0	0	O
(23) JEFF ROTHMEYER BOARD MEMBER	1.00	x						0	0	C
(24) RUTHE BATULIS PRESIDENT	40.00			х				67,713	0	2,117
(25)										
1b Sub-total							>	67,713		2,117
d Total (add lines 1b and 1c)							<u> </u>	67,713		2,117
Total number of individuals (inc reportable compensation from	•		to th	nose	liste	d ab	ove)) who received more than \$1	100,000 in	Ty Ty
3 Did the organization list any fo employee on line 1a? If "Yes,"	complete Sched	ule J	for s	such	indiv	/idua	Í	- 		Yes No
For any individual listed on line organization and related organ individual	izations greater	han	\$150	0,000	? If	"Yes	," co	mplete Schedule J for such		4 X
5 Did any person listed on line 1 for services rendered to the or	a receive or acci	ue c	omp	ensa	tion	trom	any	unrelated organization or in	idividual	5 X
Section B. Independent Contract 1 Complete this table for your five	e highest compe									
compensation from the organia	zation. Report co (A) d business address	тре	nsat	ion ic	ortne	e car	ena		(B) iption of services	(C) Compensation
	- :									
				, ,						
2 Total number of independent of received more than \$100,000	•	-						e listed above) who	0	

	(2011) DAKOTA COUN:		REGIONAL	. CH	AMBER OF	41-0843535		Page 9
art VI	II Statement of Rever	nue			(Á)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
⊈ 1a	Federated campaigns	1a						
d G	Membership dues	1b						
P c	Fundraising events	1c						
d d	Related organizations	1d						
e g	Government grants (contributions)	1e						
<u> </u>	All other contributions, gifts, grants, and similar amounts not included above	1f						
5 g	Noncash contributions included in lines 1a-11		\$					
g h	Total. Add lines 1a-1f							
			Busi	n. Code				
2a b c d e f	MEMBERSHIP DUES				190,843			
b	COMMITTEE FEES				37,307 2,275	· · · · · · · · · · · · · · · · · · ·		
d d	ADMINISTRATIVE FEES				2,213	2,213		
e			1					
f	All other program service revenue							
g	Total. Add lines 2a-2f			. ▶	230,425			
3	Investment income (including di							
	and other similar amounts)				295			295
1	Income from investment of tax-e							
5	Royalties(i) Real		(ii) Persona					
6a	Gross rents		(11) 1 0100110					
1	Less: rental exps.							
1	Rental inc. or (loss)]			
				. •				
/a	Gross amount from (i) Securities sales of assets		(ii) Other					
١.	other than inventory							
p	Less: cost or other							
	basis & sales exps. Gain or (loss)				1			
- 1	Net gain or (loss)			. >				
82	Gross income from fundraising even							
	(not including \$							
	of contributions reported on line 1c).							
b	See Part IV, line 18			.,245				
5 b	Less: direct expenses	b		947	43,298			43,298
1	Net income or (loss) from fundr Gross income from gaming activities	-	events		45,290	3		43,230
Ja	Con Doubly line 40	_						
b	Less: direct expenses	ъ						
	Net income or (loss) from gami	ng act	ivities	▶				
10a	Gross sales of inventory, less							
	returns and allowances				-			
	Less: cost of goods sold	b						
C	Net income or (loss) from sales Miscellaneous Revenue	ot inv		sn. Code				
11a			Bus	coue	5,69!	5		5,69
b			·····		5,220		1	5,22
C	***************************************		_ 5	4180			1,02	
d	• • • • • • • • • • • • • • • • • • • •				750		0	
е	Total. Add lines 11a-11d				12,69			
12	Total revenue. See instruction	is		🕨	286,70	8 231,17	5 1,02	54,50

Form 990 (2011)

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).

Check if Schedule O contains a response to any question in this Part IX							
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising		
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses		
1	Grants and other assistance to governments and						
	organizations in the U.S. See Part IV, line 21						
2	Grants and other assistance to individuals in						
	the U.S. See Part IV, line 22						
3	Grants and other assistance to governments,						
	organizations, and individuals outside the						
	U.S. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors,						
	trustees, and key employees	74,807					
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	42,243			·		
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)	365					
9	Other employee benefits						
10	Payroll taxes	9,536					
11	Fees for services (non-employees):						
а	Management				'		
b	Legal						
С	Accounting	4,000					
d							
е	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
g	Other	56,831					
12	Advertising and promotion						
13	Office expenses	14,557					
14	Information technology						
15	Royalties						
16	Occupancy	26,200					
17	Travel						
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Interest						
21	Payments to affiliates			,			
22	Depreciation, depletion, and amortization	1,470					
23	Insurance	2,420					
24	Other expenses. Itemize expenses not covered						
	above. (List miscellaneous expenses in line 24e. If						
	line 24e amount exceeds 10% of line 25, column						
	(A) amount, list line 24e expenses on Schedule O.)						
а	EQUIPMENT LEASE & MAINT	13,214			ļ		
b	PROGRAM EXPENSES	12,164					
С	BANK & CREDIT CARD FEES	5,239					
d	FOUNDATION	2,260					
е	All other expenses	4,999					
25	Total functional expenses. Add lines 1 through 24e	270,305	0	C	0		
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)						

Form 990 (2011)

Pa	art X	Balance Sheet						
					(A)		(B)	
	,				Beginning of year		End of year	
		Cash—non-interest bearing			12,866			065
	2	Savings and temporary cash investments			44,403	2	47,	341
	3	Pledges and grants receivable, net				3		
		Accounts receivable, net	54,493	4	44,	074		
	5	Receivables from current and former officers, directors, tru						
		employees, and highest compensated employees. Comple						
		Schedule L		5				
	6	Receivables from other disqualified persons (as defined un						
		4958(f)(1)), persons described in section 4958(c)(3)(B), ar	nd contributing					
		employers and sponsoring organizations of section 501(c)	(9) voluntary					
ţ		employees' beneficiary organizations (see instructions)				6		
Assets	7	Notes and loans receivable, net				7		
Ä	8	Inventories for sale or use				8		
	9	Prepaid expenses and deferred charges				9		
	10a	Land, buildings, and equipment: cost or						
		other basis. Complete Part VI of Schedule D	10a	60,973				
	b	Less: accumulated depreciation	10b	57,410	3,367	10c	3	, 563
	11	the state of the s				11		
	12	Investments—other securities. See Part IV, line 11				12		
	13	Investments—program-related. See Part IV, line 11				13	1	
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11			1,800	15		,800
	16	Total assets. Add lines 1 through 15 (must equal line 34)			116,929		126	,843
	17	Accounts payable and accrued expenses		5,058	17	,		
	18	Grants payable			18			
	19	Deferred revenue			46,881	19	45	,450
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete Part IV of S				21		
ø	22	Payables to current and former officers, directors, trustees						
litie	1	employees, highest compensated employees, and disqua	lified persons.					
Liabilities		Complete Part II of Schedule L				22		
Ξ	23	Secured mortgages and notes payable to unrelated third				23		
	24	Unsecured notes and loans payable to unrelated third par	4:			24		
	25	Other liabilities (including federal income tax, payables to	related third					
		parties, and other liabilities not included on lines 17-24). C	complete Part	X				
		of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			51,939	26	45	,450
		Organizations that follow SFAS 117, check here ▶ 2	and compl	ete				
es		lines 27 through 29, and lines 33 and 34.						
and	27	Unrestricted net assets			64,990	27	81	<u>,393</u>
Bal	28	Temporarily restricted net assets				28		
pu	29	Permanently restricted net assets				29		
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check he	re ▶ 📗 an					
ō	1	complete lines 30 through 34.						
ets	30	Capital stock or trust principal, or current funds				30		
Ass	31	Paid-in or capital surplus, or land, building, or equipment				31		
let ,	32	Retained earnings, endowment, accumulated income, or				32		
Z	33	Total and acceptance 6 and bulleans			64,990			,393
	34	Total liabilities and net assets/fund balances			116,929	34	126	,843

Form **990** (2011)

orm	990 (2011) DAKOTA COUNTY REGIONAL CHAMBER OF 41-0843535		-	Pa	ge 12
· · · · · · · · · · · · · · · · · · ·	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		1 3			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		286,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		270,	
3	Revenue less expenses. Subtract line 2 from line 1	3		16,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	ļ	<u>64,</u>	990
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
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		81,	393
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>			
				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 O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		1	2a X	<u> </u>
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				l
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		<u>L</u> i	2c X	
	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 separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and 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 Act and OMB Circular A-133?		Ŀ	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required guidit or guidita, evaloin why in Schodule O and describe any stone taken to undergo such guidite			3h	

Form **990** (2011)

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)

	nal Revenue Serv	ce The organization may have to use a copy of this return to satisfy star		rements.	Inspection						
A I	For the 2010 cal	endar year, or tax year beginning $10/01/10$, and ending $09/30/1$	1		· · · · · · · · · · · · · · · · · · ·						
	Check if applicable:	C Name of organization DAKOTA COUNTY REGIONAL CHAMBER OF		D Emplo	yer identification number						
_	Address change	'' 1									
_		1 41-0843535									
	Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	none number						
۱	nitial return	1121 TOWNE CENTER DRIVE	102	651	452-9872						
\Box	Terminated	City or town, state or country, and ZIP + 4	J.,								
		EAGAN MN 55123		G Gross rece	eipts \$ 290,973						
\sqsubseteq'	Amended return		The state of the s	C Croco too.							
	Application pending	F Name and address of principal officer:	H(a) Is this a g	roup return for	affiliates? Yes X No						
			H(b) Are all a	affiliates inclu	ided? Yes No						
			1 ' '		ist. (see instructions)						
			_	,	,						
1_	Tax-exempt statu										
J	Website: ▶ V	WW.DCRCHAMBERS.COM	H(c) Group	exemption nu							
<u>K</u>	Form of organization	X Corporation Trust Association Other ▶ L	Year of formation:		M State of legal domicile:						
P	art I S	ımmary									
	1 Briefly de	escribe the organization's mission or most significant activities:									
d)	PRON	OTE COMMUNITY INTERESTS									
Š											
& Governance											
Š	2 Check th	is box I if the organization discontinued its operations or disposed of more than	25% of its net as	sets.							
တိ	li .			ا ما							
		of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b)									
Activities	1 '	•									
Ξ	1	mber of individuals employed in calendar year 2010 (Part V, line 2a)									
Ac		mber of volunteers (estimate if necessary)		···	219						
		related business revenue from Part VIII, column (C), line 12			213						
	b Net unre	lated business taxable income from Form 990-T, line 34	Prior Y		Current Year						
			2 F101.1	tai	Carrein seas						
ō	8 Contribu	tions and grants (Part VIII, line 1h)	30	28,740	215,802						
Revenue	9 Program	service revenue (Fait VIII, line 29)									
ě	10 Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)		480							
Œ	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		23,281							
	12 Total re	venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25	52,501	264,986						
	13 Grants	and similar amounts paid (Part IX, column (A), lines 1–3)		<u> </u>							
	14 Benefits	paid to or for members (Part IX, column (A), line 4)									
w	15 Salaries	, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14	18,652	140,495						
ses	ı	ional fundraising fees (Part IX, column (A), line 11e)									
Expens	h Total fu	ndraising expenses (Part IX, column (D), line 25) ▶									
E	17 Other e	xpenses (Part IX, column (A), lines 11a–11d, 11f–24f)	13	30,826	145,652						
	11 Other C	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		79,478							
	L.	e less expenses. Subtract line 18 from line 12		26,977							
=		e less expenses. Subtract fine 10 from fine 12	Beginning of C		End of Year						
Net Assets or	20 Total as	sets (Part X, line 16)	1:	38,552	116,929						
SSE	20 Total is			52,401							
et (ZI IOIAIIIA	bilities (Part X, line 26) ets or fund balances. Subtract line 21 from line 20		86,151							
200000	******										
		ignature Block		af my knowl	ladge and bolief it is						
ţ	Jnder penalties of	perjury, I declare that I have examined this return, including accompanying schedules and stateme complete. Declaration of preparer (other than officer) is based on all information of which preparer h	nts, and to the besi as any knowledge	t Of fifty Knowi	leage and belief, it is						
	rue, correct, and	complete: Declaration of preparer (other than officer) is based on all fill officers of which preparer									
Si	gn 📕	Signature of officer		Da	te						
H	ere 📗	RUTHE BATULIS PRES	SIDENT								
		Type or print name and title									
	Print/	Type preparer's name Preparer's signature	Date	Che	eck if PTIN						
Pa		REY PLETCHER		self	-employed P00302186						
Preparer Firm's name HARRINGTON LANGER & ASSOCIATES Firm's EIN 41-											
	se Only	563 PHALEN BLVD									
		address SAINT PAUL, MN 55130		Phone no.	651-481-1128						
N.A.		uss this return with the preparer shown above? (see instructions)			Yes No						
175	ay 1110 11 10 0130	The state of the s									

orm	990 (2010) DAKOTA COUNTY REGIONAL CHAMBER OF 41-0843535	Page 2
	t 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:	
P	ROMOTE COMMUNITY INTERESTS	
	•	
<u> </u>	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	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 \$ including grants of \$) (Revenue \$	
H R E	HE CHAMBER SERVES THE BUSINESS COMMUNITY OF: EAGAN, LILYDALE, ME EIGHTS, ROSEMOUNT, SUNFISH LAKE AND WEST ST. PAUL. THE CHAMBER EGIONS BUSINESS COMMUNITY TO ENHANCE MEMBER'S SUCCESS BY: DELIVE DUCATIONAL OPPORTUNITIES, SUPPORTING BUSINESSESS DEVELOPMENT, PR ETWORKING OPTIONS, AND SHAPING PUBLIC POLICY.	UNITES THE RING OVIDING
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
Ð	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	·	
	*	
	·	
	·	
ir.	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(Code:	
	·	
	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
 4е	Total program service expenses ▶	

Checklist of Required Schedules

No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 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 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," X 6 complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 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," X complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-X endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X 11c of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X 11e 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 X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete X 12á Schedule D, Parts XI, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if X the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, X 14b business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 \mathbf{X}_{\cdot} organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 X to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H X 20a If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

Checklist of Required Schedules (continued) No 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 X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? 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? d 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 disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 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? X If "Yes," complete Schedule L, Part III 27 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): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 X 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? X 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. X No 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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 38 19? Note. All Form 990 filers are required to complete Schedule O .

Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Statements Regarding Other IRS Filings and Tax Compliance 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 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners? 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 2b 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) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X account)? If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? h Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10a а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13b the organization is licensed to issue qualified health plans

14a

14b

X

Form 990 (2010) DAKOTA COUNTY REGIONAL CHAMBER OF 41-0843535 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI. Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year 1a 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 X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? X Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members 7a X 7a of the governing body? X 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: X The governing body? 8a а X 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 X the 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 Nο 10a X 10a Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such 10b chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the X Describe in Schedule O the process, if any, used by the organization to review this Form 990. X Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this is done Does the organization have a written whistleblower policy? X 13 13 14 X 14 Does 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 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization 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 X 16a with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MN 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available 18 for public inspection. Indicate how you make these available. Check all that apply.

Own website Another's website X Upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, 19 and financial statements available to the public.
- State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: ▶ RUTHE BATULIS 1121 TOWNE CENTER DRIVE, SUITE 102

EAGAN

MN 55123

651-452-9872

orm 990 (2010)	DAKOTA	COUNTY	REGIONAL	CHAMBER	OF	41-084353

Page '

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.

