

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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Form **990**

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)

OMB No 1545 0047 2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

_		For the	2009 calen	dar year,	or tax year begi	nning Oct 1		, 2009, an	<u>ıd endin</u>	g Sep			, 2010		
E	3	Check if a	pplicable	Dieses	C Name of organi	ization					D Employ	er Iden	tification Nu	ımber	
		Addr	ess change	Please use IRS label		ke Chambe	r of Comm	erce			45-0	01 <u>1</u> 6	5761		
		Nam	e change	or print or type	Number and str	reet (or PO box if n	all is not delivered	to street addr)	Room/s	uite	E Telepho	ne nun	nber		
<u></u>		[] Initia	l return	See specific	Box 879				1		(70	1) 6	62-49	03	
SZ Zen		Term	nnation	Instruc- tions.	City, town or co	ountry		State ZII	P code + 4		, ,				
ιZ.		Ame	nded return		Devils La	ke		ND 5	8301		G Gross re	eceints	s 733	,698.	
.Z.		H	cation pending	F Name	and address of princip				0001	H(a) Is this	a group retur	_			X No
			oction pending		ozinski BOX		Devils L	ake ND 5	8301		affiliates incl			Yes	No
DEC		Tava	xempt statu			(insert no)	4947(a)		527	If 'No,'	attach a list	(see in	structions)		_
					<u>(c) (0) </u>	(Insert no)		(1) 01	527				-		
٨٤	<u>, </u>	TVEDS						1			exemption nu			. ND	
(%) E	<u>}</u>	Form o	forganization		ation Trust	Association	Other >	L Year	of Format	tion 192.	<u> </u>	state of	legal domic	le ND	
	<u>za</u>	Form 0 rt 1 B 2 C 3 N	Summ					M		.	h		4 4 4 4 4	1 : 4.	
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•	ě	2	heck this bo		if the organization						 % of its as				
	ဗိ	3 N			bers of the gove			oi disposed	1 01 11101	e (Hall 25	/0 UI IIS as		12		
	ಳ	4 N			it voting member			VI. line 1b)				4	12		
	<u></u>				yees (Part V, lin		3 , (,,				5	12		
	⋛₹		olavnaniber	r of völunt	eers (estimate if	necessary)						6	50		
	۲	7 <u>a</u> T	otal gross u	melated b	ousiness revenue	from Part VIII,	Icolumn (C), i	ne 12				7 a		116,	621.
_	Ы	- bN	et unrelated	l pusiness	taxable income	from Form 990	-T, line 34					7 b		18,	492.
ર્ગ	יויי	100	8 2010	6						P	rior Year		Cui	rent Yea	ar
Ĺ		8 C	ontributions	and gran	nts (Part VIII, line	e 1h)					77,9	02.			771.
((چُ				ue (Part VIII, Im										
~	5l	10-1	ivestment-ir	n come (Pa	art VIII, column ((A), lines 3, 4, a	nd 7d)				1,0	08.		1,	001.
201	å	11 C	ther revenu	e (Part VI	III, column (A), li	ines 5, 6d, 8c, 9	c, 10c, and 11	e)			513,9	62.		648,	926.
₹ -		12 T	otal revenue	e – add lii	nes 8 through 11	(must equal P	art VIII, columr	n (A), line 12	2)		592,8	372.		733,	698.
=		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)													
	1	14 Benefits paid to or for members (Part IX, column (A), line 4)													
₹	_	15 S									158,1	.30.		182,	581.
_	ses		16a Professional fundraising fees (Part IX, column (A), line 11e)												
