Form **990**

Return of Organization Exempt From Income Tax

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	or tn	3 2023 calendar year, or tax year beginning	and ending		
В	Check If applicab	C Name of organization		D Employer identific	ation number
_	— Addre	DAITON AREA CHAMBER OF COM			
<u></u>	jchang ⊟Name	• EDUCATION & PUBLIC IMPROVE	MENT FOTN.		\ F
L	jchang jinitlai	Doing business as		31-111339	
	return Final return		street address) Room/st 1.00	uite E Telephone number	
	iret⊍rn termir ated	City or town, state or province, country, and ZIP or f		G Gross receipts \$	1,110,164.
	Amen return		oreign postar code		
F	return Applic		PHER KERSHNER	H(a) Is this a group re for subordinates	
L	pendl	SAME AS C ABOVE	a amai idhiqhiidhii	H(b) Are all subordinates in	*****
T -	Гах-өх		ert no.) 4947(a)(1) or	, ,	list. See instructions
	Vebsi		<u> </u>	H(c) Group exemption	
		organization: X Corporation Trust Associatio	n Other LY	ear of formation: 1984 N	
	art I	Summary		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	1	Briefly describe the organization's mission or most signific	ant activities: TO PROVI	DE SERVICES AN	ID
Activities & Governance		EDUCATIONAL PROGRAMS TO IMPRO	VE THE UNDERSTAN	DING OF BUSIN	ESS AND TO
Пa	2	Check this box if the organization discontinued	its operations or disposed of m	ore than 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI	line 1a)	3	7
Ğ	4	Number of independent voting members of the governing	body (Part VI, line 1b)	4	6
S	5	Total number of individuals employed in calendar year 202			0
Ě	6	Total number of volunteers (estimate if necessary)	***************************************	6	50
ct	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
_	b	Net unrelated business taxable income from Form 990-T, I	Part I, line 11	7b	0.
				Prior Year	Current Year
ą	8			1,227,117.	1,105,826.
Revenue	9		***************************************	0.	0.
Pe .	10	Investment income (Part VIII, column (A), lines 3, 4, and 70		4,584.	4,338.
_	17	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10		0.	0.
_		Total revenue - add lines 8 through 11 (must equal Part VII		1,231,701.	1,110,164.
		Grants and similar amounts paid (Part IX, column (A), lines	- 1111111111111111111111111111111111111	29,800.	142,627.
	14	Benefits paid to or for members (Part IX, column (A), line 4		0. 0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX,		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	U • 1	2.1620.000.000.000.000.000
찞	1,7	Total fundraising expenses (Part IX, column (D), line 25)		1,208,032.	945,537.
	l ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24 Total expenses. Add lines 13-17 (must equal Part IX, colur		1,237,832.	1,088,164.
		Revenue less expenses, Subtract line 18 from line 12	in (A), iiile 20)	-6,131.	22,000.
10.0		Herefide 1633 experises, obbitact line to from the 12		Beginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)		1,186,761.	1,498,177.
Assets	21	Total liabilities (Part X, line 26)	***************************************	918,291.	1,201,195.
Net	22	Net assets or fund balances. Subtract line 21 from line 20	***************************************	268,470.	296,982.
		Signature Block			
Und	er pena	ilties of perjupy Arteclare that I have examined this return, includin	g accompanying schedules and stat	ements, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is bas		•	/
				10/2/	24
Sig	n	Signature of officer		Date/	7
Her	·e	CHRISTOPHER KERSHNER, PRESIDE	NT		
		Type or print name and title			
			er's signature	Date Check	PTIN
Paid			E. PFEIFER	09/30/24 self-employe	P00014949
	parer	Firm's name CLARK, SCHAEFER, HACK		Firm's EIN 3	1-0800053
Use	Only	Firm's address 10100 INNOVATION DRIV	E		
		DAYTON, OH 45342		Phone no. 93'	7-226-0070
May	the II	RS discuss this return with the preparer shown above? See	instructions		X Yes No

	DAYTON AREA CHAMBER OF COMMERCE
Earn	990 (2023) EDUCATION & PUBLIC IMPROVEMENT FDTN. 31-1113395 Page 2
	† III Statement of Program Service Accomplishments
,	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	THE FOUNDATION IS DEDICATED TO IMPROVING THE QUALITY OF LIFE IN THE
	DAYTON REGION BY SUPPORTING INITIATIVES AND PROJECTS ENHANCING
	ECONOMIC DEVELOPMENT AND COMMUNITY AWARENESS.
	aconomic paradernal rate contestal management
2	Did the organization undertake any significant program services during the year which were not listed on the
2,	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
,	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$729,583. Including grants of \$112,627.) (Revenue \$)
та	TRANSPORTATION - PROMOTED AIR TRAVEL THROUGH THE DAYTON INTERNATIONAL
	AIRPORT, WORKED WITH PARTNERS TO ENHANCE ROUTES THROUGH THE ADDITION OF
	SERVICE TO NEW MARKETS, AND PROVIDED DIRECT BUSINESS PASSENGER SERVICE
	VIA THE BUSINESS TRAVELERS CENTER.
	VIII DODINGOD INCIPIDANO CHAILLE.
A L	(Code:) (Expenses \$ 17,471 · including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$17,471. including grants of \$) (Revenue \$) WORKFORCE DEVELOPMENT ENHANCED COMMUNITY DEVELOPMENT BY PROVIDING
	ADDITIONAL VOLUNTEER OPPORTUNITIES THROUGH GENERATION DAYTON AND
	INCREASED AWARENESS OF IN-DEMAND CAREERS THROUGH OUTREACH AND
	ELECTRONIC PORTAL.
	ELECTRONIC PORTAL.