Check this box if neither the orga		/ rela	ted			tions c	om			
(A) Name and Title	(B) Average hours per	L		checl		that app		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ROB ARMFIELD										
BOARD MEMBER	1.00	X						0	0	0
(2) SARA BUTRUFF										
BOARD MEMBER	1.00	X						0	0	0
(3) BRENT CORY										÷
BOARD MEMBER	1.00	X	<u> </u>					0	0	0
(4) GREG HANSEN										
BOARD MEMBER	1.00	X						0	0	0
(5) GARY HUUSKO	٠									
BOARD MEMBER	1.00	X		<u></u>	<u> </u>			0	0	0
(6) GREG KONAT										
BOARD MEMBER	1.00	X	<u> </u>	<u> </u>				0	0	0
(7) BETH KREHBIEL	•									
BOARD MEMBER	1.00	X	<u> </u>	<u> </u>	<u> </u>	1_1		0	0	0
(8) MEGHAN MCDANIEL						1				
BOARD MEMBER	1.00	X	<u> </u>		_	$\bot \bot$		0	0	0
(9) MATT MILLER			Ì							
BOARD MEMBER	1.00	X	<u> </u>		<u> </u>			0	0	0
(10) RYAN O'GARA]	_
BOARD MEMBER	1.00	X	<u> </u>	<u> </u>		\bot		0	0	0
(11) ROZ PETERSON										
BOARD MEMBER	1.00	X	ļ	-	ļ			0	0	0
(12) PHIL STALBOERGER	1									
BOARD MEMBER	1.00	X	-	╀-	ـ	4		0	0	0
(13) LESLIE STROHM	1 00									
BOARD MEMBER	1.00	X	ـ	4	╀-			<u> </u>	0	0
(14) SCOTT SWENSON			Ì		İ					
BOARD MEMBER	1.00	X	+-	-	-	4		C) C	0
(15) PAUL EGGEN	1 00	,.								
BOARD MEMBER	1.00	X	╁	-	+	+		<u>C</u>)C	0
(16) MICHELE ENGDAHL	1 00									
BOARD MEMBER	1.00	X	1		1			C)	0

Part VII Section A. Officers	, Directors, Tru	stees	s, Ke	y Er	nplo	yees	, an	d Highest Compensated	Employees (continued)			
(A) Name and Title	(B) Average hours per	-	(C) (D) Position (check all that apply) Reportable compensation						(E) Reportable compensation from	(F) Estimated amount of		
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com fi org an	other npensation of the ganization of the ganiza	ion on ed
(17) ALLEN GLYNN BOARD MEMBER	1.00	x						0	0			0
(18) JEFF INDOVINA BOARD MEMBER	1.00	x						О	0			0
(19) CAROL KEYES BOARD MEMBER	1.00	х						0	0			0
(20) KELLY SCHAEFBAUI	E R											
BOARD MEMBER	1.00	X	<u> </u>					0	0			0
(21) ARLEEN SULLIVAN BOARD MEMBER	1.00	x						0	0	1		0
(22) MICHELLE TIGHE BOARD MEMBER	1.00	x						0	0	1		0
BOARD MEMBER	1.00	x						0	0			0
(24) RUTHE BATULIS PRESIDENT	40.00			x				0	O			0
(25)												
(26)												
(27)												
(28)												
1b Sub-total c Total from continuation she d Total (add lines 1b and 1c)	ets to Part VII, S	Secti	on A	·	 	 	> > >					
Total number of individuals (in reportable compensation from				tho	se lis	sted a	abov	/e) who received more than	1 \$100,000 in			
 3 Did the organization list any form employee on line 1a? If "Yes, 4 For any individual listed on line organization and related organization and related organization	" complete Sche ne 1a, is the sum nizations greate 1 1a receive or ac	edule of re r tha crue	J fo epon n \$1 com	r suctable 50,0 	ch in con 00? satio	divid npen If "Ye 	ual satio es," m ai	on and other compensation complete Schedule J for su	n from the uch or individual	**	3 4	Yes No X X X
Section B. Independent Contract												
Complete this table for your fi compensation from the organ	ive highest com	oens	ated	inde	epen	dent	cont					
Name and	(A) d business address						+	Descri	(B) ption of services		Comp	(C) pensation
											0.000	
2 Total number of independent received more than \$100,000			-					ose listed above) who	0			000
DAA											Form	990 (2010

Pai	t VII	Statement of Rever	nue						
						(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
							exempt function	business revenue	excluded from tax under sections
							revenue	70.01.00	512, 513, or 514
इंट	1a	Federated campaigns	1a						
Contributions, gifts, grants and other similar amounts	b.	Membership dues	1b						
s, c	С	Fundraising events	1c						
# F		Related organizations	1d						
E,S		Government grants (contributions)	1e						
tion		All other contributions, gifts, grants,			**************************************				
		and similar amounts not included above	1f	[[
들임	q	Noncash contributions included in lines 1a-1		\$					
SE	_	Total. Add lines 1a–1f							
<u></u>		Total / Total / Total / Total / Total			Busn. Code				
Program Service Revenue	2a	MEMBERSHIP DUES			Busin. Gode	191,392	191,392		
Še						19,985			
9	b	COMMITTEE FEES				4,425	4,425		
اچّ	C .	ADMINISTRATIVE FEES				7,323	7,720		
ဖွ	a								
ran	е	, ;							
õ		All other program service rever				015 000			
<u>n</u>		Total. Add lines 2a-2f				215,802			
		Investment income (including of				0.7.4			014
		and other similar amounts)			214		<u> </u>	214	
	4	Income from investment of tax	-exen	npt bond p	roceeds 🕨				
	5	Royalties			<u></u>				
		(i) Real		(ii) F	Personal				
	- 6a	Gross Rents							
	b	Less: rental exps.							
	C-	Rental inc. or (loss)							
			<u></u>		>				
	7a	Gross amount from (i) Securities	3	(ii)) Other				
		sales of assets other than inventory							
	b	Less: cost or other							
		basis & sales exps.							
	С	Gain or (loss)							
		Net gain or (loss)			>				
		Gross income from fundraising eve			· · · · · · · · · · · · · · · · · · ·				
iue	-	(not including \$							
Ver		of contributions reported on line 1c	٠						
æ		See Part IV, line 18		. -	66,559)			
Other Reven	h	Less: direct expenses			25,987				
ğ	Į.	Net income or (loss) from fund				40,572			40,572
	1			ig everits		40,312	-		10,012
	эа	Gross income from gaming activitie	-	_[
	١.	See Part IV, line 19		3		\dashv			
	1	Less: direct expenses	'						
	ı	Net income or (loss) from gan	-	ictivities .	<u>P</u>				
	10a	Gross sales of inventory, less							
		returns and allowances	;	a		_			
	1	Less: cost of goods sold		b		_			
-	c Net income or (loss) from sales of inventory					-			
		Miscellaneous Revenu	е		Busn. Cod	_			
	11a	DIRECTORY				3,44			3,447
	b	BUSINESS EXCELLENCE				2,98			2,987
	c	OTHER REVENUE				1,74	5 1,74		
	d	All other revenue				21	9	21:	9
	1				>	8,39	8		
	12	Total revenue. See instruction				264,98	6 217,54	7 21	9 47,220

Part IX Statement of Functional Expenses

1,00,10000 00,10,20,12,11.00,111

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).

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising					
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses					
1	Grants and other assistance to governments and									
_	organizations in the U.S. See Part IV, line 21									
2	Grants and other assistance to individuals in									
•	the U.S. See Part IV, line 22									
3	Grants and other assistance to governments,									
	organizations, and individuals outside the									
4	U.S. See Part IV, lines 15 and 16									
4	Benefits paid to or for members Compensation of current officers, directors,									
5										
6	trustees, and key employees Compensation not included above, to disqualified									
O										
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7	Other colories and weeks	116,648								
8	Other salaries and wages	110,040								
0		3,165								
9	and section 403(b) employer contributions) Other employee benefits	11,151								
10		9,531			, , , , , , , , , , , , , , , , , , ,					
11	Payroll taxes Fees for services (non-employees):	5,001								
	• • • • • • • • • • • • • • • • • • • •									
	Management									
c	Legal Accounting	4,120								
e	Lobbying Professional fundraising services. See Part IV, line 17									
	Investment management fees									
g	Other	61,131								
12	Advertising and promotion									
13	Office expenses	15,189								
14	Information technology									
15	Royalties									
16	Occupancy	27,840								
17	Travel									
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	1,466								
23	Insurance	2,326								
24	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 O.)									
а	EQUIPMENT LEASE & MAINT	18,107								
b	PROGRAM EXPENSES	7,815								
С	BANK & CREDIT CARD FEES	4,414								
d	MISCELLANEOUS	2,361								
е	COMMUNITY INVOLVEMENT	863		<u> </u>						
f	All other expenses	20								
25	Total functional expenses. Add lines 1 through 24f	286,147	0	0	0					
26	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									
DAA					Form 990 (2010)					

Pa	rt X	Balance Sheet				·		
						(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing				19,426	1	12,866
	2	Savings and temporary cash investments				58,767	2	44,403
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				55,785	4	54,493
	5	Receivables from current and former officers, directors, to						
		employees, and highest compensated employees. Comp Schedule L	elete Part II of				5	
	6	Receivables from other disqualified persons (as defined in	under section					
		4958(f)(1)), persons described in section 4958(c)(3)(B), a						
		employers and sponsoring organizations of section 501(c						
		employees' beneficiary organizations (see instructions)					6	•••••
Assets	7	Notes and loans receivable, net			7			
SS	8	Inventories for sale or use					8	
Ä	9	Prepaid expenses and deferred charges					9	
ľ		Land, buildings, and equipment: cost or	l					
		other basis. Complete Part VI of Schedule D	10a	59	,307			
-	h		10b		,940		10c	3,367
		The contract of the first track of the contract of					11	
		Investments—other securities. See Part IV, line 11		:			12	
		Investments—program-related. See Part IV, line 11					13	
	14					1	14	
1	15					1,800		1,800
.	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	n '					116,929
-	17	Accounts payable and accrued expenses		17	5,058			
1	18		1	18	1.000			
	19	Defendance		F2 // 01		46,881		
	20	T (3 11' 1 '19'					20	10/002
S	21	Escrow or custodial account liability. Complete Part IV o					21	
Liabilities	22	Payables to current and former officers, directors, truster	• •					
Ξ	22	employees, highest compensated employees, and disqu						
ia		Commission David II of Cohedula I					22	
	23	Secured mortgages and notes payable to unrelated third					23	
	24	Unsecured notes and loans payable to unrelated third pa					24	
	25	Other liabilities. Complete Bart V of Schodule D	arties				25	
		Other liabilities. Complete Part X of Schedule D Total liabilities. Add lines 17 through 25				52,401		51,939
S	26	Organizations that follow SFAS 117, check here ▶ 🗶			 	J2,703	20	31,333
Fund Balances		lines 27 through 29, and lines 33 and 34.	and complete	•				
an	27					86,151	L 27	64,990
3al	28					00,13.	28	04,550
70	29	Temporarily restricted net assets Permanently restricted net assets					29	
E	-3	Organizations that do not follow SFAS 117, check her	re Dand				23	
L L								
o.	20	complete lines 30 through 34.					30	
ets	30						30	
SS	31	Paid-in or capital surplus, or land, building, or equipmen	it iunu				31	· · · · · · · · · · · · · · · · · · ·
Net Assets	32	Retained earnings, endowment, accumulated income, o					32	
<u>ke</u>	33	Total net assets or fund balances				86,15		
	34	Total liabilities and net assets/fund balances			<u> </u>	138,55	2 34	116,929

Form 990 (2010)

orm	990 (2010) DAKOTA COUNTY REGIONAL CHAMBER OF 41-0843535			Paç	ge 12
	rt XI Reconciliation of Net Assets				J.
	Check if Schedule O contains a response to any question in this Part XI	<i></i>		<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>986</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>147</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			161
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		}6,:	<u> 151</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
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		54,	990
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 O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
b			01-		X
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
Ŭ	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	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				
u	issued on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3-	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		50000000000	20000000000	000000000000
Ja	the Cinate Audit Act and OMP Circular A 1222		3a	j	x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
b	required audit or audits, explain why in Schodula O and describe any steps taken to undergo such audits		3h		

Form **990** (2010)

SCHEDULE D (Form 990)

Department of the Treasury

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.

2010

Open to Public Inspection

Employer identification number

Internal Revenue Service

Name of the organization

DAKOTA COUNTY REGIONAL CHAMBER OF

41-0843535 COMMERCE Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 a Total number of conservation easements b Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	rt III Organizations Maintaining C						(contin	ued)			
3	Using the organization's acquisition, accession, collection items (check all that apply):	and other records, check	any of the following	ng that ar	e a significant use	of its					
а	Public exhibition	d Loan or	exchange progran	ns							
b	Scholarly research	e Other									
С	Preservation for future generations										
4	Provide a description of the organization's colle	ctions and explain how th	ey further the orga	nization's	s exempt purpose	in Part					
	XIV.										
5	During the year, did the organization solicit or re	eceive donations of art, hi	storical treasures,	or other s	similar						
	assets to be sold to raise funds rather than to b	e maintained as part of th	e organization's c	ollection?	,		Ye		No		
Pa	rt IV Escrow and Custodial Arran	gements. Complete	e if the organiz	ation a	nswered "Yes	" to Form	990, Pa	rt IV,			
00000000	line 9, or reported an amount	t on Form 990. Part	X, line 21.								
1a	Is the organization an agent, trustee, custodian			her asset	s not						
	included on Form 990, Part X?						Ye	s 🗌	No		
h	If "Yes," explain the arrangement in Part XIV ar	nd complete the following	table [.]					لــــا			
,	is res, explain the unangement in rate of a	ia complete the renorming					Amount		_		
_	Reginning halance					1c					
	Beginning balance					1d					
	Additions during the year					1e			_		
	Distributions during the year					1f					
7	Ending balance					L		. [
	Did the organization include an amount on Form	n 990, Part X, line 217					. L Ye	s	No		
	b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.										
Pа	rt V Endowment Funds. Comple					hree years bad	k (e) Foui	. voore			
		(a) Current year	(b) Prior year	(C) IW	o years back (d)	mee years bac	ж (e) roui	years	Jack		
	Beginning of year balance			ļ							
	Contributions										
С	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
	_ , , , ,										
2	Provide the estimated percentage of the year e										
а	Board designated or quasi-endowment										
b											
С	Term endowment ▶ %										
	Are there endowment funds not in the possess	ion of the organization tha	at are held and adr	ministered	d for the						
	organization by:	J						Yes	No		
	(i) unrelated organizations						3a(i)				
							20(:)				
h	If "Yes" to 3a(ii), are the related organizations I						.				
1	Describe in Part XIV the intended uses of the o										
Ps	art VI Land, Buildings, and Equip			10							
	Description of investment	(a) Cost or other basis	(b) Cost or other		(c) Accumula	ted	(d) Book	value			
	Description of investment	(investment)	(other)		depreciatio	1	(-,				
	l d	((231)								
	Land										
b	Buildings										
	Leasehold improvements			207		040		2	267		
	Equipment		59	307	55	,940		J ,	367		
	Other (Column (d) must ea	15 005 5 137 1	(5) " 4511				,	-	367		
1040	I Add upoe 1a through 16 (Column (d) must 6d	Hall-orm yyll Part X coli	IMPORTATION TO TO TO TO TO TO TO TO TO TO TO TO TO			>		. 7	. r r r /		