2	Expen											•••			
Ž	Δ				nses (Part IX, co		· ·				400 1				
					IX, column (A), I					1	492,1		-	523,	
OCAMBED JAN			-		nes 13-17 (must	•	• • •	e 25)		<u> </u>	650,2			705,	
Õ -	_	19 R	evenue less	expense	s. Subtract line	18 from line 12	•			-	-57,3	375.	_		<u>059.</u>
	Net Assets or Fund Balancos									Begir	nning of Y	ear	En	d of Yea	ır
	30.00		otal assets	• .	,						273,0			280,	
:	E P	21 T	otal liabilitie	es (Part X,	, line 26)						95,8	<u> </u>		<u>75,</u>	<u> 125.</u>
	žZ	22 N	et assets or	fund bala	ances. Subtract I	ine 21 from line	20				177,1	96.		205,	254.
	Pa	rt II	Signat	ure Blo	ck										
			Under penaltie true, correct	es of perjury	I declare that I have Declaration of preparation	examined this return	, including accomp	anying schedule	es and stat	tements, and	to the best o	ıf my kn	owledge an	d belief, it	ıs
			true, correct.		Declaration of prepa	arer (other than offic	er) is based on all'i	nfórmation of w	thich prepa				_		
9	Sig	n	▶ / * //	Most	(3 DEC	6	2010		
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			Type or p	rint name an	d title										
_	_			-				Date		CI	heck if	٦,	reparer's idi	entifying nu	ımber
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	?re		Preparer's signature	▶ 7	Tith 10 Dr	MAL	ע	11-	1-16			د ا	P010:	2990	17
		er's	Firm's name (or BRT	TSCH & ASS	OCIATES			<u> </u>	-					
	Jse		yours if self employed),		6TH AVE N	 		<u>.</u>			ın ► -	3 0 -	174	102) (
•) On	У	address, and ZIP + 4		ILS LAKE		ND	58301-	.2512		hone no	(70		2-8-7	all
_	/av	the IR	Ŀ 		with the preparer	shown above?			2313	Į FI		<u> </u>	X Ye		No
_					rwork Reduction		<u> </u>		ς.		TEEA0101	07/20		orm 990	
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		0-01167	οΤ		Page Z
-	rt III Statement of Program Service Accomplishments				
, 1	Briefly describe the organization's mission				
	To promote and enhance the quality				
	of life for the residents of the Devils Lake area through programs	. 			- - -
	See Form 990, Page 2, Part III, Line 1 (continued)				
2	Did the organization undertake any significant program services during the year which were not listed on the prior	r			
	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O			٠	
2	,		Yes	\mathbf{x}	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? .	Ш	162	₾	NO
	If 'Yes,' describe these changes on Schedule O				
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expeand 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocat	enses Sect	ION 50	l(C)(3) Itotal	
	expenses, and revenue, if any, for each program service reported	10113 10 01110		total	
48	a (Code) (Expenses \$ including grants of \$) (Reven				
	The chamber of commerce promotes the general welfare of the				
	Devils Lake area for prosperity within the economic,				- - -
	commercial, industrial and educational trade areas.				
			. 		
					