C	(Code:) (Expenses \$ MINORITY BUSIN	215,433. ESS DEVELOPMENT	including grants of \$) (Revenue D THE GROWTH OF	MINORITY
	BUSINESS ENTER	PRISES BY ADVO	CATING FOR INC	REASED MINORITY	BUSINESS
	PARTICIPATION	AND FACILITATIN	IG STRATEGIC E	USINESS PARTNER:	SHIPS.

4d Other program services (Describe on Schedule O.)

116,894. including grants of \$ 30,000.) (Revenue \$

4e Total program service expenses

1,079,381.

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Part IV 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," complete Schedule A 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 X 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 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 6 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 "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," complete X Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? if "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IXI, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 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 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 reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11e X e Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X 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 other assistance to or for any 15 X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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 Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." complete Schedule G, Part III X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	x	
04.	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		_
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		х
h	Schedule K. If "No," go to line 25a	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		
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), 501(c)(4), and 501(c)(29) 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		Х
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	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			. .
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	.27	00040075	X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):	1910,100	JUNGSHIE	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	.28a		х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
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, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	_	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
^-	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	36		<u></u>
37	·	37		х
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			
50	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	****		
	_		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	***	200		
c				
	(gambling) winnings to prize winners?	10	X	
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EDUCATION & PUBLIC IMPROVEMENT FDTN. 31-1113395 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 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 account)? Х b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X c 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 as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827 e 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? X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Zh. 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a 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 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

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If "Yes," complete Form 6069.

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response or changes on Schedule O. See instructions. to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
		V25049090	Yes	No
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 on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent)		
2	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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
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		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			i
	more members of the governing body?	7a	X	L
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 by the following:	100 M 160		
a	The governing body?	8a	X	
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 on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	THIS SHOULD RECEIVE AND A RECORD AND ADDRESS TO THE OTHER THE INSTITUTE OF THE PARTY OF THE PART		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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		
444	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	OSENIA CARA	31833 K	1850 (18)
b 40-		_12a	X	e distinuente
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	LIEV.	<u> </u>	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c	х	
40	on Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14		
14	Did the organization have a written document retention and destruction policy?	203699	2//(State	. Water to the
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?	E35598	365566	l x
	The organization's CEO, Executive Director, or top management official	15a	 	47
b	Other officers or key employees of the organization	15b	53455-449	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	30000		37
	taxable entity during the year?	16a	Sections	Х
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	oning.		
	exempt status with respect to such arrangements?	16b		Щ.
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	ıd finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LINDA ASHWORTH - 937-226-8252			
	8 NORTH MAIN, #100, DAYTON, OH 45402			

Form 990 (2023)

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

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

- 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

(A)	(B)				3)			ed any current officer, d (D)	(E)	(F)
Name and title	Average hours per week	box	not c , unte: cer an	heck i ss per	more rson l	than : s both	าลก	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	individual trustee or director	institutional trustee	Officer	жеу етріоуев	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) CHRISTOPHER KERSHNER PRESIDENT	$\frac{1.00}{40.00}$	x		х				0.	263,560.	25,605.
(2) LINDA ASHWORTH	1.00									
EXECUTIVE DIRECTOR (3) BELINDA MATTHEWS STENSON	40.00			Х	-			0.	191,000.	26,372.
DIRECTOR MBP (2B)	$\frac{1.00}{40.00}$					X		0.	118,000.	18,358.
(4) K.L. ALLEN TRUSTEE	2.00	x						0.	0.	0.
(5) RANDY DOMIGAN	2.00									
(6) JENNIFER HARRISON	2.00	X			_			0.	0.	0.
TRUSTEE	0.00	X	Ц		_	L	L	0.	0.	0.
(7) KATIE WARD TRUSTEE	2.00	x						0.	0.	0 .
(8) NIELS WINTHER TRUSTEE (JAN-MAY)	2.00	X						0.	0.	0 .
(9) PAT MCDONALD	2.00			_			Г			
CHAIR (10) KEVIN WECKESSER	2.00	Х		X	_		⊢	0.	0.	0
SECRETARY/TREASURER	2.00	Х		х				0.	0.	0
					H					
				_	H					
		_			_	_				

332007 12-21-23

Form 990 (2023)

	-		Check if Schedule O contains a response or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(Č) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ls, Grants Amounts	1		Federated campaigns 1a				
Srai			Membership dues 15,800.				
ls, (Fundraising events1c				
Contributions, Gifts, and Other Similar Ar			Related organizations1d				
ns,			Government grants (contributions) 1e 728,390.				
atio a		f	All other contributions, gifts, grants, and		0.00		
흔뜀			similar amounts not included above 1f 361,636.				
ont		_	Noncash contributions included in lines 1a-1f	1 105 006			
<u>0</u> %	H	n	Total. Add lines 1a-1f Business Code	1,105,826.			
_	١,	_	Business Code				
ice	2	a b					
Program Service Revenue		C					
E S		d					
P. a							
Pro		f	All other program service revenue				
			Total. Add lines 2a-2f				
	3		Investment income (including dividends, interest, and				
			other similar amounts)	4,338.			4,338.
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties				
			(i) Real (ii) Personal				
	6	а	Gross rents 6a				
		þ	Less: rental expenses 6b				
		¢	Rental income or (loss) 6c				
			Net rental income or (loss)				
	7	a	Gross amount from sales of (i) Securities (ii) Other				
			assets other than inventory 7a				
•		b	Less: cost or other basis				
Ju.			and sales expenses 7b				e constant
eve		G	Gain or (loss) 7c	was in the control of the control of the anti-order than		Ayrike Soni gerini Georgi Adego de Belgia Galero.	
Other Revenue	١.		Net gain or (loss)		Service de la companya de la company		
美	ľ	a	including \$ of				
٦			contributions reported on line 1c). See				
			Part IV, line 18				
		ь	Less: direct expenses 8b				
			Net income or (loss) from fundraising events				
	9	a	Gross income from gaming activities. See				
			Part IV, line 19				
		b	Less: direct expenses 9b				
		С	Net income or (loss) from gaming activities				
	10	a	Gross sales of inventory, less returns				
			and allowances10a				
			Less: cost of goods sold10b				
\dashv	\vdash	¢	Net income or (loss) from sales of inventory			propresentation con expression	810316250054405504000000000000000000000000000
ST	١,,	_	Business Code				
1001	11	_					
Miscellaneous Revenue		b					
isce Be			All other revenue				
Σ			Total, Add lines 11a-11d				
	12			1,110,164.	0.	0.	4,338.
33200				·	_		Form 990 (2023)

Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) Fundraising Do not include amounts reported on lines 6b, Management and general expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 142,627 142,627 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages _____ 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): 45,451 45,320 Management 200 000 200 Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 318.573 318.573 column (A), amount, list line 11g expenses on Sch O.) 221.121Advertising and promotion 12 Office expenses Information technology 14 15 Royalties 16 Occupancy 4,964 4,964 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 77,010Conferences, conventions, and meetings 77,004. 6. 19 20 Interest Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 23 Insurance Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 222 228,746 2,476 ALLOC. WAGES & BENEFITS .875. 875 000. SPONSORSHIPS DUES & SUBSCRIPTIONS 544 544 SERVICE CHARGE 392. 392. 34.185. 090. 95 e All other expenses 1.088.164 079,381 8,783. n. Total functional expenses. Add lines 1 through 24e 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)

332010 12-21-23 Form **990** (2023)

Form 990 (2023)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	981,336.	1_	1,079,543.
1	2	Savings and temporary cash investments	151,919.	2	159,771.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	258,863
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
*	8	Inventories for sale or use		8	
¥ Y	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a			
	b	Less: accumulated depreciation 10b		10c	Assing the properties to the properties of the
1,	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	1.1	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4 405 754	16	1,498,177.
	17	Accounts payable and accrued expenses		17	506,753.
	18	Grants payable	·	18	
- 1	19	Deferred revenue		19	694,442.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,		38/850	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	
۰ ا ت	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	•		
[~		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
۱,	26	Total liabilities. Add lines 17 through 25		26	1,201,195.
		Organizations that follow FASB ASC 958, check here			
စ္မ		and complete lines 27, 28, 32, and 33.			
ڍ ا	27	Net assets without donor restrictions		27	
Sala	28	Net assets with donor restrictions	268,470.	28	296,982
בַּ בַּ		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
ช 📗	29	Capital stock or trust principal, or current funds		29	
ets 🛴	29 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Plateinad applicate and support appropriated in a page of attack to the		31	
et a	32	Total net assets or fund balances		32	296,982.
J	7 E.	FORGETTON GOODS OF TURIO DISINITIOS	1,186,761.	46	

<u>UIIII 000 (</u> EVEV)		 	
Part XII Reconciliati	on of Net Assets		

	Check if Schedule O contains a response or note to any line in this Part XI			[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,110	,16	4.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,088	3,16	4.
3	Revenue less expenses. Subtract line 2 from line 1	3		2,00	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	268	3,47	0.
5	Net unrealized gains (losses) on investments	5	6	5,51	2.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	296	5,98	12.
Pai	t XII Financial Statements and Reporting				••••••
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		949489		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		100000		
	consolidated basis, or both:				
	Separate basis				
С	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
-	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2	2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

DAYTON AREA CHAMBER OF COMMERCE

Go to www.irs.gov/Form990 for instructions and the latest information.

20123

Open to Public
Inspection

Employer identification number

EDUCATION & PUBLIC IMPROVEMENT FDTN. 31-1113395 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (ii) EIN (iv) is the organization listed n your governing document? (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No bove (see instructions)

332021 12-21-23

Schedule A (Form 990) 2023

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge	(b) 2020 1642958.		(d) 2022 1227117.	(e) 2023 1105826.	
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the					
include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the					
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3					
ization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3	1642958.	1056769.	1227117.	1105826.	
or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the	1642958.	1056769.	1227117.	1105826.	
3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the	1642958.	1056769.	1227117.	1105826.	
furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3	1642958.	1056769.	1227117.	1105826.	
the organization without charge 4 Total. Add lines 1 through 3	1642958.	1056769.	1227117.	1105826.	
4 Total. Add lines 1 through 3 1354960. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the	1642958.	1056769.	1227117.	1105826.	
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the	1042730.	1030703.	182/11/	TTOOOPO	6387630.
by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the			 [28] A. A. G. Starter, Control of the Control of the Physics 	rskegalisti algoistaligeana	0307030.
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the		2543555799449997500734779965947574			
supported organization) included on line 1 that exceeds 2% of the					
on line 1 that exceeds 2% of the					
athourt shown on the 11,					
column (f)					1047672.
6 Public support. Subtract line 5 from line 4.					5339958.
Section B. Total Support					
Calendar year (or fiscal year beginning in) (a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4 1354960.	1642958.	1056769.	1227117.	1105826.	6387630.
8 Gross income from interest,					
dividends, payments received on					
securities loans, rents, royalties,					
and income from similar sources 5,555.	14,355.	26,826.	4,584.	4,338.	55,658.
Net income from unrelated business					
activities, whether or not the					
business is regularly carried on					
10 Other income. Do not include gain			·		
or loss from the sale of capital			•		
assets (Explain in Part VI.)					
11 Total support. Add lines 7 through 10				épusad attituí de a similat rete	6443288.
12 Gross receipts from related activities, etc. (see instruction	ns)			12	30,117.
13 First 5 years. If the Form 990 is for the organization's first	st, second, third, t	fourth, or fifth tax y	ear as a section 5/	01(c)(3)	