Part VII	Investments—Other Securities. See Form 990,			
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	
	(including name of security)		Cost or end-of-year market value	
1) Financial	derivatives			
	eld equity interests			
3) Other				
(C)				
(1.1)				
(I)				
	in (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII), Part X, line 13.		
	(a) Description of investment type	(b) Book value	(c) Method of valuation:	
			Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX		<u> </u>		
	(a) Description		(b) Book value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	(1) 15 15 200 D (1) 15 (D) 15 (15)			
	nn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, line 2	<u> </u>		
Part X	(a) Description of liability	(b) Amount		
1. (1) Fodor		(b) Allouit	\dashv	
	al income taxes		\dashv	
(2)				
(3)			-	
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			
	ASC 740) Footnote. In Part XIV, provide the text of the footnote	to the organization's fina	ancial statements that reports the	

ched	ule D (Form 990) 2010 DAKOTA COUNTY REGIONAL CHAMBE		41-0843535	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to			
	Total revenue (Form 990, Part VIII, column (A), line 12)			264,986
	Total expenses (Form 990, Part IX, column (A), line 25)		1 1	286,147
	Excess or (deficit) for the year. Subtract line 2 from line 1			-21,161
4	Net unrealized gains (losses) on investments		4	
	Donated services and use of facilities			
	Investment expenses			
	Prior period adjustments			
	Other (Describe in Part XIV.)			
	Total adjustments (net). Add lines 4 through 8			-21,161
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			-21,161
00000000	t XII Reconciliation of Revenue per Audited Financial Stateme			261,071
	Total revenue, gains, and other support per audited financial statements			201,011
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a		
a	Net unrealized gains on investments			
D	Donated services and use of facilities	2c		
ن	Recoveries of prior year grants			
	Other (Describe in Part XIV.)		2e	
	Add lines 2a through 2d			261,071
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	11	· · · · · · · · · · · · · · · · · · ·	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV.)		3,915	
	Add lines 4a and 4b			3,915
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	,	5	264,986
Pa	1 XIII Reconciliation of Expenses per Audited Financial Statem	ents With E	Expenses per Return	
	Total expenses and losses per audited financial statements			282,232
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	, , , , , , , , , , , , , , , , , , , ,		
	Donated services and use of facilities	2a		
	Prior year adjustments			
	Other losses			
d	Other (Describe in Part XIV.)	2d		
	Add lines 2a through 2d		2e	
	Subtract line 2e from line 1			282,232
	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		
b	Other (Describe in Part XIV.)	4b	3,915	
С	Add lines 4a and 4b		4c	3,915
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			286,147
	rt XIV Supplemental Information			
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,			
	/, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d	and 4b. Also co	omplete this part to provide	
	dditional information.	0000	_	
P	ART XI, LINE 8 - RECONCILIATION OF CHANGES	- OTHE	R	
SI	PECIAL EVENT EXPENSES		\$	-3,915
~~			ė	3,915
SI	PECIAL EVENT EXPENSES			3,913
P7	ART XII, LINE 4B - REVENUE AMOUNTS INCLUDE	D ON RE	TURN - OTHER	
	DOCTAL EXPENSES		ė	3,915
51	PECIAL EVENT EXPENSES		Y	
			, . , ,	

Part XIV Supplemental Information (continued)	41-0843535	Page 5
	DEMILDN OMUED	
PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON	RETURN - OTHER	
SPECIAL EVENT EXPENSES	\$	3,915
		,
,		

1		
·		
	·	
		· · · · · · · · · · · · · · · · · · ·
	·	• • • • • • • • • • • • • • • • • • • •
· · · · · · · · · · · · · · · · · · ·		
• • • • • • • • • • • • • • • • • • • •		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

DAKOTA COUNTY REGIONAL CHAMBER OF

Employer identification number

41-0843535 COMMERCE Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(i) Name and address of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to raiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of contributions? col. (i) Yes No 10 Total ▶ List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

DAKOTA COUNTY REGIONAL CHAMBER OF Schedule G (Form 990 or 990-EZ) 2010 41-0843535 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		Overte with gr	occ receipte greater than w	0,000.						
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
			GOLF TOURNEY	APPRECIATION GA	NONE	(add col. (a) through				
			(event type)	(event type)	(total number)	col. (c))				
ne			(**************************************	(575), 4,25	(lotal Hallisot)					
Revenue	1	Gross receipts	35,126	31,433		66,559				
å		Less: Charitable	33,120	31,433		00,339				
	-	oontributions.								
	3	Gross income (line 1 minus								
	ŭ	line 2)	35,126	31,433		66,559				
		imo zj	00/==0	01/100	······································	00,333				
	4	Cash prizes								
	5	Noncash prizes								
	Ĭ	110/10d0/1 p1/200								
S)	6	Rent/facility costs	12,279			12,279				
sus	Ĭ	Trontadinity costs				12/2/3				
Direct Expenses	7	Food and beverages		3,217		3,217				
H H	•	1 ood and boverages		3,21,		3,217				
ire	8	Entertainment								
Ц										
	9	Other direct expenses	1,923	8,568		10,491				
		a mor amour oxponeous				1				
	10	Direct expense summary.	Add lines 4 through 9 in column (d)	•	(25,987)				
	11	Net income summary. Co	ombine line 3, column (d), and line	10	>	40,572				
P	art	III Gaming. Com	plete if the organization an	swered "Yes" to Form 990,	Part IV, line 19, or re					
			on Form 990-EZ, line 6a.	·	, ,	•				
O)			(a) Pinna	(b) Pull tabs/instant	/-\ Oth	(d) Total gaming (add				
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))				
Şev										
<u></u>	1	Gross revenue								
es	2	Cash prizes								
Direct Expenses										
άX	3	Noncash prizes								
5										
Ö	4	Rent/facility costs								
	5	Other direct expenses			F-1					
			Yes %	Yes %	Yes %					
	6	Volunteer labor	No No	No	No					
	7 Direct expense summary. Add lines 2 through 5 in column (d)									
	_	N1-4			_					
	8	Net gaming income sumn	nary. Combine line 1, column d, ar	d line 7	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
_	_									
9			e organization operates gaming act							
a b	a Is the organization licensed to operate gaming activities in each of these states?									
	b If "No," explain:									
10-	٠									
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Yes No									
a	If "Yes," explain:									

Sche	Edule G (Form 990 or 990-EZ) 2010 DAKOTA COUNTY REGIONAL CHAMBER OF 41-0843	<u>535</u>	Page 3	
ľ1	Does the organization operate gaming activities with nonmembers?	[Yes No	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	formed to administer charitable gaming?		Yes No	
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a	%	
b	An outside facility	13b	%%	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and			
	records:			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?	١	Yes No	,
h	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	• • • •		
	amount of gaming revenue retained by the third party > \$			
_	If "Yes," enter name and address of the third party:			
C	Tes, enter hame and address of the time party.			-
	Nama			
	Name Name			
	Addusa N			
	Address ▶			
	Coming appears information:			
16	Gaming manager information:			
	· · · · · · · · · · · · · · · · · · ·			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
	Director/officer			
4-	Marie de la constante de la co			
17	Mandatory distributions:			
а			☐ Yes ☐ N	_
	retain the state gaming license?		Tes N	Ü
b	·			
	spent in the organization's own exempt activities during the tax year ▶ \$ Int IV Supplemental Information. Complete this part to provide the explanations required by Part I	lino	2h	
гa	Supplemental Information. Complete this part to provide the explanations required by Part II	, iiiie	zu, ploto this	
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also	COIII	piete tilis	
	part to provide any additional information (see instructions).			
		• • • • • •		
		• • • • • •		
				•
	<u>.,</u>			-
	·			
	,			
	· · · · · · · · · · · · · · · · · · ·			

Schedule G (Form 990 or 990-EZ) 2010

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DAKOTA COUNTY REGIONAL CHAMBER OF COMMERCE

Employer identification number 41-0843535

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.						
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION						
NO DOCUMENTS AVAILABLE TO THE PUBLIC						
·						
·						
· · · · · · · · · · · · · · · · · · ·						
·						

			Special Eve	nts Schedule		
Form 99	0	For calendar year 2010, or t	ax year beginning	10/01/10 , and e	nding 09/30/11	2010
lame					· · · · · · · · · · · · · · · · · · ·	lentification Number
		TY REGIONAL CHA	MBER OF			
COMMERC	E				41-084	
		(A)	(B)	(C)	Others	Total
Gross receipts		4,847	<u>2,987</u> 0	823 0	<u>0</u>	8,657 0
Less contrib		4,847	2,987	823	0 -	8,657
Gross revenue Less direct e		1,400	2,307	604	0	2,004
Net income (Id		3,447	2,987	219		6,653
rvet income (ie						
•						
Description:	(A)	DIRECTORY				
•				···		
-	(B)	BUSINESS EXC	ELLENCE			
	(C)	VARIOUS PERI	ODICALS			
	Others	NEWSLETTER/M	AILPAK			
		WEBSITE		 		
				·····		
				·		
					•	
				 		
•						
	•					
	•					
				· · · · · · · · · · · · · · · · · · ·		
				La-10. Landa Part 10-10-10-10-10-10-10-10-10-10-10-10-10-1		
•						
						,
						
	•			· · · · · · · · · · · · · · · · · ·		
			 			•

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Attach to your tax return. ➤ See separate instructions.

Internal Revenue Service Name(s) shown on return

COMMERCE

Department of the Treasury

DAKOTA COUNTY REGIONAL CHAMBER OF

Identifying number 41-0843535

Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000 Maximum amount (see instructions) 1 1 Total cost of section 179 property placed in service (see instructions) 2 2 2,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling separately, see instructions . . . 5 5 (b) Cost (business use only) (a) Description of property 6 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Part II Special depreciation allowance for qualified property (other than listed property) placed in service 2,059 during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 936 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 194 17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (f) Method (business/investment use (e) Convention (a) Depreciation deduction (a) Classification of property placed in period only-see instructions) service 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property 25 yrs. S/L 25-year property g S/L h Residential rental 27.5 yrs. MM property MM S/L 27.5 yrs. MM S/L Nonresidential real 39 yrs. property MM S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. b 12-year S/L 40 yrs. MM 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 3,189 22 and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

9/TU/2012 TT:05 AM

41-0843535

Federal Statements

FYE: 9/30/2011

Tax-Exempt Interest on Investments

	Description						
		Amount	Unrelated Business Code		Postal Code	Acquired after 6/30/75	InState Muni (\$ or %)
	\$	214		14			
TOTAI	, \$ <u></u>	214				r	

410843535 DAKOTA COUNTY REGIC 41-0843535 FYF: 9/30/2011	DAKOTA COUNTY REGIONAL CHAMBER OF Federal Statements	tements		9/10/2012 11:05 AM
	Form 990, Part IX, Line 11g - Other Fe	11g - Other Fees for Service (Non-employee)	ployee)	
Description INDEPENDENT CONTRACTORS PAYROLL PROCESSING TOTAL		Program Service \$ 59,599 1,532 \$ 61,131	Management & General	Fund Raising
	Form 990, Part IX, Line 24f	Part IX, Line 24f - All Other Expenses		
Description STAFF EXPENSES	Total Expenses	Program Service	Management & General	Fund Raising
TOTAL				

1/10/2012 11.00 AIVI

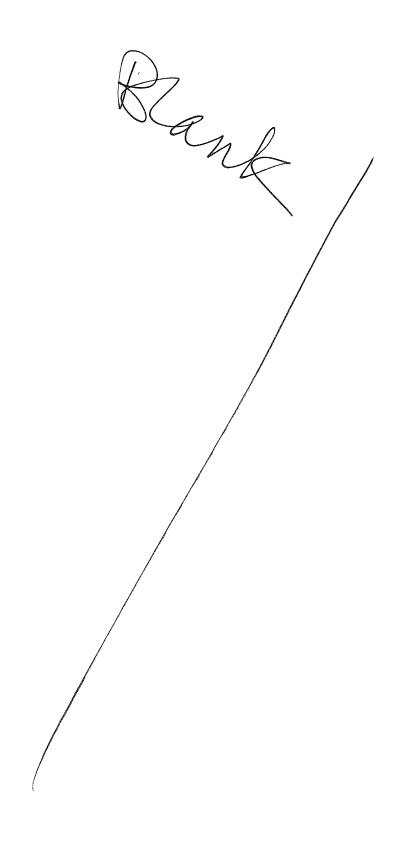
41-0843535 FYE: 9/30/2011

Federal Statements

Special Events Direct Expenses

Description	Amount
COLUMN A	\$
DIRECTORY OTHER EXPENSES	1,400
SUBTOTAL	1,400
COLUMN C VARIOUS PERIODICALS READERSHIP COSTS COST OF GOODS SOLD	582
SUBTOTAL	604
TOTAL	2,004

DIRECT EXPENSES OTHER THAN FUNDRAISING EXPENSES REPORTED ON FORM 990, PAGE 1, LINE 9B.



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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DAKOTA COUNTY REGIONAL CHAMBER OF

Employer identification number

CC	DMMERCE		41-0843535
	organizations Maintaining Donor Advised Fundorganization answered "Yes" to Form 990, Part I	ds or Other Similar Funds or IV, line 6.	Accounts. Complete if the
		(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 writing that	the assets held in donor advised	
•	funds are the organization's property, subject to the organization's exclusive		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in w		
O	only for charitable purposes and not for the benefit of the donor or donor		
			Yes No
n.	conferring impermissible private benefit? Int II Conservation Easements. Complete if the organized in the o	nization answered "Yes" to Fo	
			1111 000, 1 are 10, 1110 1.
1	Purpose(s) of conservation easements held by the organization (check a		mnortant land area
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically in	•
	Protection of natural habitat	Preservation of a certified histo	HIC SHUCKUIE
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified consen	vation contribution in the form of a cons	servation
	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		2b
С	Number of conservation easements on a certified historic structure inclu-	uded in (a)	2c
đ	Number of conservation easements included in (c) acquired after 8/17/0	06, and not on a	
	historic structure listed in the National Register		2d
3		tinguished, or terminated by the organia	zation during the
	tax year ►		
4	Number of states where property subject to conservation easement is lo	ocated >	
5	Does the organization have a written policy regarding the periodic monit		
•	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce		
Ü	b		. ,
7	Amount of expenses incurred in monitoring, inspecting, and enforcing c	conservation easements during the yea	ır
7		conservation easements during the year	
	S :		
8	Does each conservation easement reported on line 2(d) above satisfy t		
	(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation easement		
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements tha	it describes the
00000	organization's accounting for conservation easements.	Historical Transcriptor or Other	- Cimilar Access
P	art III Organizations Maintaining Collections of Art,		er Similar Assets.
	Complete if the organization answered "Yes" to		
12	a If the organization elected, as permitted under SFAS 116 (ASC 958), n	·	
	works of art, historical treasures, or other similar assets held for public		
	public service, provide, in Part XIV, the text of the footnote to its financial		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	o report in its revenue statement and b	alance sheet
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	irtherance of
	public service, provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		\$
	100 A		b c
2			
_	following amounts required to be reported under SFAS 116 (ASC 958)		
a	Revenues included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

