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Form 990-EZ

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 4/01		, 2009, and ending 3/31		, 2010																																																									
B Check if applicable		C Casper Area Chamber of Commerce PO Box 399 Casper, WY 82602		D Employer identification number 83-0109660																																																									
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending				E Telephone number (307) 234-5311																																																									
				F Group Exemption Number																																																									
<p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p> <p>I Website: ► N/A</p> <p>J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (6) □ (insert no.) 4947(a)(1) or 527</p> <p>K Check ► <input type="checkbox"/> 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</p> <p>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 ► \$ 341,133.</p>																																																													
<p>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)</p> <table border="1"> <tr> <td>1 Contributions, gifts, grants, and similar amounts received</td> <td>1</td> </tr> <tr> <td>2 Program service revenue including government fees and contracts</td> <td>2</td> </tr> <tr> <td>3 Membership dues and assessments</td> <td>3</td> </tr> <tr> <td>4 Investment income</td> <td>4</td> </tr> <tr> <td>5a Gross amount from sale of assets other than inventory</td> <td>5a</td> </tr> <tr> <td> b Less cost or other basis and sales expenses</td> <td>5b</td> </tr> <tr> <td> c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td> <td>5c</td> </tr> <tr> <td>6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/></td> <td></td> </tr> <tr> <td> a Gross revenue (not including \$ _____ of contributions reported on line 1)</td> <td>6a</td> </tr> <tr> <td> b Less direct expenses other than fundraising expenses</td> <td>6b</td> </tr> <tr> <td> c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)</td> <td>6c</td> </tr> <tr> <td>7a Gross sales of inventory, less returns and allowances</td> <td>7a</td> </tr> <tr> <td> b Less cost of goods sold</td> <td>7b</td> </tr> <tr> <td> c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td> <td>7c</td> </tr> <tr> <td>8 Other revenue (describe ► See Statement 1)</td> <td>8</td> </tr> <tr> <td>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8</td> <td>9</td> </tr> <tr> <td>10 Grants and similar amounts paid (attach schedule)</td> <td>10</td> </tr> <tr> <td>11 Benefits paid to or for members</td> <td>11</td> </tr> <tr> <td>12 Salaries, other compensation, and employee benefits</td> <td>12</td> </tr> <tr> <td>13 Professional fees and other payments to independent contractors</td> <td>13</td> </tr> <tr> <td>14 Occupancy, rent, utilities, and maintenance</td> <td>14</td> </tr> <tr> <td>15 Printing, publications, postage, and shipping</td> <td>15</td> </tr> <tr> <td>16 Other expenses (describe ► See Statement 2)</td> <td>16</td> </tr> <tr> <td>17 Total expenses. Add lines 10 through 16</td> <td>17</td> </tr> <tr> <td>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</td> <td>18</td> </tr> <tr> <td>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)</td> <td>19</td> </tr> <tr> <td>20 Other changes in net assets or fund balances (attach explanation)</td> <td>20</td> </tr> <tr> <td>21 Net assets or fund balances at end of year Combine lines 18 through 20</td> <td>21</td> </tr> </table>						1 Contributions, gifts, grants, and similar amounts received	1	2 Program service revenue including government fees and contracts	2	3 Membership dues and assessments	3	4 Investment income	4	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	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	b Less direct expenses other than fundraising expenses	6b	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	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 ► See Statement 1)	8	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	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	13 Professional fees and other payments to independent contractors	13	14 Occupancy, rent, utilities, and maintenance	14	15 Printing, publications, postage, and shipping	15	16 Other expenses (describe ► See Statement 2)	16	17 Total expenses. Add lines 10 through 16	17	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	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	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
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<p>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</p> <p>(See the instructions for Part II.)</p> <table border="1"> <thead> <tr> <th></th> <th>(A) Beginning of year</th> <th>(B) End of year</th> </tr> </thead> <tbody> <tr> <td>22 Cash, savings, and investments</td> <td>118,546.</td> <td>22 118,312.</td> </tr> <tr> <td>23 Land and buildings</td> <td>104,443.</td> <td>23 99,470.</td> </tr> <tr> <td>24 Other assets (describe ► See Statement 3)</td> <td>220,957.</td> <td>24 241,449.</td> </tr> <tr> <td>25 Total assets</td> <td>443,946.</td> <td>25 459,231.</td> </tr> <tr> <td>26 Total liabilities (describe ► See Statement 4)</td> <td>206,413.</td> <td>26 241,664.</td> </tr> <tr> <td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td> <td>237,533.</td> <td>27 217,567.</td> </tr> </tbody> </table>							(A) Beginning of year	(B) End of year	22 Cash, savings, and investments	118,546.	22 118,312.	23 Land and buildings	104,443.	23 99,470.	24 Other assets (describe ► See Statement 3)	220,957.	24 241,449.	25 Total assets	443,946.	25 459,231.	26 Total liabilities (describe ► See Statement 4)	206,413.	26 241,664.	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	237,533.	27 217,567.																																			
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BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

TEEA0803L 01/30/10

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

What is the organization's primary exempt purpose? See Statement 5

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, or other relevant information for each program title.