Section C. Computation of Public Support Perc					
14 Public support percentage for 2023 (line 6, column (f), div				14	82.88 %
15 Public support percentage from 2022 Schedule A, Part II				15	86.78 %
16a 33 1/3% support test - 2023. If the organization did not					
stop here. The organization qualifies as a publicly suppo	-				
b 33 1/3% support test - 2022. If the organization did not					
b 33 1/3% support test - 2022. If the organization did not and stop here. The organization qualifies as a publicly st					
 b 33 1/3% support test - 2022. If the organization did not and stop here. The organization qualifies as a publicly state of the stop of t	anization did not d	check a box on line	a 13, 16a, or 16b, a	and line 14 is 10% o	or more,
 b 33 1/3% support test - 2022. If the organization did not and stop here. The organization qualifies as a publicly state of 17a 10% -facts-and-circumstances test - 2023. If the organization meets the facts-and-circumstances 	anization did not o es test, check this	check a box on line box and stop he	a 13, 16a, or 16b, a re. Explain in Part	and line 14 is 10% o VI how the organiz	or more, ation
 b 33 1/3% support test - 2022. If the organization did not and stop here. The organization qualifies as a publicly state 10% -facts-and-circumstances test - 2023. If the organization meets the facts-and-circumstances meets the facts-and-circumstances test. The organization 	anization did not d es test, check this n qualifies as a pu	check a box on line box and stop he blicly supported o	e 13, 16a, or 16b, a re. Explain in Part rganization	and line 14 is 10% o	or more, cation
 b 33 1/3% support test - 2022. If the organization did not and stop here. The organization qualifies as a publicly state of 10% -facts-and-circumstances test - 2023. If the organization meets the facts-and-circumstances meets the facts-and-circumstances test. The organization b 10% -facts-and-circumstances test - 2022. If the organization is 10% -facts-and-circumstances test - 2022. 	anization did not d es test, check this n qualifies as a pu anization did not d	check a box on line box and stop he blicly supported o check a box on line	e 13, 16a, or 16b, a re. Explain in Part rganization e 13, 16a, 16b, or 1	and line 14 is 10% o VI how the organiz	or more, cation
 b 33 1/3% support test - 2022. If the organization did not and stop here. The organization qualifies as a publicly start a 10% -facts-and-circumstances test - 2023. If the organization meets the facts-and-circumstances meets the facts-and-circumstances test. The organization b 10% -facts-and-circumstances test - 2022. If the organization meets the facts-and-circumstances test - 2022. 	anization did not o es test, check this n qualifies as a pu anization did not o estances test, chec	check a box on line box and stop he blicly supported o check a box on line ck this box and st	e 13, 16a, or 16b, a re. Explain in Part rganization e 13, 16a, 16b, or 1 top here. Explain i	and line 14 is 10% over the organized in the organized in the 15 is 17a, and line 15 is 17a, and the over the o	or more, cation
 b 33 1/3% support test - 2022. If the organization did not and stop here. The organization qualifies as a publicly state of 17a 10% -facts-and-circumstances test - 2023. If the organization meets the facts-and-circumstances meets the facts-and-circumstances test. The organization b 10% -facts-and-circumstances test - 2022. If the organization is 10% -facts-and-circumstances test - 2022. 	anization did not on the set test, check this on qualifies as a puranization did not on the stances test, check organization qua	check a box on line box and stop he blicly supported o check a box on line ck this box and st allfies as a publicly	e 13, 16a, or 16b, a re. Explain in Part rganization e 13, 16a, 16b, or 1 top here. Explain in r supported organiz	and line 14 is 10% of VI how the organiz	or more, :ation

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Schedule A (Form 990) 2023 EDUCATION & PUBLIC IMPROVEMENT FDTN. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		į				
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						<u> </u>
	are not an unrelated trade or bus-					I I	
	iness under section 513						
4	Tax revenues levied for the organ-		I				
	ization's benefit and either paid to				l		
	or expended on its behalf				i		
5	The value of services or facilities						
-	furnished by a governmental unit to		:			[[
	the organization without charge						
	Total. Add lines 1 through 5		***************************************				
	Amounts included on lines 1, 2, and				1		
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b		•				
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					<u> </u>	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on					:	
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third	fourth, or fifth tax	vear as a section f	01(c)(3) organizatio	n.
	check this box and stop here	_			•		•
Sec	tion C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022		=			16	%
	tion D. Computation of Inves						,,,
	Investment income percentage for 20			ne 13, column (fi)		17	%
	Investment income percentage from					18	<u>%</u>
	33 1/3% support tests - 2023. If the		• • • • • • • • • • • • • • • • • • • •			·	
	more than 33 1/3%, check this box as						
b	33 1/3% support tests - 2022. If the						d
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization						
	3 12-21-22					***************************************	(Form 000) 2022

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A. D. and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	1	Yes	No
	2		
	3a	1001	
	3b		
	3c	6795 S	
	4a		
	4b		
	4c		
	l l		
	- 5a - 5b		
	5c 6		
	7		
	8		
	9a		
	9b	50125 (A)	
	9 c		
	10a		
	10b		
ule	A /Enri	n 990	2023

Par	til Supporting Organizations (continued)	11339	9 Pa	age 5
	Cupporting Organizations (CONTINUED)		Yes	Ma
11	Has the organization accepted a gift or contribution from any of the following persons?	1000000000	TAS	INO
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a	0000000000	424 HV 0 PC 1 PV
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	45 m/m/85 c474 m 1227 / 25 b c 10 b	9629000099 864 855	107/layst (
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	Νo
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	1000 5000	229/07 2 2007/031	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		\$250,640	Talkson)
^	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	95000000080	196001691	±9800686848
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			32 (67)
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	60,000,00	10000	
	supervised, or controlled the supporting organization	2	1086918255	059166599
Sec	tion C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	455766655		3///25
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported grapnization(s)	11	·	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1501100100		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	350000000	esposes.	Section 1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	(dela pecul)	250000	SOURCE:
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	7277079521	-20000000000000000000000000000000000000
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see			_
2	Activities Test. Answer lines 2a and 2b below.	To a constitution of the c	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		\$600.000 \$400.000	70.000
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
l.	that these activities constituted substantially all of its activities.	2a_	goda	35035-00
b	, , , , , , , , , , , , , , , , , , , ,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	\$40000.	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			51660
a				
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За	<==:000000	
b	and the contract of the contra	170 (200	70.00	
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	er en et er et	1