	rt III Organizations Maintaining C						(contin	ued)	
3	Using the organization's acquisition, accession, collection items (check all that apply):	and other records, check	any of the following	ng that ar	e a significant use	of its			
а	Public exhibition	d Loan or	exchange progran	ns					
b	Scholarly research	e Other							
С	Preservation for future generations								
4	Provide a description of the organization's colle	ctions and explain how th	ey further the orga	nization's	s exempt purpose	in Part			
	XIV.								
5	During the year, did the organization solicit or re	eceive donations of art, hi	storical treasures,	or other s	similar				
	assets to be sold to raise funds rather than to b	e maintained as part of th	e organization's c	ollection?	,		Ye		No
Pa	rt IV Escrow and Custodial Arran	gements. Complete	e if the organiz	ation a	nswered "Yes	" to Form	990, Pa	rt IV,	
00000000	line 9, or reported an amount	t on Form 990. Part	X, line 21.						
1a	Is the organization an agent, trustee, custodian			her asset	s not				
	included on Form 990, Part X?						Ye	s 🗌	No
h	If "Yes," explain the arrangement in Part XIV ar	nd complete the following	table [.]					لــــا	
,	is res, explain the unangement in rate of a	ia complete the renorming					Amount		_
_	Reginning halance					1c			
	Beginning balance					1d			
	Additions during the year					1e			_
	Distributions during the year					1f			
7	Ending balance					L		. [
	Did the organization include an amount on Form	n 990, Part X, line 217					. L Ye	s	No
	If "Yes," explain the arrangement in Part XIV.	1 - ifidian an	owered "Voo"	to Corn	000 Port IV	line 10			
Pа	rt V Endowment Funds. Comple					hree years bad	k (e) Foui	. voore	
		(a) Current year	(b) Prior year	(C) IW	o years back (d)	mee years bac	ж (e) roui	years	Jack
	Beginning of year balance			ļ					
	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
	_ , , , ,								
2	Provide the estimated percentage of the year e								
а	Board designated or quasi-endowment								
b									
С	Term endowment ▶ %								
	Are there endowment funds not in the possess	ion of the organization tha	at are held and adr	ministered	d for the				
	organization by:	J						Yes	No
	(i) unrelated organizations						3a(i)		
							20(:)		
h	If "Yes" to 3a(ii), are the related organizations I						.		
1	Describe in Part XIV the intended uses of the o								
Ps	art VI Land, Buildings, and Equip			10					
	Description of investment	(a) Cost or other basis	(b) Cost or other		(c) Accumula	ted	(d) Book	value	
	Description of investment	(investment)	(other)		depreciatio	1	(-,		
	l d	((231)						
	Land								
b	Buildings								
	Leasehold improvements			207		040		2	267
	Equipment		59	307	55	,940		J ,	367
	Other (Column (d) must ea	15 005 5 137 1	(5) " 4511				,	-	367
1040	I Add upoe 1a through 16 (Column (d) must 6d	Hall-orm yyll Part X coli	IMPORTATION OF THE STATE OF THE			>		. 7	. r r r /

Part VII	Investments—Other Securities. See Form 990,			
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	
	(including name of security)		Cost or end-of-year market value	
1) Financial	derivatives			
	eld equity interests			
3) Other				
(C)				
(1.1)				
(I)				
	in (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII), Part X, line 13.		
	(a) Description of investment type	(b) Book value	(c) Method of valuation:	
			Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX		<u> </u>		
	(a) Description		(b) Book value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	(1) 15 15 15 15 15 15 15 15 15 15 15 15 15			
	nn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part X, line 2	<u> </u>		
Part X	(a) Description of liability	(b) Amount		
1. (1) Fodor		(b) Allouit	\dashv	
	al income taxes		\dashv	
(2)				
(3)			-	
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			
	ASC 740) Footnote. In Part XIV, provide the text of the footnote	to the organization's fina	ancial statements that reports the	

ched	ule D (Form 990) 2010 DAKOTA COUNTY REGIONAL CHAMBE		41-0843535	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to			
	Total revenue (Form 990, Part VIII, column (A), line 12)			264,986
	Total expenses (Form 990, Part IX, column (A), line 25)		1 1	286,147
	Excess or (deficit) for the year. Subtract line 2 from line 1			-21,161
4	Net unrealized gains (losses) on investments		4	
	Donated services and use of facilities			
	Investment expenses			
	Prior period adjustments			
	Other (Describe in Part XIV.)			
	Total adjustments (net). Add lines 4 through 8			-21,161
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			-21,161
00000000	t XII Reconciliation of Revenue per Audited Financial Stateme			261,071
	Total revenue, gains, and other support per audited financial statements			201,011
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a		
a	Net unrealized gains on investments			
D	Donated services and use of facilities	2c		
ن	Recoveries of prior year grants			
	Other (Describe in Part XIV.)		2e	
	Add lines 2a through 2d			261,071
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	11	· · · · · · · · · · · · · · · · · · ·	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV.)		3,915	
	Add lines 4a and 4b			3,915
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	,	5	264,986
Pa	1 XIII Reconciliation of Expenses per Audited Financial Statem	ents With E	Expenses per Return	
	Total expenses and losses per audited financial statements			282,232
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	, , , , , , , , , , , , , , , , , , , ,		
	Donated services and use of facilities	2a		
	Prior year adjustments			
	Other losses			
d	Other (Describe in Part XIV.)	2d		
	Add lines 2a through 2d		2e	
	Subtract line 2e from line 1			282,232
	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		
b	Other (Describe in Part XIV.)	4b	3,915	
С	Add lines 4a and 4b		4c	3,915
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			286,147
	rt XIV Supplemental Information			
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,			
	/, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d	and 4b. Also co	omplete this part to provide	
	dditional information.	0000	_	
P	ART XI, LINE 8 - RECONCILIATION OF CHANGES	- OTHE	R	
SI	PECIAL EVENT EXPENSES		\$	-3,915
~~			ė	3,915
SI	PECIAL EVENT EXPENSES			3,913
P7	ART XII, LINE 4B - REVENUE AMOUNTS INCLUDE	D ON RE	TURN - OTHER	
	DOCTAL EVENIE EVIENCEC		ė	3,915
51	PECIAL EVENT EXPENSES		Y	
			, . ,	

Part XIV Supplemental Information (continued)	41-0843535	Page 5
	DEMILDN OMUED	
PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON	RETURN - OTHER	
SPECIAL EVENT EXPENSES	\$	3,915
		,
,		

1		
·		
	·	
		· · · · · · · · · · · · · · · · · · ·
	·	• • • • • • • • • • • • • • • • • • • •
· · · · · · · · · · · · · · · · · · ·		
• • • • • • • • • • • • • • • • • • • •		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization DAKOTA COUNTY REGIONAL CHAMBER OF

Employer identification number

COMMERCE					41-08435	35	
Part I Fundraising Activities. Complete Form 990-EZ filers are not require				ered "Yes" to For			
Indicate whether the organization raised funds through				Check all that apply.			
a Mail solicitations	e Solicitation	of nor	n-gove	ernment grants			
b Internet and email solicitations	f Solicitation of government grants						
c Phone solicitations	g Special fundraising events						
d In-person solicitations							
 Did the organization have a written or oral agreemen or key employees listed in Form 990, Part VII) or ent If "Yes," list the ten highest paid individuals or entities 	ity in connection with	profes	siona	I fundraising services'	?	Yes No	
compensated at least \$5,000 by the organization. (i) Name and address of individual	(ii) Activity	(iii) Did		(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to	
or entity (fundraiser)	(,,		have dy or	from activity	(or retained by)	(or retained by)	
		contrib	ol of utions?		fundraiser listed in col. (i)	organization	
		Yes	No				
1							
		+					
2							
3							
4							
5							
		-				-	
6							
7							
			 				
8							
			ļ				
•							
9							
			†				
10							
Total							
Total 3 List all states in which the organization is registered		contrib	nution.	s or has been notified	it is exempt from		
registration or licensing.	or incertised to sollcit	COTTUIL	JULIUII	o or mas been monned	it is exempt nom		
						• • • • • • • • • • • • • • • • • • • •	
					• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
		· • • • • • ·					

DAKOTA COUNTY REGIONAL CHAMBER OF Schedule G (Form 990 or 990-EZ) 2010 41-0843535 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		Overne man gr	occ roccipio groater than w	0,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF TOURNEY	APPRECIATION GA	NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne			(**************************************	(575), 4,25	(lotal Hallisot)	
Revenue	1	Gross receipts	35,126	31,433		66,559
å		Less: Charitable	33,120	31,433		00,339
	-	oontributions.				
	3	Gross income (line 1 minus				
		line 2)	35,126	31,433		66,559
	4	Cash prizes				
	5	Noncash prizes				
es	6	Rent/facility costs	12,279			12,279
Direct Expenses						
	7	Food and beverages		3,217		3,217
	8	Entertainment				
			1,923	8,568		
	9	Other direct expenses	10,491			
						0= 00=
	10	Direct expense summary	. Add lines 4 through 9 in column (o	d)		25,987
n	11	Net income summary. Co	ombine line 3, column (d), and line	10	D-+1/ 15 40	40,572
:::: !	art		plete if the organization and on Form 990-EZ, line 6a.	swered tes to Form 990,	Part IV, line 19, or re	рогтеа тоге
		thair \$15,000 t	011 0111 990-L2, line 0a.	(b) Dull tabalizatant		/.N.T.
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
e ve				9		50 (a) (5ag 50 (6))
ď	1	Gross revenue				
	·	0.000.0701100				
S	2	Cash prizes				
nse						
xbe	3	Noncash prizes				
Ш Ж						
Direct Expenses	4	Rent/facility costs				
П						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary.	. Add lines 2 through 5 in column (o	d)		()
					_	
	8	Net gaming income sumr	mary. Combine line 1, column d, an	d line 7	<u></u>	
_	_					
9			e organization operates gaming act			· · · · · · · · · · · · · · · · · · ·
a	IS t	the organization licensed to	o operate gaming activities in each	of these states?		9a 📙 Yes 📙 No
a	IT "	No," explain:				
					• • • • • • • • • • • • • • • • • • • •	
102	\Λ/ε	ere any of the organization	s gaming licenses revoked, susper			10a Var 1
		Yes," explain:	s gaming ileetises revoked, Susper	naca or terminated during the (ax y	ear?	10a LYes No
	.,	. 23, OAPIUII.				
			• • • • • • • • • • • • • • • • • • • •		•••••	• • • • • • • • • • • • • • • • • • • •
		• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •

Sche	edule G (Form 990 or 990-EZ) 2010 DAKOTA COUNTY REGIONAL CHAMBER OF 41-0843	<u>535</u>	Page 3	
ľ1	Does the organization operate gaming activities with nonmembers?	[Yes No	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	formed to administer charitable gaming?		Yes No	
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a	%	
b	An outside facility	13b	%%	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and			
	records:			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?	١	Yes No	,
h	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the			
	amount of gaming revenue retained by the third party > \$			
_	If "Yes," enter name and address of the third party:			
C	in Tes, enter name and address of the time party.			-
	Name ▶			
	Name ▶			
	Addrson in			
	Address ▶			
	Consider was a serial formation.			
16	Gaming manager information:			
	A Name N			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Disconnection of a continuo accordant by			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
	Director/officer			
4-7	NA			
17	Mandatory distributions:			
а			☐ Yes ☐ N	_
	retain the state gaming license?		Tes N	Ü
b	·			
	spent in the organization's own exempt activities during the tax year ▶ \$ Int IV Supplemental Information. Complete this part to provide the explanations required by Part I	lino	2h	
гa	int IV Supplemental Information. Complete this part to provide the explanations required by Part II	, iiiie	zu, ploto this	
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also	COIII	piete tilis	
	part to provide any additional information (see instructions).			
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Schedule G (Form 990 or 990-EZ) 2010

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DAKOTA COUNTY REGIONAL CHAMBER OF COMMERCE

Employer identification number 41-0843535

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
NO DOCUMENTS AVAILABLE TO THE PUBLIC

			Special Eve	nts Schedule		
Form 99	0	For calendar year 2010, or t	ax year beginning	10/01/10 , and e	nding 09/30/11	2010
lame					· · · · · · · · · · · · · · · · · · ·	lentification Number
		TY REGIONAL CHA	MBER OF			
COMMERC	E				41-084	
		(A)	(B)	(C)	Others	Total
Gross receipts		4,847	<u>2,987</u> 0	823 0	<u>0</u>	8,657 0
Less contrib		4,847	2,987	823	0 -	8,657
Gross revenue Less direct e		1,400	2,307	604	0	2,004
Net income (Id		3,447	2,987	219		6,653
rvet income (ie						
•						
Description:	(A)	DIRECTORY				
•				···		
-	(B)	BUSINESS EXC	ELLENCE			
	(C)	VARIOUS PERI	ODICALS			
	Others	NEWSLETTER/M	AILPAK			
		WEBSITE		 		
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Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Attach to your tax return. ➤ See separate instructions.

Internal Revenue Service Name(s) shown on return

COMMERCE

Department of the Treasury

DAKOTA COUNTY REGIONAL CHAMBER OF

Identifying number 41-0843535

Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000 Maximum amount (see instructions) 1 1 Total cost of section 179 property placed in service (see instructions) 2 2 2,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling separately, see instructions . . . 5 5 (b) Cost (business use only) (a) Description of property 6 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Part II Special depreciation allowance for qualified property (other than listed property) placed in service 2,059 during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 936 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 194 17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (f) Method (business/investment use (e) Convention (a) Depreciation deduction (a) Classification of property placed in period only-see instructions) service 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property 25 yrs. S/L 25-year property g S/L h Residential rental 27.5 yrs. MM property MM S/L 27.5 yrs. MM S/L Nonresidential real 39 yrs. property MM S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. b 12-year S/L 40 yrs. MM 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 3,189 22 and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

9/TU/2012 TT:05 AM

41-0843535

Federal Statements

FYE: 9/30/2011

Tax-Exempt Interest on Investments

	Description						
		Amount	Unrelated Business Code		Postal Code	Acquired after 6/30/75	InState Muni (\$ or %)
	\$	214		14			
TOTAI	, \$ <u></u>	214				r	

				0400040 44:0E AM
410843535 DAKOTA COUNTY 41-0843535 FYE: 9/30/2011	DAKOTA COUNTY REGIONAL CHAMBER OF Federal S 111	ER OF Federal Statements		9/10/2012 11:03 AM
	Form 990, Part IX, Line 11g - Othe	11g - Other Fees for Service (Non-employee)	ployee)	
Description	Expe	Ser	Management & General	Fund Raising
INDEPENDENT CONTRACTORS PAYROLL PROCESSING TOTAL	\$ 59,599	\$ 59,539 1,532 \$ 61,131		
	Form 990, Part IX, Line	Part IX, Line 24f - All Other Expenses		
Description	Total	Program Service	Management & General	Fund Raising
STAFF EXPENSES TOTAL	\$ 20	\$ \$ 20	0 N	0

1/10/2012 11.00 AIVI

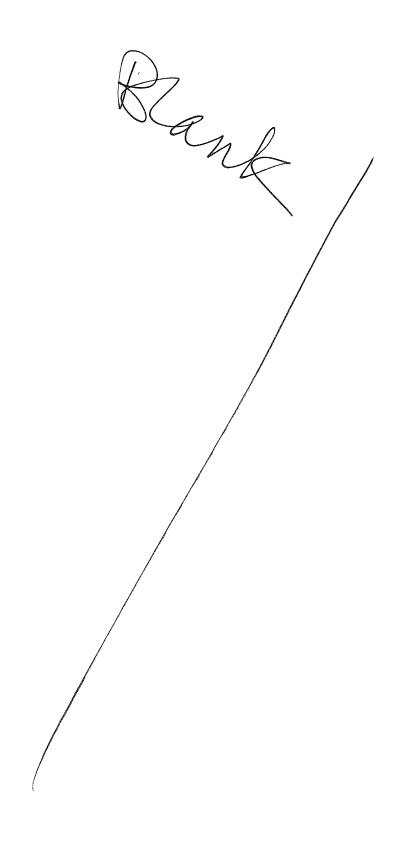
41-0843535 FYE: 9/30/2011

Federal Statements

Special Events Direct Expenses

Description	Amount
COLUMN A	\$
DIRECTORY OTHER EXPENSES	1,400
SUBTOTAL	1,400
COLUMN C VARIOUS PERIODICALS READERSHIP COSTS COST OF GOODS SOLD	582
SUBTOTAL	604
TOTAL	2,004

DIRECT EXPENSES OTHER THAN FUNDRAISING EXPENSES REPORTED ON FORM 990, PAGE 1, LINE 9B.



