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Form **990-EZ** Department of the Treasury

Internal Revenue Service

OMB No 1545-1150

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

Open to Public Inspection

Α	For the	e 2 <u>008 ca</u>	lendar year, or tax year beginning SEP 1, 2008 and ending AUG 3	1,	2009
B 	Check if applicable	le Please	C Name of organization D Em	ployer i	dentification number
느	Addres	label or	TANDED GUANDED OF GOVERNOR THE		150601
╘	Name change				159601
Ŀ	Initial	See			number
Ļ	Termi	Instruc-	TOU NORTH FIRST STREET		332-3892
Ļ	Amen	1	L	oup Exe	
\perp	Applica pendin		· - · · · · · · · · · · · · · · · · · ·	mber 🕨	
	• Sec	tion 501(c)	(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting in	nethod	Cash X Accrual
			Schedule A (Form 990 or 990-EZ). Other (specific		_
					he organization is not
<u>J</u>	Organiz	zation type	(check only one)— X 501(c) (6) ◀ (insert no) 4947(a)(1) or 527 required to attac	h Sched	ule B (Form 990, 990-EZ, or 990-PF)
K	Check I	▶	the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally no t more	than \$2	25,000 A return is not
	required	d, but if the	organization chooses to file a return, be sure to file a complete return		
			nd 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ	<u> </u>	<u> 191,194.</u>
P	art I	Rever	nue, Expenses, and Changes in Net Assets or Fund Balances (See the instruction	for Pa	rt I)
	1	Contributio	ins, gifts, grants, and similar amounts received	1	
	2	Program so	ervice revenue including government fees and contracts	2	59,587.
	3	Membersh	ip dues and assessments	3	<u>72,653.</u>
	4	Investment	tincome	4	1,812.
	5a	Gross amo	unt from sale of assets other than inventory 5a]	
	b	Less cost	or other basis and sales expenses 5b		
	C	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
Ę	6	Special eve	ents and activities (complete applicable parts of Schedule G). If any amount is from <code>gaming</code> , check here 🕨 🗔	li	
Revenue	a	Gross reve	nue (not including \$ of contributions		
æ		reported or	n line 1) 6a 57, 142. t expenses other than fundraising expenses 6b 38, 252.		•
	b	Less direc	t expenses other than fundraising expenses 6b 38,252.		
	C	Net income	e or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	18,890.
	7a	Gross sales	s of inventory, less returns and allowances 7a		
	b	Less cost	of goods sold 7b]	
	C	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other rever	nue (describe -	8	
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	152,942.
	10	Grants and	similar amounts paid (attach schedule)	10	
	11	Benefits pa	and to or for members	11	
S	12	Salaries, ot		12	85,058.
cpenses	13	Profession	al fees and other payments to independent contractors	13	3,205.
ğ	14	Occupancy	, rent, utilities, and maintenance ublications, nostage, and shipping	14	3,790.
ŵ	15	Printing, pi	ublications, postage, and shipping	15	15,777.
	16	Other expe	nses (describe SEE STATEMENT 1)	16	48,274.
	17	Total expe	nses. Add lines 10 through 16	17	156,104.
			(deficit) for the year (Subtract line 17 from line 9)	18	<3,162.>
ets			or fund balances at beginning of year (from line 27, column (A))		
Ass			e with end-of-year figure reported on prior year's return)	19	168,308.
Net Assets	20		ges in net assets or fund balances (attach explanation)	20	
Z	21		or fund balances at end of year. Combine lines 18 through 20	21	165,146.
P	art II		ce Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 9	990-EZ	
			(See the instructions for Part II) (A) Beginning of year		(B) End of year
22	2 Cast	h, savings. a	and investments 150,770	. 22	139,327.
23		d and buildi	7.006		6,630.
24		er assets (de			20,526.
25		al assets	169,793		166,483.
26	Tota	al liabilities	(describe ► ACCRUED EXPENSES) 1,485		1,337.
27	7 Net		and balances (line 27 of column (B) must agree with line 21) 168, 308		165,146.
	171 17-08		or Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.		Form 990-EZ (2008)