332025 12-21-23

Schedule A (Form 990) 2023

ction A - Adjusted Net Income		Sections A through E. (A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	7818788 351768		
instructions for short tax year or assets held for part of year);			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		·
e Discount claimed for blockage or other factors	9/1987		
(explain in detail in Part VI);	701091		
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1	States and the class of each of the following the control of the larger	
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2023

ection D - Distributions				Current Year				
1 Amounts paid to supported organizations to accomplish exe	mpt purposes		1					
2 Amounts paid to perform activity that directly furthers exemp	ot purposes of supported							
organizations, in excess of income from activity								
3 Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3					
4 Amounts paid to acquire exempt-use assets			4					
5 Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5					
6 Other distributions (describe in Part VI). See instructions,			6					
7 Total annual distributions. Add lines 1 through 6.			7					
8 Distributions to attentive supported organizations to which the	ne organization is responsive			***************************************				
(provide details in Part VI). See instructions.			8					
9 Distributable amount for 2023 from Section C. line 6			9					
Line 8 amount divided by line 9 amount			10					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(ili) Distributable Amount for 2023				
Distributable amount for 2023 from Section C, line 6		Castridad i sel feriores i edenimento de la serio	110,105,50,02					
2 Underdistributions, if any, for years prior to 2023 (reason-								
able cause required - explain in Part VI). See instructions.								
3 Excess distributions carryover, if any, to 2023			20120316					
a From 2018								
b From 2019			0.785A					
c From 2020								
d From 2021	Enthine is a consequent of the individual of the							
e From 2022			Green.					
f Total of lines 3a through 3e								
g Applied to underdistributions of prior years								
h Applied to 2023 distributable amount								
i Carryover from 2018 not applied (see instructions)			980,888,80					
i Remainder, Subtract lines 3g, 3h, and 3i from line 3f.			8/88/6					
4 Distributions for 2023 from Section D,			26/19/10/11					
line 7: \$								
a Applied to underdistributions of prior years								
b Applied to 2023 distributable amount			\$1159/15 1					
c Remainder, Subtract lines 4a and 4b from line 4.								
5 Remaining underdistributions for years prior to 2023, if								
any. Subtract lines 3g and 4a from line 2. For result greater								
than zero. explain in Part VI. See instructions.								
6 Remaining underdistributions for 2023. Subtract lines 3h								
and 4b from line 1. For result greater than zero, explain in								
Part VI, See instructions.								
7 Excess distributions carryover to 2024. Add lines 3j								
and 4c,			500000					
8 Breakdown of line 7:			98/8898					
a Excess from 2019		estadekta iridiantus urbaniae ar taaliikka i	connection.	i nadiodržeti raksi nampa v sesta rasi i rambu teotra.				
b Excess from 2020								
c Excess from 2021			14976788 E					
d Excess from 2022								
e Excess from 2023								

Schedule A (Form 990) 2023

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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A	

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

DAYTON AREA CHAMBER OF COMMERCE EDUCATION & PUBLIC IMPROVEMENT FDTN.

Employer identification number

31-1113395

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
· ·	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or by one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one of the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; Z, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of crueity to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$							
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify ng requirements of Schedule B (Form 990).						
Cor Denomicals Reduction As	at Notice see the instructions for Form 990 990 F7 or 990 DE						

Name of organization

DAYTON AREA CHAMBER OF COMMERCE EDUCATION & PUBLIC IMPROVEMENT FDTN.

Employer identification number

31-1113395

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 22,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>642,400.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 12-2		\$ <u>42,364.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Name of organization

DAYTON AREA CHAMBER OF COMMERCE EDUCATION & PUBLIC IMPROVEMENT FDTN.

Employer identification number

31-1113395

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$ <u>217,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$ <u>11,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10		\$ <u>14,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11		\$ <u>8,375.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
202452 19.0		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

DAYTON AREA CHAMBER OF COMMERCE

EDUCATION & PUBLIC IMPROVEMENT FDTN.

Employer identification number

31-1113395

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization

DAYTON AREA CHAMBER OF COMMERCE

Employer identification number

WALL TOIL .		7.7	CIMMIDIA	. О.	COMMITTEE	-
EDUCATION	N.C	&	PUBLIC	IMPR	OVEMENT	FDTN.

	TION & PUBLIC IMPROVEMEN		31-1113395						
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	ons to organizations described in section	501(c)(7), (8), or (10) that total more than \$1,000 for the year						
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or less to	or the year. (Enter this Info. once.)						
	Use duplicate copies of Part III if additional s	space is needed.							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I	(b) Ful pose of gift	(c) Ose of gift	(a) Description of now gift is field						
	4								
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
			• •						
(a) No. from	40.5								
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
— I									
		(e) Transfer of gift							
	(e) transies of Aur								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
	Transfer of transfer and the part of the p								
(a) No. from	(h) Durange of with	(a) Han of with	(d) December of how with in held						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I	(b) t di pose oi gitt	(0) 556 of gift	(d) Description of now gift is field						
		(e) Transfer of gift							
	Transferee's name, address, a	nd Z[P + 4	Relationship of transferor to transferee						

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 2023 Open to Public Inspection

Name of the organization

DAYTON AREA CHAMBER OF COMMERCE

EDUCATION & PUBLIC IMPROVEMENT FOTN.