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Department of the Treasury

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.

OMB No. 1545-0047 2011 Open to Public

Inspection 10/01/11 , and ending 09/30/12 For the 2011 calendar year, or tax year beginning D Employer identification number C Name of organization DAKOTA COUNTY REGIONAL CHAMBER OF Check if applicable: Address change COMMERCE 41-0843535 Doing Business As Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number Initial return 1121 TOWNE CENTER DRIVE 102 651-452-9872 Terminated City or town, state or country, and ZIP + 4 EAGAN 55123 Amended return MN G Gross receipts \$ 314,655 Name and address of principal officer: Application pending H(a) Is this a group return for affiliates? RUTHE BATULIS 1121 TOWNE CENTER DRIVE STE 102 H(b) Are all affiliates included? **EAGAN** 55123 If "No." attach a list, (see instructions) MN 501(c)(3) **X** 501(c) (**6**) **4** (insert no.) Tax-exempt status: 4947(a)(1) or 527 WWW.DCRCHAMBERS.COM H(c) Group exemption number X Corporation Trust Association Year of formation: 1957 M State of legal domicile: Form of organization: Part I Summary 1 Briefly describe the organization's mission or most significant activities: PROMOTE COMMUNITY INTERESTS Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 24 3 Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 24 4 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 5 6 Total number of volunteers (estimate if necessary) 458 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 1,025 7a **b** Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 0 0 8 Contributions and grants (Part VIII, line 1h) Revenue 9 Program service revenue (Part VIII, line 2g) 215,802 230,425 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 214 295 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 48,970 55,988 264,986 286,708 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 140,495 126,951 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) **16a** Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **0** 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 145,652 143,354 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 286,147 270,305 -21,161 19 Revenue less expenses. Subtract line 18 from line 12 16,403 Beginning of Current Year End of Year 116,929 20 Total assets (Part X, line 16) 126,843 21 Total liabilities (Part X, line 26) 51,939 45,450 64,990 81,393 22 Net assets or fund balances. Subtract line 21 from line 20 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 Sign Data RUTHE BATULIS PRESIDENT Here Type or print name and title Print/Type preparer's name Preparer's signature PTIN Paid JEFFREY PLETCHER 12/14/12 self-employed P00302186 Preparer HARRINGTON LANGER & ASSOCIATES 41-1532347 Firm's EIN ▶ Firm's name **Use Only** 563 PHALEN BLVD SAINT PAUL, MN 55130 651-481-1128 May the IRS discuss this return with the preparer shown above? (see instructions) Yes

Pai	990 (2011) DAKOTA COUNTY REGIONAL CHAMBER OF 41-0843535		Page 2
,a,,,a,,,	rt 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: ROMOTE COMMUNITY INTERESTS		
E	ROMOTE COMMONITI INTERESTS		
	······································		
	•		
	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	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?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
	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 others, the total expenses, and revenue, if any, for each program service reported.		
_	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
HI RI EI	HE CHAMBER SERVES THE BUSINESS COMMUNITY OF: EAGAN, LILYDALE, MEND EIGHTS, ROSEMOUNT, SUNFISH LAKE AND WEST ST. PAUL. THE CHAMBER UN EGIONS BUSINESS COMMUNITY TO ENHANCE MEMBER'S SUCCESS BY: DELIVERI DUCATIONAL OPPORTUNITIES, SUPPORTING BUSINESSESS DEVELOPMENT, PROV	ITES NG	
T.4.	ETWORKING OPTIONS, AND SHAPING PUBLIC POLICY.		
	•		
	•		
b	(Code:) (Expenses \$ including grants of \$) (Revenue \$		

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;	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
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	······································		· • • • • • • • • • • • • • • • • • • •
-1	Other program services. (Describe in Schedule O.)		

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A 2 X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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 X 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." X complete Schedule D, Part III 8 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," X complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI 11a 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 X 11b C 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 X 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 X 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII X 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 X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 14b 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 X 15 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 X 16 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 (see instructions) 17 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

	* IV Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		162	IAO
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
		22		X
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
	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	22		X
	employees? If "Yes," complete Schedule J	23		
	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	04-		x
	through 24d and complete Schedule K. If "No," go to line 25	24a		
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
:5a	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	25a	<u> </u>	
	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	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 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	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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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		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? If "Yes," complete Schedule N,			
		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-		32		X
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	·····		
33	204 7704 0 and 204 7704 20 IS War II annual D. Dart I	33		x
2 4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33	-	
34		34		x
05	IV, and V, line 1		 	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	12
þ	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	35b	1	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
,0	related organization? If "Yes," complete Schedule R, Part V, line 2	36	+	
00		1	1	1
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	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,			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		x

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 10 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O X 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X 4a If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders а 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 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand С Did the organization receive any payments for indoor tanning services during the tax year? X 14a

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Part VI Governance

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

	ay	C	•
•	_		_

X

Sec	tion A. Governing Body and Management				., 1	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24		Yes	No
	If there are material differences in voting rights among members of the governing body, or	la la				
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
_	any other officer director tructed or key employee?			2	**********	X
3	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?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			.		
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			·		
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing hody?	•	•	8a	X	-0000000000
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 reached at			.		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte					
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
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 t	he form	}	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
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 conflic	cts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official					X
b	Other officers or key employees of the organization			15b		X
	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 taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ MN					
18	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.					
	Own website					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interesting the conflict of intere	st policy	,			
	and financial statements available to the public during the tax year.	,				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	he				
	organization: ▶ RUTHE BATULIS 1121 TOWNE CENTER	DRIV	E, SUIT	E 102		
E	AGAN MN 55	123	6	51-45	2-9	872

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.

Check this box if neither the organ	nization nor any r	elate	d or	ganiz	zatio	ns co	mpe	ensated any current officer,	director, or trustee.	
(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box	x, unle	ess pe	ition more i rson is irector	than of the both of the both of the employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ROB ARMFIELD		ee	stee			nsated			,	
BOARD MEMBER	1.00	X						0	0	0
(2) SARA BUTRUFF BOARD MEMBER	1.00	х						0	0	0
(3) BRENT CORY	,									
BOARD MEMBER	1.00	X						0	0	0
(4) GREG HANSEN										
BOARD MEMBER	1.00	X						0	0	0
(5) GARY HUUSKO										
BOARD MEMBER	1.00	X						0	0	0
(6) GREG KONAT			İ							
BOARD MEMBER	1.00	X						0	0	0
(7) BETH KREHBIEL										
BOARD MEMBER	1.00	X						0	0	0
(8) MEGHAN MCDANIEL								,		
BOARD MEMBER	1.00	X		ļ <u> </u>				0	0	0
(9) CINDY HAAS		1						_	_	
BOARD MEMBER	1.00	X	<u> </u>	<u> </u>	<u> </u>	<u> </u>		0	0	0
(10) RYAN O'GARA										
BOARD MEMBER	1.00	X	ļ	<u> </u>	ļ	1	_	0	0	0
(11) ROZ PETERSON										
BOARD MEMBER	1.00	X	<u> </u>	<u> </u>	<u> </u>	<u> </u>		0	0	0
(12) PHIL STALBOERGEF										
BOARD MEMBER	1.00	X	_	-	-	-	-	0	0	0
(13) LESLIE STROHM	1 00									
BOARD MEMBER	1.00	X	<u> </u>	-	-	-	<u> </u>	0	0	0
(14) SCOTT SWENSON	1 00	37								•
BOARD MEMBER	1.00	X	<u>l</u>	1	<u> </u>	1	l	0	0	0

Part VII Section A. Officers,	Directors, Trus	stees	s, Ke	y Er	nplo	yees	s, a	nd Highest Compensated I	Employees (continued)	
(A) Name and title	(B) Average hours per week (describe hours for	bc of	ix, unle	Pos check ess pe nd a d	rson i	than o s both r/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(15) PAUL EGGEN BOARD MEMBER	1.00	X						0	0	0
(16) MICHELE ENGDAHL BOARD MEMBER	1.00	x						o	0	0
(17) ALLEN GLYNN BOARD MEMBER	1.00	x						0	0	0
(18) JEFF INDOVINA BOARD MEMBER	1.00	x						0	0	0
(19) CAROL KEYES BOARD MEMBER	1.00	x						0	0	0
(20) KELLY SCHAEFBAUE BOARD MEMBER		х						0	0	0
(21) ARLEEN SULLIVAN BOARD MEMBER	1.00	x						0	0	0
(22) JEFFREY LARSON BOARD MEMBER	1.00	x						0	0	O
(23) JEFF ROTHMEYER BOARD MEMBER	1.00	x						0	0	C
(24) RUTHE BATULIS PRESIDENT	40.00			x				67,713	0	2,117
(25)										
1b Sub-total							A	67,713		2,117
d Total (add lines 1b and 1c)								67,713		2,117
Total number of individuals (increportable compensation from	-		-	nose	liste	d ab	ove) who received more than \$1	00,000 in	·····
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line 	complete Sched	ule J	for s	such	indiv	/idua	i			Yes No
 For any individual listed on line organization and related organ individual Did any person listed on line 1s 	izations greater	than	\$150	0,000)? If	"Yes,	," C	omplete Schedule J for such		4 X
for services rendered to the or Section B. Independent Contract	ganization? If "Ye									5 X
Complete this table for your five compensation from the organization from the organization.	e highest compe									
	(A) i business address								(B) otion of services	(C) Compensation
	+ 1									
2 Total number of independent of received more than \$100,000								se listed above) who	0	

rm 99 art \	**************************************	nent of Reve		REGIONAL	CU	AMBER OF	41-0843535	i	Page 9
			ilue			(Å) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2 13	a Federated car	npaigns	1a						
and Other Similar Amounts	b Membership d	ues	1b						
Y S	c Fundraising ev d Related organ	ents	1c						
	e Government grants		1e						
2	f All other contribution		10						
i Lie		s not included above	1f						
	g Noncash contribution	ns included in lines 1a-1	1f: \$	3					
	Total. Add lines 1a–1f								
22		Busn. Code				100 040	100 040		
2		• • • • • • • • • • • • • • • • • • • •				190,843 37,307			
	b COMMITT c ADMINIS	EE FEES TRATIVE FEES			-	2,275	37,307 2,275		
	۰				\dashv	2,213	2,213		
	•			1					
		am service reven							
	g Total. Add line	es 2a–2f			>	230,425			
3		come (including d			İ				
١.		ilar amounts)			>	295			295
4		nvestment of tax-	•	•					
5	Royalties	(i) Real	· · · · · · · · · · · · · · · · · · ·	(ii) Personal					
6	a Gross rents	(i) redii		(ii) Forosital					
١.	b Less: rental exps.								
1	C Rental inc. or (loss)								
		rental income or (loss)							
7	 Gross amount from sales of assets 	(i) Securities		(ii) Other					
	other than inventor	/							
1	b Less: cost or other								
	basis & sales exps.								
		Gain or (loss)							
8	d Net gain or (loss)								
		·							
		reported on line 1c)							
		See Part IV, line 18 a			45				
		xpenses		27,9					
1		(loss) from fundi		events	>	43,298			43,29
9		om gaming activities							
١.,		e 19							
		D Less: direct expenses b Net income or (loss) from gaming activities							
1	a Gross sales o		[
		lowances	a						
	b Less: cost of		b						
_	c Net income o	Net income or (loss) from sales of inventory			-				
-		scellaneous Revenue		Busn. Co	ode				
11						5,695			5,69
		EXCELLENCE		5418	300	5,220 1,025		1,025	5,22
ļ		PERIODICALS nue			500	750		*	
		es 11a–11d			A	12,690			
1		e. See instruction			. 1	286,708		1,025	54,508

Form 990 (2011)

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).

	Check if Schedule O contains a response			<u></u>	
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	74,807			
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	42,243			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	365			
9	Other employee benefits				
10	Payroll taxes	9,536			
11	Fees for services (non-employees):				
а	Management				
b	Legal				
	Accounting	4,000			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	56,831			
12	Advertising and promotion				
13	Office expenses	14,557			
14	Information technology				
15	Royalties				
16	Occupancy	26,200			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	•				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,470			
23	Insurance	2,420			
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	EQUIPMENT LEASE & MAINT	13,214			
b	PROGRAM EXPENSES	12,164			
c	BANK & CREDIT CARD FEES	5,239			
d	FOUNDATION	2,260			
e	***************************************	4,999			
25	Total functional expenses. Add lines 1 through 24e	270,305		C	0
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				
	fundraising solicitation. Check here Fig. 1 if following SOP 98-2 (ASC 958-720)				

art)	Balance Sheet					
				(A)		(B)
				Beginning of year		End of year
1	Cash—non-interest bearing	12,866		30,065		
2	Savings and temporary cash investments	44,403	2	47,341		
3	Pledges and grants receivable, net		3			
4	Accounts receivable, net			54,493	4	44,074
5	Receivables from current and former officers, director					
	employees, and highest compensated employees. Co					
	Schedule L		5			
6	Receivables from other disqualified persons (as defin	ed under section				
	4958(f)(1)), persons described in section 4958(c)(3)(i	-	I			
	employers and sponsoring organizations of section 5					
3	employees' beneficiary organizations (see instructions	3)			6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
10a	Land, buildings, and equipment: cost or					
	other basis. Complete Part VI of Schedule D	10a	60,973			
b	Less: accumulated depreciation	10b	57,410	3,367	10c	3,563
11	Investments—publicly traded securities				11	
12	Investments—other securities. See Part IV, line 11				12	
13	Investments—program-related. See Part IV, line 11				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			1,800		1,800
16	Total assets. Add lines 1 through 15 (must equal line	e 34)		116,929		126,843
17	Accounts payable and accrued expenses			5,058	17	
18	Grants payable				18	
19	Deferred revenue			46,881	19	45,450
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part I'	√ of Schedule D			21	
22	Payables to current and former officers, directors, tru					
	employees, highest compensated employees, and di	squalified persons.				
22	Complete Part II of Schedule L				22	
23	0 0 1 7	hird parties			23	
24	Unsecured notes and loans payable to unrelated thin	d parties			24	
25	Other liabilities (including federal income tax, payable					
	parties, and other liabilities not included on lines 17-2	4). Complete Part	X			
	of Schedule D	25				
26	Total liabilities. Add lines 17 through 25			51,939	26	45,450
	Organizations that follow SFAS 117, check here	X and comp	lete			
	lines 27 through 29, and lines 33 and 34.					
27 28	Unrestricted net assets		64,990	27	81,393	
28	Temporarily restricted net assets		28			
29					29	
	Organizations that do not follow SFAS 117, chec	k here 🕨 🔃 an	d			
	complete lines 30 through 34.					
30 31 32					30	
31					31	
	_ · · · · · · · · · · · · · · · · · · ·			21 22	32	
33	Total net assets or fund balances			64,990		
34				116,929	34	126,843

