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Short Form  
Return of Organization Exempt From Income TaxUnder 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

2009

Open to Public  
Inspection

A For the 2009 calendar year, or tax year beginning APRIL 1

, 2009, and ending MARCH 31

, 2010

B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization

COLBY/THOMAS CO CHAMBER OF COMMERCE, INC

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

350 S RANGE AVE

10

City or town, state or country, and ZIP + 4

COLBY, KS 67701-2966

D Employer identification number

48-0506511

E Telephone number

785-460-3401

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: ► COLBYCHAMBER@THOMASCOUNTY.COM

H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)J Tax-exempt status (check only one) —  501(c)(6) ▲ (insert no)  4947(a)(1) or  527K 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 ► \$ 336,310

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

1	Contributions, gifts, grants, and similar amounts received	1	191,199
2	Program service revenue including government fees and contracts	2	0
3	Membership dues and assessments	3	85,383
4	Investment income	4	987
5a	Gross amount from sale of assets other than inventory	5a	
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)	5c	0
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	58,741
b	Less direct expenses other than fundraising expenses	6b	49,490
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	9,251
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	0
8	Other revenue (describe ► )	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	286,820
10	Grants and similar amounts paid (attach schedule)	10	48,431
11	Benefits paid to or for members	11	560
12	Salaries, other compensation, and employee benefits	12	97,869
13	Professional fees and other payments to independent contractors	13	2,682
14	Occupancy, rent, utilities, and maintenance	14	22,445
15	Printing, publications, postage, and shipping	15	1,002
16	Other expenses (describe ► SEE ATTACHED STATEMENT )	16	110,783
17	Total expenses. Add lines 10 through 16	17	283,772
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,048
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)	19	498,699
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	501,747

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 II)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	198,007	22 222,436
23	Land and buildings	301,970	23 280,549
24	Other assets (describe ► )		24
25	Total assets	499,977	25 502,985
26	Total liabilities (describe ► WITHHELD PAYROLL TAX )		1,278 26 1,238
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	498,699	27 501,747

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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

ENHANCE BUSINESS CLIMATE & PROMOTE AREA AS THE CHOICE TO LIVE, WORK & VISIT

What is the organization's primary exempt purpose **ENHANCE BUSINESS CLIMATE & PROMOTE AREA AS THE CHOICE TO LIVE, WORK & VISIT**  
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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

28

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

29

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

30 [View](#) [Edit](#) [Delete](#) [Details](#) [Print](#) [Email](#)

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

**31 Other program services (attach schedule)**

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

**32 Total program service expenses (add lines 28a through 31a)** . . . . ► **32** (

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

	<b>Yes</b>	<b>No</b>
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? 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 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	X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> 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	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b> <span style="float: right;">0</span>	37a	0
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	X
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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	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 ► _____		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____		
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 ► _____		
42a The organization's books are in care of ► <b>HOLLY A STEPHENS</b> Telephone no. ► <b>785-460-3401</b> Located at ► <b>350 S RANGE AVE STE 10 COLBY, KS</b> ZIP + 4 ► <b>67701-2966</b>		
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	X
If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ► _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b> ► <input type="checkbox"/>		
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

## 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

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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	46	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	47	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	48	
b	If "Yes," was the related organization a section 527 organization?	49a	
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."	49b	

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".

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

Sign Here	<p>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</p> <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="flex: 1; text-align: center;">  <p><u>Holly A. Stephens</u></p> <p>Signature of officer</p> </div> <div style="flex: 1; text-align: center;"> <p><b>08/10/10</b></p> <p>Date</p> </div> </div> <div style="display: flex; align-items: center; justify-content: space-between; margin-top: 10px;"> <div style="flex: 1; text-align: center;"> <p><b>HOLLY A STEPHENS</b></p> <p>EXECUTIVE DIRECTOR</p> <p>Type or print name and title</p> </div> <div style="flex: 1; text-align: center;"> <p>/</p> </div> </div>	
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Paid Preparer's Use Only	Preparer's signature 	Date 08/10/10	Check if self- employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	<b>ROGER D KOUGH</b> <b>190 WEST 6TH COLBY, KS 67701</b>		EIN 	Phone no  <b>785-462-3182</b>

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2009)

FORM 990-EZ

GRANTS & SIMILAR AMOUNTS

PAID: **Page 1 Line 10**

Prairie Museum of Art & History 1905 S Franklin Ave Colby, KS 67701	\$ 33,431	Activity - preservation of historical artifacts from the northwest Kansas area
City of Colby 585 N Franklin Ave Colby, KS 67701	\$ 15,000	Activity - tree planting project within the city limits
Total	<u>\$ 48,431</u>	

OTHER EXPENSES **Page 1 Line 16**

ADVERTISING & PROMOTION	\$ 34,157
BANK CHARGES	206
CONVENTION SERVICES	5,844
DEPRECIATION	32,391
DUES & FEES	1,480
INSURANCE	1,430
MEALS	3,364
MISCELLANEOUS	707
OFFICE EXPENSES	15,020
REPAIRS, MAINTENANCE	6,880
SUPPLIES	875
TELEPHONE	1,591
TRAVEL	<u>6,838</u>
TOTAL OTHER EXPENSES	<u>\$ 110,783</u>

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2009

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

**Name of the organization**

**Employer identification number**

## COLBY/THOMAS CO CHAMBER OF COMMERCE, INC

Employer identi  
48-0506511

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

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

b 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.

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 <b>BLUEGRASS</b> (event type)	(b) Event #2 <b>GOLF TOURNEY</b> (event type)	(c) Other events <b>2</b> (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts . . . . .	<b>34,501</b>	<b>6,707</b>	<b>17,533</b>	<b>58,741</b>
2 Less. Charitable contributions . . . . .				<b>0</b>
3 Gross income (line 1 minus line 2) . . . . .	<b>34,501</b>	<b>6,707</b>	<b>17,533</b>	<b>58,741</b>
Direct Expenses				
4 Cash prizes . . . . .				<b>0</b>
5 Noncash prizes . . . . .				<b>0</b>
6 Rent/facility costs . . . . .	<b>2,115</b>			<b>2,115</b>
7 Food and beverages . . . . .				<b>0</b>
8 Entertainment . . . . .				<b>0</b>
9 Other direct expenses . . . . .	<b>25,067</b>	<b>2,652</b>	<b>19,656</b>	<b>47,375</b>
10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				<b>( 49,490 )</b>
11 Net income summary. Combine line 3, column (d), and line 10 . . . . .				<b>9,251</b>

**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))
Revenue				
1 Gross revenue . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Direct Expenses				
2 Cash prizes . . . . .				<b>0</b>
3 Noncash prizes . . . . .				<b>0</b>
4 Rent/facility costs . . . . .				<b>0</b>
5 Other direct expenses . . . . .				<b>0</b>
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) . . . . .				<b>( 0 )</b>
8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . .				<b>0</b>

9 Enter the state(s) in which the organization operates gaming activities. <b>NONE</b>	Yes	No
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	<b>N/A</b>
b If "No," explain -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain -----	<b>10a</b>	<b>N/A</b>
11 Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	<b>X</b>
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? . . . . .	<b>12</b>	<b>X</b>

13 Indicate the percentage of gaming activity operated in

- a The organization's facility . . . . .
- b An outside facility . . . . .

	Yes	No
13a	0 %	
13b	0 %	

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?

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 ► .....

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- 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 ► \$ .....

15a		X
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17a		
-----	--	--