Employer identification number 31-1113395

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 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 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a 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 Held at the End of the Tax Year day of the tax year. a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included on line 2a Number of conservation easements included on line 2c acquired after July 25, 2006, 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 3 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, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)? ______ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2023

DAYTON AREA CHAMBER OF COMMERCE

Sche	dule D (Form 990) 2023 EDUCATI t III Organizations Maintaining C	ON & PUBLIC					31- r Similar Ası	1113395	Page 2
			_						ea)
3	Using the organization's acquisition, accessi	on, and other record	s, cneck	any of the	rollowing tha	at make s	igniticant use of	its	
	collection items (check all that apply).		. [
a	Public exhibition	d			hange prog				
b	Scholarly research	€	• [Other					
С	Preservation for future generations								
4	Provide a description of the organization's co							Part XIII.	
5	During the year, did the organization solicit o								
CD	to be sold to raise funds rather than to be ma	intained as part of the	he orgar	nization's co	llection?	************		Yes	No
Par	tilV Escrow and Custodial Arranger reported an amount on Form 990, Pal		te if the	organization	n answered	"Yes" on	Form 990, Part	IV, line 9, or	
10		· · · · · · · · · · · · · · · · · · ·	lians for	contribution	o or other o	nnoto not	ingludad		
14	Is the organization an agent, trustee, custodi		_					Yes	No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII						***************************************	res	NO
	ii 165, explain the anangement ii rat XIII	and complete the for	iowing t	avic.				Amount	
_	Reginning balance						1c	7 111104111	
۲ C	Additions during the year								
a	Additions during the year								
	Distributions during the year								
f	Ending balance							1 1.	
	Did the organization include an amount on Fo							Yes	∐ No
	If "Yes," explain the arrangement in Part XIII. TV Endowment Funds Complete if						n		
1.44	Endownient i dildo Complete il	(a) Current year		rior year			(d) Three years b	ack (a) Four v	mare hank
	Carlondor of consultations	(a) Ourient year	(6)	HOI YOU	(C) INO you	ars Dack	(d) Timee years t	ack (e) roury	cars back
	Beginning of year balance								
	Contributions		***************************************		<u> </u>				
	Net investment earnings, gains, and losses		,						
	Grants or scholarships								
е	Other expenditures for facilities							l l	
	and programs				<u> </u>				
	Administrative expenses				<u> </u>				
g	End of year balance				.				
2	Provide the estimated percentage of the curr	•	e (line 1	g, column (a))) held as:				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	<u></u> %							
c	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	ition tha	it are held ar	nd administe	ered for th	ne		
	organization by:								es No
	(i) Unrelated organizations?	*						3a(i)	
	(ii) Related organizations?							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment f	iunds.					
Par	tVI Land, Buildings, and Equipm								
	Complete if the organization answere					0, Part X,	line 10.		
	Description of property	(a) Cost or o		•	t or other		ccumulated	(d) Book	value
_		basis (investr	nent)	basis	(other)	de	preciation		
	Land								
	Buildings					 			
	Leasehold improvements			<u> </u>		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
	Equipment								
	Other			<u> </u>		<u> </u>	·····		
Total	l. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part	X. line 1	Oc. column	(B))		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0.

Schedule D (Form 990) 2023 EDUCATION	& PUBLIC IMPRO	OVEMENT FDTN.	31-1113395 Page
Part VII Investments - Other Securities			
Complete if the organization answered "Y	es" on Form 990, Part IV, line	a 11b. See Form 990, Part X, lin	e 12.
(a) Description of security or category (including name of securi	ty) (b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related			
Complete if the organization answered "Y			
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	•		
(9)		Votes Victor ou transport (state ou organistic consistence ou organistic consistence ou organistic consistence	
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part X Other Assets			
Complete if the organization answered "Y	on" on Form 900 Port IV lin	a 11d See Form BOD Bort V lin	no 15
Complete if the organization answered T	(a) Description	e Tru. Gee Form 990, Part X, III	(b) Book value
2.5	(a) Description		(b) Dook value
(1)			
(2)			
(4)			
(5)			
(6)		·····	
(7)		· · · · · · · · · · · · · · · · · · ·	
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15	col (B))		
Part X Other Liabilities		110 or 11f Coo Form 200 Po	et V. lina 95
Complete if the organization answered "Y (a) Description of liability	es on rount 990, mart IV, IIN	5 116 01 111. OSE FORTI 990, PA	rt X, line 25. (b) Book value
			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2023

(7)(8)

Total, (Column (b) must equal Form 990, Part X, line 25, col. (B))

Pai	Reconciliation of Revenue per Audited Financial Statements With Revenue per H Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	eturn
1		E. I
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	-1 1
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	20
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.)	
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities 2a	
b	Prior year adjustments 2b	
	Other losses 2c	
4	Other (Describe in Part XIII.)	
u		
_	Add lines 2a through 2d	2e 3
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.)	
	Add lines 4a and 4b	4c
5 Day	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) TiXIII Supplemental Information	5
4		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line	4; Part X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
	NR 17 7 7377 0	
PAF	RT X, LINE 2:	
THE	E CHAMBER IS EXEMPT FROM FEDERAL INCOME TAX PURSUANT TO SE	CTION
503	(C)(6) OF THE INTERNAL REVENUE CODE. THE FOUNDATION IS EX	EMPT FROM
FEI	DERAL INCOME TAX PURSUANT TO SECTION 501(C)(3) OF THE INTE	RNAL REVENUE
COI	DE. HOWEVER, THE ORGANIZATION IS SUBJECT TO FEDERAL INCOME	TAX ON
<u>UNI</u>	RELATED BUSINESS INCOME. CERTAIN REVENUES GENERATED BY THE	CHAMBER ARE
J		
COL	ISIDERED UNRELATED BUSINESS INCOME.	
		The second secon
DITE	RING 2023 AND 2022, THE CHAMBER RECOGNIZED \$8,044 AND \$8,0	00 OF
<u></u> U.L	TALLE SEE THE REEL THE CHARLESTE THEOCHESTED POPULE THE POPU	<u> </u>
TTNT	RELATED BUSINESS INCOME TAX EXPENSE, RESPECTIVELY.	
OTAT	MANAGE NO STUMMS THOUSE TIME THE DISTENSION LIBERTARINES	