Form **990** (2011)

orm	990 (2011) DAKOTA COUNTY REGIONAL CHAMBER OF 41-0843535			Р	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			708
2	Total expenses (must equal Part IX, column (A), line 25)	2			305
3	Revenue less expenses. Subtract line 2 from line 1	3	· · · · · · · · · · · · · · · · · · ·		403
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		64	, 990
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
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		81	, 393
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				
			P000000	Yes	No
1	Accounting method used to prepare the Form 990:		💹		
	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?		<u>2</u>	a X	
b	Were the organization's financial statements audited by an independent accountant?		2	b	X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	c X	
	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 separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and 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 Act and OMB Circular A-133?			a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		İ		
	required audit or audita, explain why in Schodule O and describe any stone taken to undergo such audits		2	h	1

Form **990** (2011)

` Earn	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))							OMB No. 1545-0687		
rom				2011						
			For calendar year 2011 or other tax year	begin	ning 10/01/1	L1 , and	One	to Public Inspection for		
Depar Intern	tment of the Treasury al Revenue Service		ending 09/30/12 .		See separate instruct			c)(3) Organizations Only		
Α	Check box if address changed		Name of organization (Check box if name change	ed and se	e instructions.)	D Employer i	dentifica	tion number		
	Exempt under section		DAKOTA COUNTY REGIONAL			(Employees	trust, see	e instructions.)		
	X 501(C)(6)	Print	COMMERCE					,		
Ì	408(e) 220(e)	or	Number, street, and room or suite no. If a P.O. box, see instructio	ns.	102	41-0	843	535		
	408A 530(a)	Type	1121 TOWNE CENTER DRIVE			E Unrelated	business	activity codes		
ĺ	529(a)		City or town, state, and ZIP code			(See instru	ctions.)	-		
C		1	EAGAN	MN	55123	5418				
	Book value of all assets at end of year	F G	roup exemption number (See instructions.)			1				
	126,843	G C	heck organization type 🕨 🕱 501(c) corpor	ation	501(c) trust	401(a) trus	t	Other trust		
		n's prima	ry unrelated business activity.							
			oration a subsidiary in an affiliated group or a pare	ent-sut	sidiary controlled group	o?		Yes X No		
	2 4	and iden	tifying number of the parent corporation.							
	The baseline and in a second	_ T	RUTHE BATULIS		T-1		6	51-452-9872		
*********	The books are in care of		e or Business Income	-		ephone number		(C) Net		
			e or Business income	T	(A) Income	(B) Expenses		(C) Net		
1a	Gross receipts or sales		- Delenes							
b	Less returns and allow		c Balance ▶	1c 2						
2			A, line 7)	3						
3	Gross profit. Subtract I			1						
4a			Schedule D)	4a 4b						
b			rt II, line 17) (attach Form 4797)	40 4c						
с 5	Capital loss deduction			5						
	D () (O -111	- 0\	porations (attach statement)	6			***********	·		
6 7	Rent income (Schedul	e C)	e (Schedule E)	4		*				
8	Interest appuities reveltie	sa mcom	rts from controlled organizations (Schedule F)	8	 **			 		
9			(c)(7), (9), or (17) organization (Schedule G)	9						
10				10	***	***				
11			ne (Schedule I)	11	1,025	<u> </u>		1,025		
12	Advertising income (Sec. inc		s; attach schedule.)	12	+	2		1,020		
13	Total. Combine lines			13		5	***********	1,025		
220.00			t Taken Elsewhere (See instructions for				for co			
388388	************		t be directly connected with the unrelate			ono.) (Except	.0. 00	mandadio,		
14			ctors, and trustees (Schedule K)				14			
15							15			
16	Renairs and maintena	nce					16			
17	Rad debts						17	,		
18	Interest (attach sched	ule)			* * * * * * * * * * * * * * * * * * * *		18			
19	Taxes and licenses	,			***************************************		19			
20	Charitable contribution	ns (See i	nstructions for limitation rules.)				20			
21	Depreciation (attach F	orm 456	2)		21	,				
22	Less depreciation clai	med on S	Schedule A and elsewhere on return		22a		22b	C		
23			•				23			
24	Contributions to defer	red com	pensation plans				24			
25	Employee benefit prod	grams					25			
26	Excess exempt expen	ses (Sch	nedule I)				26			
27	Excess readership co	sts (Sche	edule J)				27	259		
28	Other deductions (atta	ach sche	dule)				28			
29	Total deductions. Ac	dd lines 1	4 through 28				29	259		
30	Unrelated business ta	xable inc	come before net operating loss deduction. Subtrac	ct line 2	29 from line 13		30	766		
31			limited to the amount on line 30)				31			
32	Unrelated business ta	xable ind	come before specific deduction. Subtract line 31 fi	rom lin	e 30		32	760		
33	Specific deduction (G	enerally :	\$1,000, but see line 33 instructions for exceptions	i.)			33	1,000		
34			income. Subtract line 33 from line 32. If line 33 is							
			e 32	_		****	34			

V	990-1 (20			<u> </u>	***	<u> </u>		. 002000		rage	<i>; </i>
2.1	t III	Tax Computation							188888888888888888888888888888888888888		
	-	itions Taxable as Corporat			comp	utation. Controlle	ed group)			
	members	(sections 1561 and 1563) ch	neck here 🕨	See ir	istruc	tions and:					
	1 -	ır share of the \$50,000, \$25,0	000, and \$9,9	. 1		e brackets (in tha	it order)	:			
	(1) \$	(2) \$		(3) [ı			
		anization's share of: (1) Addi						\$			
		ional 3% tax (not more than s	\$100,000)					\\$			
		ax on the amount on line 34							▶ 35c		
36	Trusts T	axable at Trust Rates. See	instructions	for tax computation							
				edule or					▶ 36		
37	Proxy ta	x. See instructions							▶ 37		
		ld lines 37 and 38 to line 35c	or 36, which	ever applies					39	<u> </u>	
	rt IV	Tax and Payments							9000000000	g	
40a	Foreign to	ax credit (corporations attach	Form 1118;	trusts attach For	m 11	16)	40a				
							40b				
		ousiness credit. Attach Form					40c				
		prior year minimum tax (atta					40d				
е	Total cre	edits. Add lines 40a through	40d						40e		
41	Subtract	line 40e from line 39		<u></u>	<u></u>				41		
	Other taxes. Check if from		Form 8611	Form 8697	Fo	orm 8866 Ot	ther		42		
									43		<u> </u>
44a	Payment	s: A 2010 overpayment credi	ted to 2011				44a				
b	2011 esti	mated tax payments					44b				
С	Tax depo	sited with Form 8868					44c				
d	Foreign o	organizations: Tax paid or wit	hheld at sou	rce (see instruction	ons)		44d	4d			
е	Backup v	vithholding (see instructions)					44e				
f	Credit for	small employer health insur	ance premiu	ms (Attach Form	8941)	44f				
g	Other cre	edits and payments:	Form 2439								
	Form	n 4136		Other		Total 🕨	44g				
45	Total pa	yments. Add lines 44a throu	gh 44g						45		
46	Estimate	d tax penalty (see instruction	s). Check if I	Form 2220 is atta	ched				46		
47	Tax due	. If line 45 is less than the tot	al of lines 43	and 46, enter an	nount	owed	<i></i>		▶ 47		
48	Overpay	ment. If line 45 is larger thar	the total of	lines 43 and 46, 6	enter a	amount overpaid			▶ 48		
49	Enter the	amount of line 48 you want: Cred	lited to 2012	estimated tax 🕨				Refunde	d ▶ 49		
Pa	πV	Statements Regardi	ng Certai	n Activities a	ınd (Other Inform	<u>ation</u>	(see instructions)			
1	At any tim	e during the 2011 calendar year,	did the organiz	zation have an inter	est in c	or a signature or oth	er autho	rity over a financial		Yes 1	No
	•	pank, securities, or other) in a fore	-	-		ay have to file Form	TD F 90	0-22.1, Report of Foreig	n		
	Bank and	Financial Accounts. If YES, enter	r the name of t	he foreign country h	ere 🟲						<u>X</u> _
2	During th	ne tax year, did the organizati	on receive a	distribution from	or wa	as it the grantor o	of, or tra	insferor to, a foreign	trust?		X
	If YES, s	ee instructions for other form	is the organi:	zation may have t	to file.						
3		amount of tax-exempt intere					·				
Sch	<u>edule A</u>	Cost of Goods Sol	d. Enter n	nethod of inve	ntor	y valuation 🕨					
1	Inventor	at beginning of year	1		6	Inventory at end	l of yea	r	6		
2	Purchase	es	2		7	Cost of goods	sold. S	Subtract line 6 from			
3	Cost of la		3			line 5. Enter her	e and i	n Part I, line 2	7_	1	
4a	Additional s costs (attac		4a		8	Do the rules of	section	263A (with respect to	o	Yes	No
b							ed or a	cquired for resale) a	ppły		
5	Total. A	dd lines 1 through 4b	5			to the organizat					
		penalties of perjury, I declare that I have t, and complete. Declaration of preparer							nd belief, it is true		
Sig	n	i, and complete. Declaration of preparer	forner man raxbe	ayor) is based off all iIIIO	mallUN	or without preparer tids i	uny MIUWI	Jugo.		May the IRS discuss this re with the preparer shown be	eturn elow
Her	'e ▶			P I	RE:	SIDENT				with the preparer shown be (see instructions)?	
		ture of officer	D	ate Ti						- X Yes	No
		Print/Type preparer's name	JEFFREY I	PLETCHER			Da		Check if		
Paid	1	Preparer's signature						2/14/12	self-employed	P00302186	;
Pre	oarer		INGTON	LANGER &	A	SSOCIATE	S		Firm's E	N ▶ 41-15323	47
•	Only	Firm's address ▶ 563 I	PHALEN	BLVD					Phone n	no. 651-481-11	28
_		SAIN	PAUL	MN 551	_30					•	

Schedule C – Rent Income (see instructions)	e (From Real I	Property	and P	ers	sonal Property	Lea	sed With Re	al Property)	***************************************
Description of property										
37/3										
· · · · · · · · · · · · · · · · · · ·										
(2)									· · · · · ·	
(3)										
(4)										
	2. Rent rece	eived or accrue	ed							
(a) From personal property (if the pe	ercentage of rent		(b) From	real	and personal property (if	the	3	(a) Deductions direc	tly connect	ed with the income
for personal property is more than	n 10% but not				nt for personal property ex		İ	in columns 2(a) a	and 2(b) (at	tach schedule)
more than 50%)			50% or if th	e rer	nt is based on profit or inc	come)				
(1)										
(2)	Management									<u> </u>
(3)										
(4)										
Total		Total					(b) Tota	al deductions.		
(c) Total income. Add totals of co		o). Enter					Enter he	ere and on page one 6, column (B)		
Schedule E – Unrelated D		Income	(coo inc	etri i	ictions)		1	, ()		
Conedule E - Officiated D	SULTI IIIAIIUEU	come	1900 1115	ou U	iodonia)			Doductions disc. (1	/ 00ppo=====	Livith or allegable to
1. Description of debt-fir	nanced property				ross income from or able to debt-financed		3	debt-financed pro		with or allocable to
					property		(a) Straight line (attach sch	l.	(b) Other deductions (attach schedule)	
(1) N/A										
(2)										
(3)										
(4)										
4. Amount of average	5. Average adjuste	d basis			6. Column				8.	Allocable deductions
acquisition debt on or allocable to debt-financed	debt-financed pro	of or allocable to 4 divided debt-financed property				7. Gross incom (column 2 x			mn 6 x total of columns 3(a) and 3(b))	
property (attach schedule)	(attach schedu	ne)			-					
(1)						%				
(2)						%				
(3)						%				
(4)						%				
Totals						>	Enter here and Part I, line 7, c			nere and on page 1, line 7, column (B).
Total dividends-received deduc	tions included in o	column 8 <u>.</u>			· 					
Schedule F - Interest, An	nuities, Royal	lties, an	d Rents					(see instructi	ons)	
			L	E	cempt Controlled	Orga	anizations			
Name of controlled organization	i	2. Employ dentification n			Net unrelated income oss) (see instructions)		Total of specified payments made	5. Part of column included in the coorganization's gr	ontrolling	Deductions directly connected with income in column 5
(1) N/A										
(2)										
(3)										
(4)	·									
Nonexempt Controlled Organ	izations									
7. Tayahla lasama			. Net unrelated income loss) (see instructions)		9. Total of specified payments made		10. Part of colinical included in the organization's	e controlling	1	Deductions directly nected with income in column 10
(1)								-		
(2)										
(3) (4)										
Totals						▶	Add columns 5 and Enter here and on Part I, line 8, colum	page 1,	Enter he	umns 6 and 11. ere and on page 1, ne 8, column (B).

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

				-						
1. Description of income		2. Amount of	income	3. Deductions directly connected (attach schedule)			et-asides schedule)	5. Total deductions and set-asides (col. 3 plus col.4)		
1) N/A										

2)								+	· · · · · · · · · · · · · · · · · · ·	
(3)										
(4)	·									
Totals		Enter here and Part I, line 9, co	on page 1, dumn (A).						er here and on page 1, l, line 9, column (B).	
Schedule I – Exploited Exen	npt Activity Inc	come, Oth	er Than	Advertising Inc	come	see instruc	ctions)	2020		
2. Gross unrelated 1. Description of exploited activity business incompart trade of the property of t		3. Expenses directly connected with production of unrelated business incom		4. Net income (loss) from unrelated trade or business (column) 2 minus column 3). If a gain, compute cols. 5 through 7.	(loss) from unrelated trade or business (column) 2 minus column 3). If a gain, compute cols. 5		column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1) N/A										
(2)		-								
(3)										
Totals ►	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, line 10, o	Part I,						Enter here and on page 1, Part II, line 26.	
Schedule J – Advertising In	come (see instr	ructions)			************	*****************				
Part I Income From P			a Conso	olidated Basis						
				4. Advertising			1		7. Excess readership	
2. Gross 1. Name of periodical advertising income		3. Direct advertising costs		gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	income		6. Readership costs		costs (column 6 minus column 5, but not more than column 4).	
(1) VARIOUS PERIODIC	1,02	25						259		
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))	1,02	25		1,025				259	259	
Part II Income From P 2 through 7 on a	eriodicals Re _l	ported on	a Sepai			eriodical li	isted in Pa			
2 through 7 on a	i iii e-by-iii e ba	1313./					T .	*****		
(2)								-		
(3)										
(4)										
(5) Totals from Part I	1,02	25			1		.1		259	
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter hei page 1, line 11,							Enter here and on page 1, Part II, line 27.	
Schedule K – Compensatio			and Tri	ustees (see instri	ictions)			<u></u>		
1. Name		Directors,	una m	2. Title	<u> 1000110)</u>	3.	Percent of e devoted to		pensation attributable to	
(1) N/A						-	business %			
(2)							%			
(3)							%			
(4)							%			
Total. Enter here and on page 1, Par	t II, line 14									

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Attachment Sequence No

Department of the Treasury Internal Revenue Service

➤ See separate instructions.

Attach to your tax return.