41	b (Code) (Expenses \$ including grants of \$) (Reven	ue Ś)
•	Toosa	· · ·			—′
		. 			
			- - -		
	•				
4	c (Code) (Expenses \$ including grants of \$) (Reven	ue \$)
		. 	. _	. _	
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			-		
			· -		
		. – – – –			
4	d Other program services (Describe in Schedule O.)				
	(Expenses \$ including grants of \$) (Revenue \$)	
_ 40	e Total program service expenses 🕨				

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 Х 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? 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 3 Х Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts where 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 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV 9 Х Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes,' complete Schedule D, Part V 10 Х Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable 11 Х Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI • Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII • 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 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 Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 Х Yes No 12 AWas the organization included in consolidated, independent audited financial statement for the tax 12 A Х year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I* 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Х 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 19 Х 20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 20 Х

Checklist of Required Schedules (continued)

Part IV

Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part 22 IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III Х 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 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c 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 25 a Section 501(c)(3) and 501(c)(4) 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 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 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III* 27 Х 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b Х c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes.' complete Schedule N. Part I 31 Х 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 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 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 Х Part V. line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is 37 treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 38 Note. All Form 990 filers are required to complete Schedule O 38 Х Form 990 (2009) BAA

`			Yes	No		
1 a	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable 1	3				
ŧ	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0				
(c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ļ		
	(gambling) winnings to prize winners?	10	X			
2 8	a 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 2 a 1	2		ļ		
21	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 t	X			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see instructions)		<u> </u>			
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3 <i>a</i>	х			
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in 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)?						
ŧ	b 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					
5 a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X		
ŀ	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 t		Х		
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?					
6	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?					
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?					
7	Organizations that may receive deductible contributions under section 170(c).	1				
	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?					
ı	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	71	,	Х		
•	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file					
	Form 82827	70	<u> </u>	X		
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d		-	ļ		
•	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76	,	х		
1	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х		
ç	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 ç	ı			
ı	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	71	ı			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business					
_	holdings at any time during the year?	8	<u> </u>	-		
	Sponsoring organizations maintaining donor advised funds.		ļ			
	a Did the organization make any taxable distributions under section 4966?	9a	+			
	b Did the organization make any distribution to a donor, donor advisor, or related person?	91	!			
	Section 501(c)(7) organizations. Enter					
	a Initiation fees and capital contributions included on Part VIII, line 12	4				
	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 other 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)		ļ	ļ		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>		
!	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b					

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

Sec	tion A.	Governing Body and Management					
						Yes	No
1:	a Enter the	number of voting members of the governing body		1a 12	」	7	
	b Enter the	number of voting members that are independent		1b 12	4		
2	Did any o	officer, director, trustee, or key employee have a family relationship or a li rector, trustee or key employee?	business rela	ationship with any other	2		<u></u>
3	Did the o	rganization delegate control over management duties customarily perform s, directors or trustees, or key employees to a management company or	ned by or un	der the direct supervision	3		x
4		rganization make any significant changes to its organizational documents	-		4		Х
	since the	prior Form 990 was filed?					
5	Did the o	rganization become aware during the year of a material diversion of the o	organization'	s assets?	5		<u> </u>
6 Does the organization have members or stockholders?						X	
7	a Does the governing	organization have members, stockholders, or other persons who may ele	ect one or m	ore members of the .	7a		X
	b Are any o	decisions of the governing body subject to approval by members, stockho	lders, or oth	er persons?	7ь		X
8	Did the o	rganization contemporaneously document the meetings held or written ad	ctions under	aken during the year by			
	a The gove	rning body?			8a	Х	
	b Each con	nmittee with authority to act on behalf of the governing body?			8ь	Х	
9 Is there any officer, director or 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 in Schedule O							х
Sec	ction B.	Policies (This Section B requests information about po	licies not	required by the Interna	al .		
Rev	enue Code)				,	
	_					Yes	No
		organization have local chapters, branches, or affiliates?			10a		<u>X</u>
	b If 'Yes,' o and bran	loes the organization have written policies and procedures governing the ches to ensure their operations are consistent with those of the organizat	activities of tion?	such chapters, affiliates,	10 b		
		organization provided a copy of this Form 990 to all members of its gover		efore filing the form?	11	Х	
		in Schedule O the process, if any, used by the organization to review thi			100	v	لــــا
		organization have a written conflict of interest policy? If 'No,' go to line is		hat aculd awa risa	12a	Х	
	to conflic		•	· ·	12 b	Х	
	c Does the Schedule	organization regularly and consistently monitor and enforce compliance \underline{O} how this is done	with the poli	cy? If 'Yes,' describe in	12c	х	
13		organization have a written whistleblower policy?			13	Х	
14		organization have a written document retention and destruction policy?			14	<u>X</u>	
15	Did the p persons,	rocess for determining compensation of the following persons include a r comparability data, and contemporaneous substantiation of the deliberat	review and a tion and deci	pproval by independent sion?			
	a The orga	nization's CEO, Executive Director, or top management official		•	15 a		X
	b Other off	icers of key employees of the organization			15b		X
		line 15a or 15b, describe the process in Schedule O. (See instructions)					
16	a Did the o entity dua	rganization invest in, contribute assets to, or participate in a joint venture ring the year?	e or similar a	arrangement with a taxable	16a		X
	in joint v	has the organization adopted a written policy or procedure requiring the o enture arrangements under applicable federal tax law, and taken steps to	rganization to safeguard t	o evaluate its participation he organization's exempt	100		
<u> </u>		th respect to such arrangements? Disclosures		······································	16b		
<u> 17</u>		tates with which a copy of this Form 990 is required to be filed Nor	th Dako				
					 vallable		
ığ		5104 requires an organization to make its Forms 1023 (or 1024 if applical n Indicate how you make these available Check all that apply website Another's website X Upon request	vie), 330, a⊓	u əəb-i (əbi(c)(ə)s oniy) av	анаріе	ioi pu	DIIC
10	_			ante conflict of interest make		finan-	ıal
	statemer	in Schedule O whether (and if so, how) the organization makes its gover its available to the public	-				iai
		name, physical address, and telephone number of the person who posse					1002
	- Devils I	ake Chamber of Commerce Hwy 2 Devils I	10 V E V	<u>ιπ </u>	, DT 1 6	<u>,02-</u> ,	3202