28 The Chamber functions to serve more than 900 members, publication of a weekly member bulletin, a monthly newsletter and increases the community's awareness and pride.

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

28 a

29 ——————

For more information, contact the Office of the Vice President for Research and the Office of the Vice President for Student Affairs.

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

29 a

30

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

30a

31 Other program services (attach schedule).

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

31a

32 Total program service expenses (add lines 28a through 31a) ▶ 32

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Kevin Sadler	President	0.	0.	0.
P.O. Box 399		0		
Casper, WY 82602				
Keith Cottam	President Elect	0.	0.	0.
P.O. Box 399		0		
Casper, WY 82602				
Bill Sullivan	Past President	0.	0.	0.
P.O. Box 399		0		
Casper, WY 82602				
Tassma Powers	Legal Counsel	0.	0.	0.
P.O. Box 399		0		
Casper, WY 82602				
Deanna Pickering	Treasurer	0.	0.	0.
P.O. Box 399		0		
Casper, WY 82602				

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

	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	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?	35 a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	X
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 ► 37a 0.	37 a	0.
b Did the organization file Form 1120-POL for this year?	37 b	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?	38 a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b	N/A
39 Section 501(c)(7) organizations Enter	39 a	N/A
a Initiation fees and capital contributions included on line 9	39 b	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	40 a	N/A
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	40 b	
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	40 c	0.
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	40 d	0.
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	40 e	X
41 List the states with which a copy of this return is filed ► None		
42a The organization's books are in care of ► Casper Area Chamber of Commerce Telephone no ► (307) 234-5311 Located at ► 500 North Center Casper WY ZIP + 4 ► 82601	42 a	
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)? If 'Yes,' enter the name of the foreign country ► _____	42 b	X
42c See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts. 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' ► _____	42 c	X
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	N/A
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

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'.

	Yes	No
46		
47		
48		
49 a		
49 b		

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'.

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.

Signature of officer

Date _____

Deanna Pickering

Treasurer

Type or print name and title

Paid Pre- parer's Use Only	Preparer's signature ► Non-Paid Preparer	Date	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	<input type="text"/>		EIN ► <input type="text"/>	Phone no ► <input type="text"/>

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

2
BAA

► Yes X No

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

► 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.

Name of the organization

Employer identification number

Casper Area Chamber of Commerce

83-0109660

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ 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.

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

<input type="checkbox"/> Mail solicitations	<input type="checkbox"/> Solicitation of non-government grants
<input type="checkbox"/> Internet and email solicitations	<input type="checkbox"/> Solicitation of government grants
<input type="checkbox"/> Phone solicitations	<input type="checkbox"/> Special fundraising events
<input type="checkbox"/> In-person solicitations	

2a Did the organization have 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

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.

REVENUE		(a) Event #1 <u>Fundraisers</u> (event type)	(b) Event #2 <u>Leadership Com</u> (event type)	(c) Other Events 3 (total number)	(d) Total Events (Add col (a) through col (c))
		56,329.	10,400.	17,932.	84,661.
1	Gross receipts	56,329.	10,400.	17,932.	84,661.
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)	56,329.	10,400.	17,932.	84,661.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	8,282.	3,823.	19,655.	31,760.
	10 Direct expense summary Add lines 4- through 9 in column (d)				31,760.
	11 Net income summary Combine lines 3, column (d) and line 10				52,901.

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.

REVENUE		(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	Non-cash 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 lines 1, column (d) and line 7				

9	Enter the state(s) in which the organization operates gaming activities	YES	NO
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If 'No,' explain		
-----	-----		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If 'Yes,' explain		
-----	-----		
11	Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in.

- a The organization's facility
b An outside facility

	YES	NO
13a	%	
13b	%	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contact 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?

17a

- 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 ► \$ _____

2009**Federal Statements****Page 1****Casper Area Chamber of Commerce****83-0109660****Statement 1**
Form 990-EZ, Part I, Line 8
Other Revenue

Progress Income	\$	-4,165.
Member Services		-10,255.
	Total	\$ <u>-14,420.</u>

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Bad Debt Expense	\$	313.
Bad Debt Recovery Fee		117.
Bank Fees		2,976.
Board Functions		1,107.
Board Insurance		1,407.
Depreciation		11,013.
Dues & Subscriptions		7,119.
Equipment Rental		14,475.
Insurance		7,639.
Internet-Web Site		5,089.
Marketing and Sales		1,864.
Office Expenses		6,244.
Property taxes		2,315.
Staff Education		389.
Travel		3,753.
TRC Expense		15,405.
	Total	\$ <u>81,225.</u>

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 199,059.	\$ 225,485.
Furniture and Fixtures	4,040.	3,168.
Machinery and Equipment	16,762.	12,796.
Postage Deposit	1,096.	0.
	Total \$ <u>220,957.</u>	\$ <u>241,449.</u>

Statement 4
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 25,928.	\$ 43,831.
Deferred Revenue	180,485.	197,833.
	Total \$ <u>206,413.</u>	\$ <u>241,664.</u>

2009

Federal Statements

Page 2

Casper Area Chamber of Commerce

83-0109660

**Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose**

Chamber functions include service to more than 900 members, publication of progress and increasing the community's business awareness and pride.