DAKOTA COUNTY REGIONAL CHAMBER OF Identifying number Name(s) shown on return COMMERCE 41-0843535

	ss or activity to which this form relates ndirect Depreciat	ion:						
77177777		nse Certain Prope	erty Under Sect	ion 179				
1000300030	-	any listed property,	-		omplete Part I			
1	Maximum amount (see instruction	>					1	500,000
2	Total cost of section 179 property						2	, 12
3	Threshold cost of section 179 pro	pperty before reduction in					3	2,000,000
4	Reduction in limitation. Subtract li					1	4	
5	Dollar limitation for tax year. Subtract I					1	5	
6		tion of property		b) Cost (business use onl		Elected cost		
7	Listed property. Enter the amount				7			
8	Total elected cost of section 179	property. Add amounts i	n column (c), lines 6	and 7			8	
9	Tentative deduction. Enter the sn						9	
10	Carryover of disallowed deduction		10 Form 4562		,		10	
11	Business income limitation. Enter						11	
12	Section 179 expense deduction.	Add lines 9 and 10, but o	do not enter more th	an line 11	·	<u> </u>	12	
13	Carryover of disallowed deduction	n to 2012. Add lines 9 ar	nd 10, less line 12		13			
Note	: Do not use Part II or Part III belov	w for listed property. Inst	tead, use Part V.					
Pa	rt II Special Deprecia	tion Allowance ar	nd Other Depre	ciation (Do no	t include liste	d propert	y.) (\$	See instructions)
14	Special depreciation allowance for	or qualified property (other	er than listed proper	ty) placed in service	e			
	during the tax year (see instruction	• • • • • • • • • • • • • • • • • • • •					14	
15	Property subject to section 168(f))(1) election					15	
16	Other depreciation (including ACI	RS)					16	815
Pa	irt III MACRS Deprecia	ation (Do not inclu	de listed proper	ty.) (See instruc	ctions.)			***
			Sectio					
17	MACRS deductions for assets pla	aced in service in tax ye	ars beginning before	2011		· · · · · · · · · · · · · · · · · · ·	17	117
18	If you are electing to group any assets place						<u> </u>	
	Section B-	-Assets Placed in Ser			e General Depre	eciation Sys	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprecia (business/investment u only-see instruction	se (a) (coord)	(e) Convention	(f) Method	i	(g) Depreciation deduction
<u>19a</u>	3-year property							
<u>b</u>	5-year property							
C	7-year property							
d	10-year property							
е	15-year property	_				ļ		
f	20-year property							
g	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	S/L		
	Section C—	-Assets Placed in Serv	ice During 2011 Ta	x Year Using the	Alternative Dep	reciation S	yster	n
20a	Class life					S/L		
<u>b</u>	12-year			12 yrs.		S/L		
********	40-year			40 yrs.	MM	S/L		
P	art IV Summary (See in	nstructions.)						
21	Listed property. Enter amount fro	om line 28			.,		21	
22	Total. Add amounts from line 12	, lines 14 through 17, lin	es 19 and 20 in colu	ımn (g), and line 21	I. Enter here			
	and on the appropriate lines of y	our return. Partnerships	and S corporations-	—see instructions	· <u>, </u>		22	932
23	For assets shown above and pla	aced in service during the	e current year, enter	the				
	portion of the basis attributable to	o section 263A costs		 	23			4500

410843535 DAKOTA COUNTY REGIONAL CHAMBER OF 41-0843535 Federal Statements

12/14/2012 8:00 AM

FYE: 9/30/2012

Tax-Exempt Interest on Investments

	Description	n					
			Amount	Unrelated Business Code		Acquired after 6/30/75	InState Muni (\$ or %)
		\$	295		14		
Tota	al ·	\$	295				

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410843535 DAKOTA COUNTY REGIONAL CHAMBER OF Federal Statements

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11

	Fund Raising	Fund Raising	\$
employee)	Management & General	Management & General	\frac{0}{\sqrt{0}}
es for Service (Non-e	Program Service \$ 55,049 1,782 \$ 56,831	Part IX, Line 24e - All Other Expenses Total Program Expenses Service 2, 164 \$ 2, 164 960 960 825 825 750 750	\$ 4,999
Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)	Fxpenses \$ 55,049 1,782 \$ 56,831	Form 990, Part IX, Line 24e Total Expenses \$ 2, 164 960 825 750	\$ 4,999
Form	Description INDEPENDENT CONTRACTORS PAYROLL PROCESSING Total	Description Other Expenses Other Expenses MISCELLANEOUS COMMUNITY INVOLVEMENT	Keadersnip Costs FILING FEES STAFF EXPENSES Total

Form **990-EZ**

Short Form 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)

2009

OMB No. 1545-1150

2000

Open to Public Inspection

Department of the Treasury Internal Revenue Service Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2009 calendar year, or tax year beginning 10/01/09, and ending 09/30/10D Employer identification number C Name of organization Check if applicable: Please DAKOTA COUNTY REGIONAL CHAMBER OF use IRS Address change label or 41-0843535 COMMERCE Name change print or Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return Room/suite type. 651-452-9872 See 102 1121 TOWNE CENTER DRIVE Termination Specific Group Exemption City or town, state or country, and ZIP + 4 Amended return Instruc-**EAGAN** MN 55123 Number Application pending Cash X Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method: a completed Schedule A (Form 990 or 990-EZ). Other (specify) • Website: WWW.DCRCHAMBERS.COM H Check • X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). **X** 501(c) (**6**) ♦ (insert no.) | 4947(a)(1) or | 527 Tax-exempt status (check only one) if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Check Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I Contributions, gifts, grants, and similar amounts received 1 43,540 2 Program service revenue including government fees and contracts 2 Membership dues and assessments SEE STATEMENT 1 185,200 3 3 4 4 Investment income Gross amount from sale of assets other than inventory 5a 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Revenue Gross revenue (not including \$_____ of contributions 54,040 reported on line 1) 31,801 6b Less: direct expenses other than fundraising expenses b 22,239 Net income or (loss) from special events and activities (Subtract line 6b from line 6a) Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe SEE STATEMENT 2 1,042 8 R 252,501 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Grants and similar amounts paid (attach schedule) 10 10 11 11 Benefits paid to or for members 148,652 Salaries, other compensation, and employee benefits 12 12 48,837 Professional fees and other payments to independent contractors 13 31,675 Occupancy, rent, utilities, and maintenance 14 14 1,320 15 Printing, publications, postage, and shipping 15 Other expenses (describe SEE STATEMENT 48,994 16 16 279,478 17 17 Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) -26,97718 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 113,128 19 end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (attach explanation) 20 20 86,151 Net assets or fund balances at end of year. Combine lines 18 through 20 . . Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (A) Beginning of year (See the instructions for Part II.) 93,194 78,193 22 Cash, savings, and investments Land and buildings 23 60,359 75,730 168,924 138,552 25 Total assets 55,796 52,401 SEE STATEMENT 5 26 Total liabilities (describe 113,128 86,151 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

777777		COUNTY REGIONAL CHAMBE gram Service Accomplishments (S		-0843535	11.3		Page 2
223333	nat is the organization's primary exen		occ the manac	dons for r art in	11.7		xpenses d for section
	PROMOTE COMMUNITY INTERESTS) and 501(c)(4)
		out the organization's exempt purposes. In				organiza	tions and section
		, the number of persons benefited, or other r	elevant information	for			1) trusts; optional
	ch program title.					for other	s.)
28	SEE STATEMENT 6						
					• • • •		
	(Grants \$) If this amount includes foreign grants, ch	eck here		ΠÜ	28a	
29							
	(Cranta f	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			ا. بسر	20.	
30	(Grants \$) If this amount includes foreign grants, ch				29a	
•							
	(Grants \$) If this amount includes foreign grants, ch	eck here			30a	
31		edule)			<u></u>		
22	(Grants \$) If this amount includes foreign grants, ch				31a	
		add lines 28a through 31a) ors, Trustees, and Key Employees. List ea			e the	32 instructions	for Part IV)
20,000			(b) Title and average	(c) Compensation	(d)	Contributions to	(e) Expense
	(a) Na	me and address	hours per week devoted to position	(If not paid, enter -0)		yee benefit plan: red compensation	
SE	E STATEMENT 7						
	······						
					-	•	
					-		
			•				
_							
	·						1

Pa	rt V Other Information (Note the statement requirements in the instructions to	r Part V.)	Т	V 1	
			-	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		33		X
	description of each activity Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy		33		
34			34		Х
	the changes If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but				
35					
	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section				**********
а			35a	x	
	6033(e) notice, reporting, and proxy tax requirements?		35b	X	
	If "Yes," has it filed a tax return on Form 990-T for this year? Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net asset:		1000		
36			36		x
07-	during the year? If "Yes," complete applicable parts of Schedule N Finter amount of political expenditures, direct or indirect, as described in the instr.				
37a	Zito dilibati of political state of the stat		37b	*********	X
b	Did the organization file Form 1120-POL for this year?		313		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or		38a		X
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	вь	302		
b	11 768, Complete Concedute E, Farth and Chief the Color and Chief the Chief	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		
39	Section 501(c)(7) organizations. Enter:	20			
a	militation root and depicts of militation and an arrangement of the contract o	9a 9b	-		
b	Closs receipts, included on line of for public dee of slab receipts.		-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under				
	section 4911 ♦ ; section 4912 ♦ ; section 4955 ♦	oonofit			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess		 	*********	3000000000
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualif	leu			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior	•	40b		
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I				
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,				
۔	4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c				
d					
_	reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelte	·			
е	transaction? If "Yes," complete Form 8886-T	•	40e	<u> </u>	X
44	List the states with which a copy of this return is filed. MN				1
41.	The organization's books are in care of RUTHE BATULIS	Telephone no. ♦ 65	1-4!	52-	9872
42a	1121 TOWNE CENTER DRIVE, SUITE 102	, rotophono no. v	7		
	Located at A. FACAN MN	ZIP+4 ♦ 55	123		
h	the state of the state of the same state of the				
b	over a financial account in a foreign country (such as a bank account, securities account, or other financial			Yes	s No
			42b		X
	account)? If "Yes," enter the name of the foreign country: ◆				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign B	Bank			
	and Financial Accounts.				
^	the state of the LLC 2		420		X
С					
42	If "Yes," enter the name of the foreign country: ◆ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		-		•
43	and enter the amount of tax-exempt interest received or accrued during the tax year	43			, r
	and enter the amount of tax-exempt interest received of accided during the tax year				
				Ye	s No
4.4	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead	of			
44			44	·····	X
45	Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(
40	"Yes," Form 990 must be completed instead of Form 990-EZ		45	5	X
	1 co., 1 only 200 mast be completed instead of 1 only 200-LZ	<u> </u>			EZ (200

d Total nu	mber of other independe	ent contractors each receivir	ng over \$100,000	>		
Sign Here				· •	mation of which prep Date	
Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4	563 PHALEN B	ANGER & ASSO LVD MN 55130	Date CIATES	Check if self- employed ◆	Preparer's Identifying Number (See instruction of the Instruction of
May the IRS of	discuss this return with th	ne preparer shown above?	See instructions		<u> </u>	Yes No

Form 990-EZ (2009)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No. 1545-0047

2009

Department of the Treasury Internal Revenue Service

Open To Public Inspection

lame of the organization DAKOTA COUNTY REG COMMERCE	IONAL CHAM	BER	OF		41-08435	
Part I Fundraising Activities. Complete				ered "Yes" to For	m 990, Part IV, lin	e 17.
Form 990-EZ filers are not require 1 Indicate whether the organization raised funds through				Check all that apply.		
				ernment grants		
			-	•		
b Internet and email solicitations	f Solicitation	-				
c Phone solicitations	g Special fur	ndraisii	ng eve	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entit	with any individual (y in connection with	includi profes	ng off siona	icers, directors, truste If fundraising services	es ?	Yes No
b If "Yes," list the ten highest paid individuals or entities to be compensated at least \$5,000 by the organization	(fundraisers) pursu n.	ant to	agreei	ments under which the	e fundraiser is	
(i) Name of individual	(ii) Activity	(iii) Di		(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)			have dy or	from activity	(or retained by)	(or retained by)
		cont			fundraiser listed in col. (i)	organization
<u></u>			No		001. (1)	
		103	140			7,7,7
•						
	- 	+				
		 				
		1				
			┼			
	·					
A STATE OF THE STA						
			<u> </u>			
			-			
	<u>l</u>					
Total			•			
List all states in which the organization is registered registration or licensing.			or ha	s been notified it is ex	empt from	
······································						
						· · · · · · · · · · · · · · · · · · ·
					,	
			• • • • •			

DAKOTA COUNTY REGIONAL CHAMBER OF 41-0843535 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported

		more than \$15	,000 on Form 990-EZ, line	6a. List events with gross	receipts greater than	\$ 5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
ā			GOLF TOURNEY . (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 2	Gross receipts Less: Charitable contributions	28,959			28,959
	3	Gross revenue (line 1 minus line 2)	28,959	·		28,959
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	11,834			11,834
Direct Expenses	7	Food and beverages				
Ä	8	Entertainment	1 764			1 764
	9	Other direct expenses	1,764			1,764
	10		 Add lines 4 through 9 in column of ombine line 3, column (d), and line 			13,598 15,361
P	art	III Gaming. Com	plete if the organization and on Form 990-EZ, line 6a.	swered "Yes" to Form 990	, Part IV, line 19, or re	eported more
Revenue		παπ φ το,οσο	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % X No	Yes % X No	Yes %	
	7	Direct expense summar	y. Add lines 2 through 5 in column	(d)		
	8	Net gaming income sum	mary. Combine line 1, column d, a	and line 7	b	
9 a			ne organization operates gaming actorone operate gaming activities in eact			Yes No
b) If '	"No," Explain:				
10a b			n's gaming licenses revoked, suspe			10a X
11		non the granification and	to coming opticities with manner 1			
11 12	ls		te gaming activities with nonmemb , beneficiary or trustee of a trust or ble gaming?			۷

Sche	dule G (Form 990 or 990-EZ) 2009 DAKOTA COUNTY REGIONAL CHAMBER OF	י	41-0843	535		Pa	ige 3
		ļ		Table 1	_ \	es	No
13	Indicate the percentage of gaming activity operated in:	13a		%			
	The organization's facility	13b		%			
	An outside facility Provide the name and address of the person who prepares the organization's gaming/special events books	130	<u> </u>	-/0			
14							
	and records:						
	Name ♦ RUTHE BATULIS		•				
	1121 TOWNE CENTER DRIVE, SUITE 102			• •			
	Address ♦ EAGAN	MN	55123				
	, and the state of						
15a	Does the organization have a contract with a third party from whom the organization receives gaming						
	revenue?			1	5a		X
b	If "Yes," enter the amount of gaming revenue received by the organization ◆ \$	and	the				
	amount of gaming revenue retained by the third party ◆ \$						
С	If "Yes," enter name and address of the third party:						
	Name ◆			🏻			
	Address ♦	,		🏻			
16	Gaming manager information:						
	Name ◆						
	Coming an arrangement in A. S.						
	Gaming manager compensation ◆ \$						
	Description of services provided ◆						
	Description of services provided ♦						
	Director/officer Employee Independent contractor						
17	Mandatory distributions:						
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to						
•	retain the state gaming license?				17a		X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or sper	nt					
	A .			80	********	annannii	-40000000000

Schedule G (Form 990 or 990-EZ) 2009

			Special Eve	nts Schedule		
Form 99	0	For calendar year 2009, or ta	x year beginning	10/01/09 , and end	ling 09/30/10	2009
Name DAKOTA COMMERC		Y REGIONAL CHAM			Employer lo 41-084	dentification Number
Gross receipts Less contribu Gross revenue Less direct e	utions	(A) 16,529 0 16,529 10,419 6,110	(B) 4,502 0 4,502 3,484 1,018	2,600 2,600 2,600 2,967 -367	Others 1,450 0 1,450 0 1,450	Total 25,081 0 25,081 16,870 8,211
Net income (lo	(A)	DIRECTORY	1,016			0,211
	(B) (C) Others	VARIOUS PERION NEWSLETTER/MA WEBSITE BUSINESS EXCE	AILPAK			
						