Page 7

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed
- 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. See instructions for definition of 'key employees.'
- 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee. (A) (D) (E) (F) (B) (c) Estimated amount of other compensation from the organization Average hours per week Position (check all that apply) Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from elated organizations (W-2/1099-MISC) Name and Title יומיאולו institutional trustee Key employee Highest coingensated employee raire, 2 i a truces and related organizations Dick Prozinski Board Chair 2.00 Х X 0. 0 0. Jeff Huber 0 0. Past Board Chair 2.00 X 0. Jeff Klemetsrud 0. 2.00 X 0. 0 Vice Board Chair Chad Peterson Treasurer 2.00 Х Х 0. 0. 0. Erin Wood 0. 0. 0. 1.00 Х Director Dan Traynor 0. 0. Director 1.00 X 0. Kirk Baeth 0. 1.00 X 0. 0. Director Dan Ness 0. 0. 0. 1.00 X Director Paul Matheny 0. 1.00 X 0. 0. Director Robert Butterfield 0. 1.00 0 0 Х Director Quince Hambek____ 1.00 Х 0. 0. 0. Director Mike Yoder ___ 0. 0. 1.00 Х 0. Director

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization >

Pai	t VIII Statement of Revenue					
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2 2	1a Federated campaigns 1a				<u> </u>	
NA.	b Membership dues 1b	83,771.				
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	c Fundraising events 1c					
	d Related organizations 1 d					
S,G	e Government grants (contributions) 1 e					
NO.	f All other contributions, gifts, grants, and					
PE	similar amounts not included above 1 f					
NTR O O	g Noncash contribns included in lns 1a-1f	3				
8₹	h Total. Add lines 1a-1f	>	83,771.			
IUE		Business Code				
KE	2a				<u>_</u>	
E 28	b				<u>.</u>	
NC.	c					
SER	d					
¥.	e					
20	f All other program service revenue					
-RA	g Total. Add lines 2a-2f	<u> </u>				
	3 Investment income (including dividend	s, interest and	1 001	1 001	•	
	other similar amounts)		1,001.	1,001.	0.	0.
	4 Income from investment of tax-exemp	bond proceeds				
	5 Royalties (i) Real	(ii) Personal				
	6a Gross Rents 18,000					
	b Less rental expenses	/· 				
	c Rental income or (loss) 18,000	<u> </u>				
	d Net rental income or (loss)	<u>' · .</u> ▶	18,000.	18,000.	0.	0.
	(i) Securities	(ii) Other	10,000.	10,000.	<u>.</u>	0.
	7a Gross amount from sales of assets other than inventory	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	<u> </u>				
E	8a Gross income from fundraising events					
OTHER REVENU	of contributions reported on line 1c)	-				
Æ	See Part IV, line 18	a				
Æ	b Less direct expenses	b				
ō	c Net income or (loss) from fundraising				· 	
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	ь				
	c Net income or (loss) from gaming activ	/ities ►				
	, , , ,					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inve	entory >				
	Miscellaneous Revenue	Business Code				
	11a Tourism Exp Reimbursement	999999	65,000.	65,000.	0.	0.
	b Project Income	999999	82,318.	82,318.	0.	0.
	c Tourism Revenue	999999	309,894.	309,894.	0.	0.
	d All other revenue		173,714.	57,093.	116,621.	0.
	e Total. Add lines 11a-11d	•	630 <u>,</u> 926.			
	12 Total revenue. See instructions	>	733,698.	533,306.	116,621.	0.