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

31-1113395

Inspection

Open to Public

Employer identification number Go to www.irs.gov/Form990 for the latest information. Attach to Form 990. EDUCATION & PUBLIC IMPROVEMENT FUTN. CHAMBER OF COMMERCE Part I General Information on Grants and Assistance DAYTON AREA Name of the organization Department of the Treasury Internal Revenue Service

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection

criteria used to award the grants or assistance?	stance?			grantees engineery		כן הוס קומונים כן מספוסותוסק ווס קומוניסס פוקומונים ווס קומונים כן מספוסות נסין מוח הוס פוספומים	A Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monit	oring the use of grant f	unds in the United	States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Domestic Organiz \$5,000. Part II can	ations and Domestic be duplicated if additic	Governments. Conal space is neede	omplete if the orga ed.	nization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LUNNIE 2312 FAR HILLS #123 OAKWOOD, OH 45419	86-3186077		25,000.	.0			INNOVATION AWARD
UNIVERSITY OF DAYTON 300 COLLEGE PARK DAYTON, OH 45469	31-0536715	501(C)(3)	35,000.	.0			SPONSORSHIP
THE BIG HOOPLA, INC P.O. BOX 340488 BRAVERCREEK, OH 45434	45-4231032	501(C)(3)	. 25,000.	•0			EVENT SPONSORSHIP
DAYTON BUSINESS JOURNAL 40 N MAIN ST DAYTON, OH 45423	59-3089188		20,856,	•0			advertising
DAYTON DRAGONS 220 N PATTERSON BLVD DAYTON, OH 45402			29,500.	•0			SPONSORSHIP
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	nd government org s listed in the line 1	janizations listed in the table	line 1 table				2.

LHA 332101 11-01-23

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

Schedule I (Form 990) 2023

DAYTON AREA CHAMBER OF COMMERCE

EDUCATION & PUBLIC IMPROVEMENT FDTN.

Page 2

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Schedule | (Form 990) 2023 EDUCATION & PUBLIC IMPROVEMENT FOTN.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(f) Description of noncash assistance										
(e) Method of valuation (book, FMV, appraisal, other)				Iditional information.		F THE GRANTS	STANCE, AND			
(d) Amount of non- cash assistance				(b); and any other ac		E AMOUNT O	THE GRANTS OR ASSISTANCE,	ND GRANTS.		
(c) Amount of cash grant				e 2; Part III, column		ANTIATE TH		THE ASSISTANCE AND GRANTS.		
(b) Number of recipients				uired in Part I, lin		TO SUBST	BILITY FOR	_ 1		
(a) Type of grant or assistance		76.		Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	PART I, LINE 2:	THE ORGANIZATION MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNT OF	OR ASSISTANCE, THE GRANTEES' ELIGIBI	THE SELECTION CRITERIA USED TO AWARD		

32

Schedule I (Form 990) 2023

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Questions Regarding Compensation

Go to www.irs.gov/Form990 for instructions and the latest information.

DAYTON AREA CHAMBER OF COMMERCE

EDUCATION & PUBLIC IMPROVEMENT FDTN.

Employer identification number 31–1113395

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
		######################################		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	100 300 100 200	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	11/2018 11/2018		2454
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		-0.41021.15
			(6)(6)	15W(\$15X)
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			\$ 87 P
а	Production and the state of the	4a	14944495	X
	Buddetasts to accomply the second sec	4b		X
		4c		X
v	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40	1889 1188 1889 1188	200
	Tes to diff of miles 4d of his title persons and provide the applicable amounts for each item in a citie.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	100000		
•	contingent on the revenues of:			
		5a	125303959	X
h	The organization? Any related organization?	5b		X
	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	30	B50V892	200000
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
v	contingent on the net earnings of:			
_		6a	853 (52)	X
а ь	The organization?			X
ь	Any related organization?	6b	698W60	A.
7	If "Yes" on line 6a or 6b, describe in Part III.			
′	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	8,686,668	Sev (Se)	W.
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ا ۽ ا		₩,
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	2070060	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			Mais y
	Regulations section 53.4958-6(c)?	9		L

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

Schedule J (Form 990) 2023

31-1113395

Schedule J (Form 990) 2023 EDUCATION & PUBLIC IMPROVEMENT FDIN.

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

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

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

		(B) Breakdown of W-2	-2 and/or 1099-MISC compensation	and/or 1099-MISC and/or 1099-NEC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CHRISTOPHER KERSHNER		0	0	0	0	0		0.
PRESIDENT	Gill	248,16	15,400.	0.	23,874.	1,731.	289,165.	
(2) LINDA ASHWORTH	(i)		0.	0.	0	0		
EXECUTIVE DIRECTOR	100	188,000.	3,000.	0.	17,040.	9,332.	217,372.	
	(0)							
	(II)							
	(i)							
	(ii)							
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DAYTON AREA CHAMBER OF COMMERCE EDUCATION & PUBLIC IMPROVEMENT FDIN.

Page 3 31-1113395

> Part III Supplemental Information Schedule J (Form 990) 2023

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2023
DIRECTOR OF THE FOUNDATION.
SURVEY/STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE IN SETTING COMPENSATION FOR THE PRESIDENT OF THE CHAMBER AND EXECUTIVE
THE DAYTON AREA CHAMBER OF COMMERCE (A RELATED ORGANIZATION) UTILIZES A COMPENSATION COMMITTEE, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION
SCHEDULE J, LINE 3

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

DAYTON AREA CHAMBER OF COMMERCE

EDUCATION & PUBLIC IMPROVEMENT FDTN.