Form	990-T		Exempt Organization Busine (and proxy tax under s	ess In	ncome Tax R	eturn	OMI	B No. 1545-0687
			For calendar year 2009 or other tax year	beainni	ing 10/01/09	. and		1003
Depart nterna	ment of the Treasury I Revenue Service		ending 09/30/10 .	♦ S	ee separate instru	ctions.	for 501(c)	o Public Inspection (3) Organizations Only
B EX	Check box if address changed tempt under section 501(C)(6)	Print	Name of organization (Check box if name character COUNTY REGIONAL COMMERCE			1		ntion number
	i '	1	Number, street, and room or suite no. If a P.O. box, see page 8	of instruction	ons. 102	41-08	4353	5
-	408(e) 220(e) 408A 530(a)	1 _	1121 TOWNE CENTER DRIV					s activity codes
-] 408A	Type	City or town, state, and ZIP code			(See instruc	tions for	Block E on page 9.)
	<u> </u>	1	EAGAN	MN .	55123	54180	0	
	ook value of all assets end of year	F G	roup exemption number (See instructions for Blo	ock F on	n page 9.) �			
u.			theck organization type • X 501(c) corpo		501(c) trust	401(a) trust		Other trust
H D			nary unrelated business activity.					
lf	"Yes," enter the name	e and ide	rporation a subsidiary in an affiliated group or a partifying number of the parent corporation.	parent-su				Yes X No
J T			RUTHE BATULIS	T		elephone number �		<u>-452-9872</u>
Pa	rt I Unrelate	d Trad	le or Business Income		(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sale							
b	Less returns and allo		c Balance ◆					
2			e A, line 7)			- 		
3	Gross profit. Subtrac							
4a			ch Schedule D)			- 		
b			Part II, line 17) (attach Form 4797)			-		
С	Capital loss deduction			-				
5			orporations (attach statement)	6				
6	Rent income (Sched			7				
7	Unrelated debt-finan			8				
8			rents from controlled organizations (Schedule F)	·				
9			01(c)(7), (9), or (17) organization (Schedule G)					
10			ome (Schedule I)	44	4,3	25	43	4,282
11	Advertising income (
12			ctions; attach schedule.) gh 12	13	4,3	25	43	4,282
13	art II Deducti	ons N	ot Taken Elsewhere (See page 11 of				luction	s.)
300 8 33	(Except	for co	ntributions, deductions must be direct	tly con	nected with the	unrelated busin	ness in	icome.)
14			rectors, and trustees (Schedule K)				14	
15	•						15	
16							16	
17							17	
18	· · · · · · · · · · · · · · · · · · ·						18	
19							19	
20			e page 13 of the instructions for limitation rules.)				20	
21			562)					
22	Less depreciation c	laimed o	n Schedule A and elsewhere on return		22a		22b	· C
23							23	
24			mpensation plans				24	
25							25	
26			Schedule I)				26	*
27			chedule J)				27	3,264
28			hedule)				28	
29			s 14 through 28				29	3,264
30	Unrelated business	taxable	income before net operating loss deduction. Su	btract lir	ne 29 from line 13		30	1,018
31			n (limited to the amount on line 30)				31	
32			income before specific deduction. Subtract line				32	1,01
33			lly \$1,000, but see line 33 instructions for excep-				33	1,000
34	Unrelated busines	s taxabl	le income. Subtract line 33 from line 32. If line 3	3 is grea	ater than line			_
			o or line 32				34	1:
DAA	For Privacy Act an	d Paper	work Reduction Act Notice, see instructions.					Form 990-T (200

T10070000 12/20/2010 0.00 / NR

Schedule G – Investment In (see instructions on page 20)	come of a Se	ection 501(c)(7), (9), or (17) Organ	izatio	n			, age
1. Description of income	9	2. Amount of income	3. Deduction directly connect (attach schedu	cted	1	t-asides schedule)	ar	i. Total deductions ad set-asides (col. 3 plus col.4)
(1) N/A					<u> </u>			
(2)					<u> </u>			
(3)								
(4)								
Totals	<u> </u>	Enter here and on page Part I, line 9, column (A).					Par	er here and on page 1 t I, line 9, column (B).
Schedule I – Exploited Exer	npt Activity I	ncome, Other Tha	an Advertising lı	ncom	e (see instru	ctions o	n page 21)	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from	ross income activity that ot unrelated ness income	attrib	xpenses outable to lumn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A								
(2)								
(3)								
(4)								
Totals	Enter here and or page 1, Part I, line 10, col. (A).	page 1, Part I,						Enter here and on page 1, Part II, line 26.
Schedule J – Advertising In	Come (see inst	tructions on page 21)						1
		ported on a Cons						····
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5.	Circulation income	i	eadership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) VARIOUS PERIODIC	4,32	25 43	3		177		3,441	
(2) (3) (4)			-					
Tatala (accorda David H. Frances)	4,3	25 43	4 202		177		2 441	3.26
Totals (carry to Part II, line (5)) ◆ Part II Income From P columns 2 throu	eriodicals Re	ported on a Sepa					3 , 441 in Part II,	
(1) N/A								
(2)								
(3)			· · · · · · · · · · · · · · · · · · ·	 				
(4)		0.00					***************************************	
(5) Totals from Part I	4,3		<u> </u>					3,26
	Enter here and or page 1, Part I, line 11, col. (A).	page 1, Part I,						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ◆	4,3	···						3,26
Schedule K – Compensatio	n of Officers,	Directors, and T	rustees (see instri	uctions T	on page 21 3. Percer		A Compa	neation attributable t-
1. Name			2. Title		time devot busines	ed to		nsation attributable to elated business
(1) N/A						%		
(2)						%		
(3)		ł		l		%	1	

%

Total. Enter here and on page 1, Part II, line 14

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

 See separate instructions. (99) COUNTY REGIONAL CHAMBER OF

Attach to your tax return.

ame(s	s) shown on return DAKOTA COMMERC		CONAL CHAMBE	R OF		Identifyii 41-0	-	
	es or activity to which this form relates DIRECT DEPRECIAT	ION						
	tl Election To Expen		rty Under Section	179				
r a i	Note: If you have a				complete Pa	ırt I.		
1	Maximum amount. See the instruc						1	250,000
	Total cost of section 179 property						2	
	Threshold cost of section 179 property					· · · · · · · -	3	800,000
	Reduction in limitation. Subtract lin						4	
	Dollar limitation for tax year. Subtract lin				e instructions		5	
<u>5</u> 6	(a) Description			st (business use		ected cost		
<u> </u>	,,,							
7	Listed property. Enter the amount	from line 29			7			
8	Total elected cost of section 179 p	property. Add amounts	in column (c) lines 6 a				8	
	Tentative deduction. Enter the sm						9	
	Carryover of disallowed deduction						10	
	Business income limitation. Enter						11	
	Section 179 expense deduction. A					·/····	12	
13	Carryover of disallowed deduction				13			
	Do not use Part II or Part III belov						K	
	rt II Special Depreciat			tion (Do no	t include liste	ed prope	rtv.)	(See instr.)
14	Special depreciation allowance fo							
1-4	during the tax year (see instruction						14	
15	Property subject to section 168(f)						15	
16	Other depreciation (including ACF	* **					16	1,322
	rt III MACRS Depreciat							
	· · · · · · · · · · · · · · · · · · ·	tion (Do not more	Section A					
17	MACRS deductions for assets pla	aced in service in tax v	rears beginning before	2009			17	323
18	If you are electing to group any assets							
	Section B—	Assets Placed in Ser	vice During 2009 Tax	Year Using the	General Depre	ciation Sy	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment us only-see instructions)	(d) Recovery period	(e) Convention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
-c	7-year property							
d	10-year property					<u></u>		
	15-year property							
f	20-year property							
g	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	S/L		
	Section C—	Assets Placed in Serv	rice During 2009 Tax Y	ear Using the	Alternative Dep	reciation S	Syster	n
20a	Class life					S/L		
	12-year			12 yrs.		S/L	·	
	40-year			40 yrs.	MM	S/L		
200000000000000000000000000000000000000	art IV Summary (See in	nstructions.)						
21	Listed property. Enter amount fro						21	
22	Total. Add amounts from line 12		lines 19 and 20 in colu	nn (g), and line	e 21. Enter here			
		-						1 7 6 4 5
	and on the appropriate lines of y	our return. Partnership	ps and S corporations-	-see instruction	າຣຸ		22	1,645

For Paperwork Reduction Act Notice, see separate instructions.

410843535 DAKOTA COUNTY REGIONAL CHAMBER OF 41-0843535 **Federal Statements**

FYE: 9/30/2010

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

	Description	 Amount
MEMBERSHIP	DUES	\$ 185,200
TOTAL		\$ 185,200

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	A	mount
OTHER REVENUE	\$	1,042
TOTAL	\$	1,042

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
SUPPLIES	5,259
TELEPHONE	6,364
DUES AND SUBSCRIPTIONS	5,036
INSURANCE	5,091
BANK & CREDIT CARD FEES	2,653
COMMUNITY INVOLVEMENT	1,850
MISCELLANEOUS	1,145
STAFF EXPENSES	715
PROGRAM EXPENSES	10,387
EQUIPMENT LEASE & MAINT	10,494
TOTAL	\$ 48,994

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

			End of Year
\$	67,506 1,922	\$	55,785
	57,248 52,746		57,248 54,474
<u>:</u>	1,800 75,730		1,800
		1,922 57,248 52,746 1,800	of Year \$ 67,506 \$ 1,922 57,248 52,746 1,800

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	·	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES DEFERRED REVENUE	\$ 1,53 54,2		52,401
	55,7	96	52,401

12/23/2010 9:07 AM

410843535 DAKOTA COUNTY REGIONAL CHAMBER OF 41-0843535 **Federal Statements**

FYE: 9/30/2010

Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

THE CHAMBER SERVES THE BUSINESS COMMUNITY OF: EAGAN, LILYDALE, MENDOTA HEIGHTS, ROSEMOUNT, SUNFISH LAKE AND WEST ST. PAUL. THE CHAMBER UNITES THE REGIONS BUSINESS COMMUNITY TO ENHANCE MEMBER'S SUCCESS BY: DELIVERING EDUCATIONAL OPPORTUNITIES, SUPPORTING BUSINESSESS DEVELOPMENT, PROVIDING NETWORKING OPTIONS, AND SHAPING PUBLIC POLICY.

410843535 DAKOTA COUNTY REGIONAL CHAMBER OF F1-0843535

41-0843535 FYE: 9/30/2010

Statement 7 - Form 990E	990EZ, Part IV - List Empl	- List of Officers, [Employees	Z, Part IV - List of Officers, Directors, Trustees and Key Employees	nd Key	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
RUTHE BATULIS 1121 TOWNE CENTER DRIVE STE 102 EAGAN, MN 55123	PRESIDENT	40.00	64,394	10,362	O .
ROB ARMFIELD 1121 TOWNE CENTER DRIVE STE 102 EAGAN, MN 55123	BOARD MEMBER	1.00	0	0	0
SARA BUTRUFF 1121 TOWNE CENTER DRIVE STE 102 EAGAN, MN 55123	BOARD MEMBER	1.00	0	0	0
BRENT CORY 1121 TOWNE CENTER DRIVE STE 102 EAGAN, MN 55123	BOARD MEMBER	1.00	0	0	
GREG HANSEN 1121 TOWNE CENTER DRIVE STE 102 EAGAN, MN 55123	BOARD MEMBER	1.00	0	0	0
GARY HUUSKO 1121 TOWNE CENTER DRIVE STE 102 EAGAN, MN 55123	BOARD MEMBER	1.00	0	0	0
GREG KONAT 1121 TOWNE CENTER DRIVE STE 102 EAGAN, MN 55123	BOARD MEMBER	1.00	0	0	0
BETH KREHBIEL 1121 TOWNE CENTER DRIVE STE 102 EAGAN, MN 55123	BOARD MEMBER	1.00	0 2	0	
MEGHAN MCDANIEL 1121 TOWNE CENTER DRIVE STE 102 EAGAN, MN 55123	BOARD MEMBER	1:00	0	0	

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410843535 DAKOTA COUNTY REGIONAL CHAMBER OF F41-0843535

FYE: 9/30/2010 41-0843535

Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

	Employees (confined	Collinaci			
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
MATT MILLER 1121 TOWNE CENTER DRIVE STE 102 EAGAN, MN 55123	BOARD MEMBER	1.00	0		0
RYAN O'GARA 1121 TOWNE CENTER DRIVE STE 102 EAGAN, MN 55123	BOARD MEMBER	1.00	0	0	
ROZ PETERSON 1121 TOWNE CENTER DRIVE STE 102 EAGAN, MN 55123	BOARD MEMBER	1.00	0	0	0
PHIL STALBOERGER 1121 TOWNE CENTER DRIVE STE 102 EAGAN, MN 55123	BOARD MEMBER	1.00		0	0
LESLIE STROHM 1121 TOWNE CENTER DRIVE STE 102 EAGAN, MN 55123	BOARD MEMBER	1.00	0	0	0
SCOTT SWENSON 1121 TOWNE CENTER DRIVE STE 102 EAGAN, MN 55123	BOARD MEMBER	1.00	0	0	
PAUL EGGEN 1121 TOWNE CENTER DRIVE STE 102 EAGAN, MN 55123	BOARD MEMBER	1.00	0	0	
MICHELE ENGDAHL 1121 TOWNE CENTER DRIVE STE 102 EAGAN, MN 55123	BOARD MEMBER	1.00	. O	0	0
ALLEN GLYNN 1121 TOWNE CENTER DRIVE STE 102 EAGAN, MN 55123	BOARD MEMBER	1.00	O		0

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410843535 DAKOTA COUNTY REGIONAL CHAMBER OF F41-0843535

FYE: 9/30/2010 41-0843535

Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

	Expenses	Ö	0	0	0	0	0
		0	0	0	0	0	0
	Compensation	O	0	0	0	0	0
culpioyees (collunded)	Average Hours	1.00	1.00	1.00	1.00	1.00	1.00
CILIDIOVEES	Title	BOARD MEMBER	BOARD MEMBER	BOARD MEMBER	BOARD MEMBER	BOARD MEMBER	BOARD MEMBER
	Name and Address	JEFF INDOVINA 1121 TOWNE CENTER DRIVE STE 102 EAGAN, MN 55123	CAROL KEYES 1121 TOWNE CENTER DRIVE STE 102 EAGAN, MN 55123	KELLY SCHAEFBAUER 1121 TOWNE CENTER DRIVE STE 102 EAGAN, MN 55123	ARLEEN SULLIVAN 1121 TOWNE CENTER DRIVE STE 102 EAGAN, MN 55123	MICHELLE TIGHE 1121 TOWNE CENTER DRIVE STE 102 EAGAN, MN 55123	

410843535 DAKOTA COUNTY REGIONAL CHAMBER OF 41-0843535 **Federal Statements**

DIRECT EXPENSES OTHER THAN FUNDRAISING EXPENSES REPORTED ON FORM 990-EZ, PAGE 1, LINE 6B.

FYE: 9/30/2010

Special Events Direct Expenses

Description	Amount
COLUMN A	\$
DIRECTORY OTHER EXPENSES	10,419
SUBTOTAL	10,419
COLUMN B	
VARIOUS PERIODICALS READERSHIP COSTS COST OF GOODS SOLD	3,441
SUBTOTAL	3,484
COLUMN C	
NEWSLETTER/MAILPAK OTHER EXPENSES	2,967
SUBTOTAL	2,967
TOTAL	16,870

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