Part IX: Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

		(A)	(B)	(C)	(D)
Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22		_		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	141,936.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,954.			
9	Other employee benefits	16,195.			
10	Payroll taxes	15,496.			
11	Fees for services (non-employees) .	,			
á	n Management				
ŀ	Legal				
	Accounting	3,400.			
(1 Lobbying				
	Prof fundraising svcs See Part IV, In 17.				
	Investment management fees				
	Other				
	Advertising and promotion	118,969.			
	Office expenses	32,510.			
14	Information technology	21,447.			
15	Royalties	,			
16	Occupancy	13,200.	· · · · · · · · · · · · · · · · · · ·		
17	Travel	10,430.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4,509.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,039.			
	Insurance	1,476.			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
á	Utilities	32,508.			
t	Dues & Subscriptions	2,146.			
•	Reimbursement	65,000.			
c	Special Project Expense	72,363.			
•	Repairs & Maintenance	26,173.			
f	All other expenses	107,888.	<u>.</u> .		
25	Total functional expenses. Add lines 1 through 24f	705,639.			
26	Joint costs. Check here Inf following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

	-			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		29,909.	. 1	28,384.
	2	Savings and temporary cash investments		73,819.	2	87,075.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		3,794.	4	6,524.
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part I		5		
	6	Receivables from other disqualified persons (as define	other disqualified persons (as defined under section 4958(f)(1))			<u> </u>
		and persons described in section 4958(c)(3)(B) Comp	olete Part II of Schedule L		6	
ASSETS	7	Notes and loans receivable, net			7	
Ē	8	Inventories for sale or use			8_	
Š	9	Prepaid expenses and deferred charges		158.	9	4,042.
	10 a	Land, buildings, and equipment cost or other basis	10a 252,070.			
		Complete Part VI of Schedule D				
	b	Less: accumulated depreciation	10b 97,716.	165,393.	10 c	154,354.
	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		14		
	15	Other assets See Part IV, line 11		15		
	16	Total assets Add lines 1 through 15 (must equal line	34)	273,073.	16	280,379.
	17	Accounts payable and accrued expenses		12,100.	17	13,088.
	18	Grants payable			18	
	19	Deferred revenue	400.	19	1,610.	
Ļ	20	Tax-exempt bond liabilities		20		
A B I	21	Escrow or custodial account liability Complete Part I'	V of Schedule D		21	
L	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per	stees, key employees, sons Complete Part II			
- 1		of Schedule L			22	
E S	23	Secured mortgages and notes payable to unrelated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated third	parties	83,377.	24	60,427.
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		95,877.	26	75,125.
N E T		Organizations that follow SFAS 117, check here	and complete lines			
_		27 through 29 and lines 33 and 34.			 	
S	27	Unrestricted net assets			27	
Ĕ	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets	ently restricted net assets			
R		Organizations that do not follow SFAS 117, check he	re ► X and complete			
DZO.		lines 30 through 34.			ļ	
N	30	Capital stock or trust principal, or current funds		177,196.	30	205,254.
B	31	Paid-in or capital surplus, or land, building, and equip	ment fund		31	
Ä	32	Retained earnings, endowment, accumulated income,	or other funds		32	
BALAZCES	33	Total net assets or fund balances		177,196.	33	205,254.
<u>s</u>	34	Total liabilities and net assets/fund balances		273,073.	34	280,379.