Employer identification number 31-1113395

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROMOTE GENERAL REGIONAL ECONOMIC DEVELOPMENT.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
LEADERSHIP DAYTON MEMBERS - AWARDED \$5,000 IN SCHOLARSHIPS FOR
PARTICIPANTS IN COMMUNITY LEADERSHIP PROGRAMS AND PROVIDED NETWORKING
AND PROGRAMMING ACTIVITES FOR OVER 232 PAID MEMBERS.
EXPENSES \$ 37,268. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
INNOVATION FUND
EXPENSES \$ 27,126. INCLUDING GRANTS OF \$ 25,000. REVENUE \$ 0.
INCLUSION GRANTS
EXPENSES \$ 52,500. INCLUDING GRANTS OF \$ 5,000. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 7A:
THE BOARD OF TRUSTEES OF THE DAYTON AREA CHAMBER OF COMMERCE MAY ELECT
BOARD MEMBERS FOR THE ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 11B:
THE CHAIR OF THE BOARD OF TRUSTEES AND/OR DESIGNEE ARE PROVIDED A COPY OF
THE FORM 990 PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REQUIRES THE ANNUAL DISCLOSURE FORM TO BE COMPLETED. ALSO,
MANAGEMENT REVIEWS THE VENDOR LISTING TO IDENTIFY POTENTIAL CONFLICTS. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

LHA 332211 11-14-23

2,156.

332212 11-14-23

PROGRAM SERVICE EXPENSES

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

2023

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. EDUCATION & PUBLIC IMPROVEMENT FOIN. DAYTON AREA CHAMBER OF COMMERCE

Employer identification number 31-1113395Open to Public Inspection

	(f) Direct controlling entity			
	(e) End-of-year assets	3		
	(d) Total income			
n Form 990, Part IV, line 33.	(c) Legal domicile (state or foreign country)			
if the organization answered "Yes" o	(b) Primary activity			
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	(a) Name, address, and EIN (if applicable) of disregarded entity			

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

(a)	(q)	(၁)	(p)	(e)	(j)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	(D)(13) ed
of related organization		foreign country)		status (if section	entity	entity?	_
The Committee of the Co				501(c)(3))		Yes	No
DAYTON AREA CHAMBER OF COMMERCE - 31-0257370	TO ADVOCATE FOR OUR						
8 N MAIN ST SULTE 100	MEMBERS, ENABLING EACH TO						
DAYTON, OH 45402	DO MORE & BETTER BUSINESS.	рнго	501(C)(6)	N/A	N/A		×
							i

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

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DAYTON AREA CHAMBER OF COMMERCE EDUCATION & PUBLIC IMPROVEMENT FDIN.

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

(a)	(q)	(၁)	(p)	(e)	(J)	(6)	(h)	(i)	(1)	(X)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing oartner?	General or Percentage managing ownership outlier?
					:					
		:		***************************************						
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	anizations Taxable a	s a Corpo g the tax y	ation or Trust. Co	omplete if the organizati	ion answered "Yes	s" on Form 990, Pa	art IV, line 3-	I, 4, because ît had c	ne or m	ore related

(i) Section 512(b)(13) controlled	Yes No								
	Kes		 						
(h) Percentage ownershin									
(g) Share of									
(f) Share of total									
(e) Type of entity	or trust)								
(d) Direct controlling	diary								
(c) Legal domicile (state or	(oreign country)								
(b) Primary activity				A BERTAL CO.					
(a) Name, address, and EIN	ol felateu olganization							The contract of the contract o	

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	elated organizations listed i		
a Receipt of (I) interest, (ii) annuities, (iii) royaltles, or (iv) rent from a controlled entity	Α	***************************************	13	×
b Gift, grant, or capital contribution to related organization(s)			4 P	×
c Gift, grant, or capital contribution from related organization(s)			10	X
			10	X
e Loans or loan guarantees by related organization(s)			16	X
			•	>
f Dividends from related organization(s)				4
g Sale of assets to related organization(s)		***************************************	10	×
h Purchase of assets from related organization(s)		***************************************	-TP	X
i Exchange of assets with related organization(s)	***************************************	***************************************	I.	×
j Lease of facilities, equipment, or other assets to related organization(s)			1	X
				>
K Lease of facilities, equipment, or other assets from related organization(s)			Y C	∢
1 Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)		-	X
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)		m,	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)		_ #	X
			10	X
				*
		***************************************	Q	1
q Reimbursement paid by related organization(s) for expenses			0	Ĭ
r Other transfer of cash or property to related organization(s)			+	×
s Other transfer of cash or property from related organization(s)			S	X
for i	tho must complete th	is line, including covered r	nformation on who must complete this line, including covered relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	
1) DAYTON AREA CHAMBER OF COMMERCE	щ	5,000.	саѕн	
(2) DAYTON AREA CHAMBER OF COMMERCE	N	48,090.	саѕн	
g) DAYTON AREA CHAMBER OF COMMERCE	0	231,221.	сазн	
(4)				

(**6**) 332163 09-28-23

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DAYTON AREA CHAMBER OF COMMERCE

EDUCATION & PUBLIC IMPROVEMENT FDIN. Schedule R (Form 990) 2023 Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(k) Percentage ownership					90) 2023
(j) General or Pr managing partner? O	 				(Form
(i) Code V-UBI Samount in box 20 m of Schedule K-1 Let (Form 1065)					Schedule R (Form 990) 2023
(h) Disproportionate allocations?					
(g) Share of end-of-year					
(f) Share of total income					
(e) Are all partners sec 50(c)(3) er ones?		·			
(c) (d) (d) (excluded from tax under sections 512-514)					
(c) al domicile s or foreign ountry)					
(b) Primary activity					
(a) (b) Name, address, and EIN Primary activity Legs of entity (state					