Forr	n 990-EZ (2008) LANDER CHAMBER OF COMMERC	E, INC.	_	83-	01596	01 Page 2
P	art III Statement of Program Service Accomplishmen		Part III)			penses
Wha	at is the organization's primary exempt purpose?PROMOTION_OF_L	ANDER, WYOMIN	G		(Required	for 501(c)(3)
Des	cribe what was achieved in carrying out the organization's exempt purposes. In a	clear and concise manner, de				ganizations and) trusts, optional)
28	SEE STATEMENT 4					`
	(Grants \$) If this amount includes foreign g	rants, check here	>		28a	
29						
					i I	
	(Grants \$) If this amount includes foreign g	rants, check here			29a	
30						
		···				
	(Grants \$) If this amount includes foreign g	rants, check here			30a	
31	Other program services (attach schedule)			_		
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>	Ш	31a	
	Total program service expenses (add lines 28a through 31a)			<u> </u>	32	
P	ert IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated	i — —		
		(b) Title and average hours	(c) Compensation		ntributions implovee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)	_	eferred	other allowances
-	LOWER GODING	DUEGUMTUE DED	E A MOD	com	pensation	
SC	OTT GOETZ	EXECUTIVE DIR		١,	400	
~	DOI WING	40.00	46,858.	<u>_</u>	,406.	0.
CF	ROL KING	ASSOCIATE DIR			0	_
	AN THINKINT DD	1.00	27,993.	<u> </u>	0.	0.
DE	AN LEHMKUHLER	PRESIDENT			^	۱ ,
<u></u>	TO WE DELIVORING	<u> </u>	0.	ļ- <u></u> -	0.	0.
GF	REG MARTINSEN	VICE PRESIDEN			^	
<u></u>	DAIL CWEENEY	1.00 TREASURER	0.	ļ	0.	0.
<u>51</u>	RAH SWEENEY	1.00	0.		0.	0.
D 1	CK HUNTER	DIRECTOR	· ·		<u> </u>	0.
1/1	CK HONIEK	1.00	0.		0.	0.
Ţ. 1	NDA BARTON	DIRECTOR	0.	-		•
	MDA DAKTON	1.00	0.		0.	0.
\overline{DC}	NNA CONNELL	DIRECTOR				•
<u> </u>	THE CONTROLL	1.00	0.		0.	0.
AN	JIE MCCONNELL	DIRECTOR				
	101111111111111111111111111111111111111	1.00	0.		0.	0.
LY	NN MCRANN	DIRECTOR				
		1.00	0.		0.	0.
$\overline{D}P$	N DAVIS	DIRECTOR		i		
_		1.00	0.		0.	0.
LC	RRE HOFFMAN	DIRECTOR			-	
		0.00	0.		0.	0.
SC	OTT ROSS	DIRECTOR				
		0.00	0.		0.	0.
TP	RA SKIBA	DIRECTOR				
		0.00	0.	[0.	0.
]				
_						
832 ⁻ 12-1	72 7-08				Form	990-EZ (2008)

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7 Pa	Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			
_	tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0			
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	0.5		
004	in a prior year and still unpaid at the start of the period covered by this return?	38a		x
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 386 N/A	30a		
39	Section 501(c)(7) organizations Enter	1		
	77/7			
		-		
		-		
402	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A			
_				
D	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or	401	N/	7
_	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	14/	<u> </u>
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958 Enter amount of tax on line 40c reimbursed by the organization O •			
8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			.,
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NONE	222	- 20	00
42 a		332		92
	Located at ► 160 NORTH FIRST STREET, LANDER, WY ZIP+4 ► 8	3252	<u>U</u>	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			T
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		tes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	/ -	•	Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
				T
		F	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			.,
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	45		X
		Form 9	90-EZ	(2008)