BAA

280,379. Form **990** (2009)

form 990 (2009) Devils Lake Chamber of Commerce 45-01	16761	Pa	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990. Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	
b Were the organization's financial statements audited by an independent accountant?	2 b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aureview, or compilation of its financial statements and selection of an independent accountant?	dıt,		x
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on consolidated basis, separate basis, or both	а		
X Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3 a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits	nudit 3 b	,	

BAA

Form 990 (2009)

SGHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047 2009

Open to Public Inspection

Name of the organization

Employer Identification number

Dev	vils Lake Chamber of Commerce				45-0116761	
Par		r Advised Funds or Othe to Form 990, Part IV, line	er Similar Funds			e if
		(a) Donor advised		(b) Fu	unds and other acc	ounts
1	Total number at end of year	(4)				
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
_						
5	Did the organization inform all donors and don funds are the organization's property, subject to	to the organization's exclusive I	legal control?		🗌 Yes	☐ No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	he benefit of the donor or dono	g that grant funds ma r advisor or for any o	y be ther	Yes	No
Par	t II Conservation Easements Comple		swered 'Yes' to E	orm 99	0 Part IV line	7
	Purpose(s) of conservation easements held by	<u> </u>		31111 33	5, 1 411 17, 1110	••
'	Preservation of land for public use (e.g., re	` `	Preservation of ar	historical	ly important land :	area
	Protection of natural habitat	osteation of pleasure;	Preservation of ce		•	
	Preservation of open space	i		i (iiicu Tiisi	one structure	
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservation	contribution in the fo	orm of a co	onservation easem	ent on the
					Held at the End o	f the Year
ā	Total number of conservation easements		į	2a		
t	Total acreage restricted by conservation easer	ments		2b		
c	: Number of conservation easements on a certif	ied historic structure included ii	n (a)	2c		
c	Number of conservation easements included in	n (c) acquired after 8/17/06		2d		
3	Number of conservation easements modified,	transferred, released, extinguis	hed, or terminated by	the organ	nization during the	tax
	year ►					
4	Number of states where property subject to co	nservation easement is located	·			
5	Does the organization have a written policy requand enforcement of the conservation easemen		, inspection, handling	of violation	ons, Yes	No
6	Staff and volunteer hours devoted to monitoring during the year ►	ng, inspecting, and enforcing co	nservation easement	s 		_
7	Amount of expenses incurred in monitoring, in during the year ►	specting, and enforcing conser	vation easements	\$_		
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the req	uirements of section		Yes	☐ No
9	In Part XIV, describe how the organization repinclude, if applicable, the text of the footnote to conservation easements	orts conservation easements ir o the organization's financial st	n its revenue and expo atements that describ	ense state bes the org	ment, and balance ganization's accoui	e sheet, and nting for
Par	t III Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical wered 'Yes' to Form 990	Treasures, or Ot , Part IV, line 8.	her Sim	ilar Assets	
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial statemen	ic exhibition, education, or rese				
t	 If the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items 	SFAS 116, to report in its reve lic exhibition, education, or rese	enue statement and be earch in furtherance o	alance she of public se	eet works of art, hi ervice, provide the	storical following
	(i) Revenues included in Form 990, Part VIII,	line 1			► \$	
	(ii) Assets included in Form 990, Part X				►\$ ►\$	
2	If the organization received or held works of ar amounts required to be reported under SFAS 1		similar assets for fin	ancıal gaır		
a	Revenues included in Form 990, Part VIII, line	1			► \$	
Ł	Assets included in Form 990, Part X				►\$ ►\$	

