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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

A For the 2009 calendar year, or tax year beginning			, 2009, and ending	
B Check if applicable		C Name of organization		D Employer identification number
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Please use IRS label or print or type See Specific Instructions Bottineau Chamber of Commerce Number and street (or P O box, if mail is not delivered to street address) 519 Main St City or town, state or country, and ZIP + 4 Bottineau, ND 58318		45-0338151
				E Telephone number 701-228-3849
				F Group Exemption Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method Cash Accrual
Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) — 501(c) (6) ▶ (insert no) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **70,148**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	Revenue	1 Contributions, gifts, grants, and similar amounts received		1 31,319
		2 Program service revenue including government fees and contracts	2	3 23,425
	Expenses	3 Membership dues and assessments	3	4 13
		4 Investment income	4	5c
	Net Assets	5a Gross amount from sale of assets other than inventory	5a	5c
		b Less: cost or other basis and sales expenses	5b	
		c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
		6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6c	(6,484)
		a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	6c
		b Less: direct expenses other than fundraising expenses	6b	15,391
		c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		21,875
		7a Gross sales of inventory, less returns and allowances	7a	
		b Less: cost of goods sold	7b	
		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
		8 Other revenue (describe) ►	8	
		9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	48,273
		10 Grants and similar amounts paid (attach schedule)	10	
		11 Benefits paid to or for members	11	
		12 Salaries, other compensation, and employee benefits	12	30,878
		13 Professional fees and other payments to independent contractors	13	830
		14 Occupancy, rent, utilities, and maintenance	14	7,082
		15 Printing, publications, postage, and shipping	15	745
		16 Other expenses (describe) ► Statement 1	16	13,910
		17 Total expenses. Add lines 10 through 16	17	53,445
		18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(5,172)
		19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) RECEIVED 10 AUG 1 2010 15	19	7,545
		20 Other changes in net assets or fund balances (attach explanation) 10 AUG 1 2010 15	20	
		21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	2,373
Part II Balance Sheets. If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ				
(See the instructions for Part I.)			(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	7,545	22	2,373	
23 Land and buildings		23		
24 Other assets (describe) ►		24		
25 Total assets	7,545	25	2,373	
26 Total liabilities (describe) ►		26		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	7,545	27	2,373	

85

19

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

What is the organization's primary exempt purpose? **Promotion of Bottineau**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28

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

28a

29

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

29a

30

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

30a

31

Total program service expenses (not less than \$20 thousand but \$21) If this amount includes foreign grants, check here

31a

32
De

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

31a

32
Da

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

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33 ✓

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34 ✓

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a ✓

b If "Yes," has it filed a tax return on **Form 990-T** for this year? 35b

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 ✓

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0 37a

b Did the organization file **Form 1120-POL** for this year? 37b ✓

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38a ✓

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 39a N/A

b Gross receipts, included on line 9, for public use of club facilities 39b N/A

40a 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 40b

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization N/A

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40e ✓

41 List the states with which a copy of this return is filed. ► **None**

42a The organization's books are in care of ► **Chamber Office** Telephone no ► **701-228-3849**
Located at ► **519 Main St, Bottineau, ND** ZIP + 4 ► **58318-1202**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b ✓

If "Yes," enter the name of the foreign country: ► 42b
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c ✓

If "Yes," enter the name of the foreign country: ► 42c

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 43

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 ✓

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 ✓

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

Question	Answer	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		48	
49a Did the organization make any transfers to an exempt non-charitable related organization?		49a	
b If "Yes," was the related organization a section 527 organization?		49b	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"			

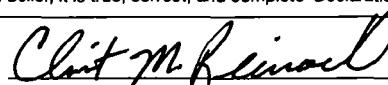
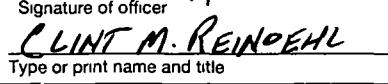
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

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

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

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	► 	Date	8-10-10
► 	Type or print name and title	CLINT M. REINOEHL EXEC. DIRECTOR	
Paid Preparer's Use Only	Preparer's signature ► 	Date 8-10-10	Check if self-employed ► <input type="checkbox"/> Preparer's identifying number (See instructions) P00746643
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► Lervik & Johnson PC 411 Sinclair St, Bottineau, ND 58318	EIN ► 45-0447421	Phone no ► 701-228-2259
May the IRS discuss this return with the preparer shown above? See instructions ► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

Bottineau Chamber of Commerce

Employer identification number

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Total

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 Promote Dwntwn (event type)	(b) Event #2 Ag Show (event type)	(c) Other events (1) Hunting (total number)	(d) Total events (add col (a) through col (c))
1 Gross receipts	10,441	3,550	1,400	15,391
2 Less. Charitable contributions				
3 Gross income (line 1 minus line 2)	10,441	3,550	1,400	15,391
4 Cash prizes				
5 Noncash prizes		169		169
6 Rent/facility costs		831	1,514	2,345
7 Food and beverages		1,630		1,630
8 Entertainment	778	870		1,648
9 Other direct expenses	13,102	2,615	366	16,083
10 Direct expense summary. Add lines 4 through 9 in column (d)				► (21,875)
11 Net income summary. Combine line 3, column (d), and line 10				► (6,484)

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				► ()
8 Net gaming income summary. Combine line 1, column d, and line 7				► ()

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities.		
a Is the organization licensed to operate gaming activities in each of these states?		
b If "No," explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	9a	
b If "Yes," explain:		
11 Does the organization operate gaming activities with nonmembers?	10a	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	11	
	12	

	Yes	No
13 Indicate the percentage of gaming activity operated in.	13a	%
a The organization's facility	13b	%
b An outside facility		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ►		
Address ►		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$		
c If "Yes," enter name and address of the third party.		
Name ►		
Address ►		
16 Gaming manager information:		
Name ►		
Gaming manager compensation ► \$		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
17 Mandatory distributions	17a	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

Statement 1

Bottineau Chamber of Commerce
45-0338151
Form 990-EZ
2009

Part I, Line 16

Expenses

Dues	\$ 675
Promotions	7,764
Supplies	1,621
Telephone	1,588
Travel	537
Downtown Banners	<u>1,725</u>
	<u><u>\$ 13,910</u></u>