16 Did th	e organization engage in direct or indirect political campaign activity	ties on behalf of or in opposition to c	candidates for public		Yes	No
	? if "Yes," complete Schedule C, Part I				46	
7 Did th	e organization engage in lobbying activities? If "Yes," complete	Schedule C, Part II			47	
18 Is the	organization operating a school as described in section 170(b)(1)((A)(II)? If "Yes," complete Sched	ule E]	48	
	e organization make any transfers to an exempt non-charitable rela	ated organization?			49a	
	s," was the related organization(s) a section 527 organization?			Ł	49b	<u> </u>
-	olete this table for the five highest compensated employees (other t	han officers, directors, trustees and	key employees) who	each received m	ore than \$10	0,000
of co	mpensation from the organization. If there is none, enter "None."					
				(D) Contribution	<u>. </u>	
		(b) Title and average hours	(c) Compensation	to employee	(E) Expo	
	(a) Name and address of each employee paid more than \$100,000	per week devoted to		benefit plans & deferred	account other allow	
	N/A	position		compensation	Other and	vanços
	****			·	-	
					1	
·]		
Total numb	er of other employees paid over \$100,000	>			<u> </u>	
	plete this table for the five highest compensated independent contra- ne, enter "None " ${f N/A}$	actors with each received more than	\$100,000 or comper	isation nom the	organization	11 (1101)
	-(a) Name and address of each independent contractor paid in	more than \$100,000	(b) Type of ser	vice () Compensa	tion
			_			
			1			
			· · · · · · · · · · · · · · · · · · ·	I		
Total numb	per of other independent contractors each receiving over \$100,000	b lea accompanying school lier and statumen	to and to the heat of m	knowledge and he	lief it is trie	
	per of other independent contractors each receiving over \$100,000 Under penalties of penalty, I declare that I have examiled this return, including correct, and comprise Declaration of persons (other than officer) is based of	ing accompanying schedules and statement on all information of which preparer has any	nts, and to the best of mi	y knowledge and be	lief, it is true,	
Sign	Under penalties of penalty. I declare that I have examiled this return, include correct, and comprise Declaration of permaner (other man officer) is based of	ing accompanying schedules and statement on all information of which preparer has any	nts, and to the best of miknowledge	y knowledge and be	lief, it is true,	
Total numb Sign Here	Under paralities of pentry, I decare that I have examiled this return, include correct, and comprise Declaration of perpare (other man officer) is based of Signature of officer.	ing accompanying schedules and statement all information of which preparer has any	nts, and to the best of miknowledge	y knowledge and be	lief, it is true,	
Sign	Under penalties of penalty, I decare that I have examiled this return, include correct, and comprise Declaration are posses (other than officer) is based of Signature of officer X Scott	ing accompanying schedules and statement all information of which preparer has any	nts, and to the best of miknowledge	y knowledge and be	lief, it is true,	
Sign Here	Under penalties of penalty. I decare that I have examiled this return, include correct, and comprise Declaration of penalties (other man officer) is based of Signature of officer. Type or print name and title	Exec. Direc	4	y knowledge and be	olief, it is true,	
Sign Here Paid	Under paralities of pentry, I decure that I have examiled this return, include correct, and comprise Declaration and person (other man officer) is based of Signature of officer Type or print name and title Preparer's signature	Ctec. Direc	eck if self-	y knowledge and be	<i></i>	tr)
Sign	Under penalties of penalty. I decare that I have examiled this return, include correct, and comprise Declaration of penalties of the penalties	6xec. Direc	eck if self- ployed	Date Date Date Date	<i></i>	tr)
Sign Here Paid Preparer's	Under penalties of penalty, I decare that I have examiled this return, include correct, and comprete Declaration and person (other man officer) is based of Signature of officer Type or print name and title Preparer's signature Author Firm's name (or yours MCKEE, MARBURGER & F	Cyec. Direction Che Ch	eck if self- ployed Prep	Date Date Date Date	<i></i>	tr)
Sign Here Paid Preparer's	Under penalties of penalty, I decare that I have examiled this return, include correct, and comprete Declaration describes (other than officer) is based of Signature of officer Type or print name and title Preparer's signature ACKEE, MARBURGER & F If self-employed). 185 SOUTH 5TH STREET	Cyec. Direction Che Ch	eck if self- ployed Pres PA'S EIN I	Date Date Date Date Date	umber (See Ins	
Sign Here Paid Preparer's Use Only	Under panalties of pentry, I decare that I have examiled this return, include correct, and comprete Declaration approach (other man officer) is based of Signature of officer Type or print name and title Preparer's signature ACKEE, MARBURGER & F. If Signature of South STREET LANDER, WY 82520	Date 12/29/09 Che em	eck if self- ployed Prep	Date Date Date Date Date	umber (See Ins 24	15
Sign Here Paid Preparer's Use Only	Under penalties of penalty, I decare that I have examiled this return, include correct, and comprete Declaration describes (other than officer) is based of Signature of officer Type or print name and title Preparer's signature ACKEE, MARBURGER & F If self-employed). 185 SOUTH 5TH STREET	Date 12/29/09 Che em	eck if self- ployed Pres PA'S EIN I	Date Date	umber (See Ins	15 No

FORM 990-EZ	OTHER EXPENSES		STATEMENT
DESCRIPTION			AMOUNT
DUES			900
INSURANCE			4,652
TRAVEL			2,942
TELEPHONE			2,374
PROMOTION			6,066
OFFICE COSTS			14,085
BEAUTIFICATION EXPENSES			10,728
EQUIPMENT MAINTENANCE			174
MISC. PROJECT EXPENSES			250
MEMBER SEMINARS			4,008
DEPRECIATION			2,095
TOTAL TO FORM 990-EZ, LINE 16			48,274
FORM 990-EZ	OTHER ASSETS		STATEMENT
DESCRIPTION	32.00	BEG. OF YEAR	END OF YEAR
UNDEPOSITED FUNDS		0.	654
ACCOUNTS RECEIVABLE		11,717.	19,872
TOTAL TO FORM 990-EZ, LINE 24		11,717.	20,526

FORM 990-EZ	0-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS			STATEMENT			
DIRECTLY O	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[] Y:	ES	[X]	NO	
•	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	• [] Y :	ES	[X]	NO	

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STATEMENT

THE OBJECT OF THE CORPORATION IS TO PROMOTE AND AID THE INDUSTRIAL, PRODUCTIVE, COMMERCIAL, AND CIVIC INTEREST OF THE CITY OF LANDER, WYOMING, AND FREMONT COUNTY, WYOMING. THE ORGANIZATION SERVES OVER 400 MEMBERS.