Schedule D (Form 990) 2009 Devils				45-011		Page 2
Part III Organizations Maintain	ing Collecti	ons of Art, Histo	orical Treasures, or	Other Similar Ass	ets (contin	uea)
3 Using the organization's acquisition items (check all that apply)	accession and	other records, chec	k any of the following the	at are a significant use	of its collection	1
a Public exhibition		d Loan	or exchange programs			
b Scholarly research		e 📙 Other				
c Preservation for future generation						
4 Provide a description of the organiza Part XIV		•	,		ın	
5 During the year, did the organization assets to be sold to raise funds rath	n solicit or rece er than to be r	eive donations of art, maintained as part of	historical treasures, or the organization's colle	other similar ction?	Yes	□No
Part IV Escrow and Custodial A 9, or reported an amoun	Arrangemer	its Complete if o	organization answer		90, Part IV,	line
1a Is the organization an agent, trustee included on Form 990, Part X?	e, custodian, oi	other intermediary	for contributions or other	r assets not	Yes	
b If 'Yes,' explain the arrangement in	Part XIV and o	complete the followin	g table			
					Amount	
c Beginning balance				1 c		
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				<u> </u>	_	
2a Did the organization include an amo		90, Part X, line 21?			Yes	∐ No
b If 'Yes,' explain the arrangement in						
Part V Endowment Funds Com					1	
	(a) Current yea	r (b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four yea	ars back
1 a Beginning of year balance						
b Contributions						
c Net Investment earnings, gains, and losses						
d Grants or scholarships						
Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of	f the year end	balance held as				
a Board designated or quasi-endowme	ent 🟲	%				
b Permanent endowment ►	8					
c Term endowment ►	%					
3a Are there endowment funds not in the organization by	ne possession	of the organization t	hat are held and admini	stered for the	Yes	No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	\top
b If 'Yes' to 3a(ıı), are the related orga	anizations liste	d as required on Sch	nedule R?		3b	1
4 Describe in Part XIV the intended us		•			•	
Part VI Investments-Land, Bui				, line 10.		
Description of investment		Cost or other basis (investment)		(c) Accumulated Depreciation	(d) Book \	/alue
1a Land					·	
b Buildings			169,025.	25,480.	143	3,545.
c Leasehold improvements			_			
d Equipment			83,045.	72,236.	10	,809.
e Other						
Total. Add lines 1a through 1e (Column (d	d) must equal	Form 990, Part X, co	olumn (B), line 10(c))	· •		1,354.
BAA				Sched	dule D (Form 9	90) 2009

Schedule 10 (Form 990) 2009 Devils Lake Chamber of Commerce

45-0116761

Page 3

for uncertain tax positions under FIN 48.

		-011	<u> </u>	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII,column (A), line 12)	-		
2	Total expenses (Form 990, Part IX, column (A), line 25)	ļ		
3	Excess or (deficit) for the year. Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments	-		
5	Donated services and use of facilities	ļ		
6	Investment expenses	ļ		
7	Prior period adjustments			
8	Other (Describe in Part XIV)	.		
9	Total adjustments (net). Add lines 4 through 8	ļ		
10				
Pa	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	\mathbf{I}		
1	Total revenue, gains, and other support per audited financial statements	1		
	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
	Net unrealized gains on investments	-		
	Donated services and use of facilities 2b	.		
	Recoveries of prior year grants	.		
	Other (Describe in Part XIV)			
	e Add lines 2a through 2d	2e		
-	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investments expenses not included on Form 990, Part VIII, line 7b	_		
١	Other (Describe in Part XIV)	<u>.</u>		
•	c Add lines 4a and 4b	4c		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn	
1	Total expenses and losses per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	a Donated services and use of facilities	-		
l	Prior year adjustments	.		
	Other losses 2c	-		
•	d Other (Describe in Part XIV)	igwdown		
	e Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investments expenses not included on Form 990, Part VIII, line 7b	-		
	Other (Describe in Part XIV)	.		
	c Add lines 4a and 4b	4c		
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5		
Pa	rt XIV Supplemental Information			
lıne	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, li 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b Also complete this part mation	nes 1b to prov	and 2b, Part	V, ional – – – –
			-	
			-	
- -		-	· -	
- -			· 	
		-		

TEEA3304 02/02/10

Schedule **D** (Form 990) 2009

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Schedule D (Form 990) 2009 Devils Lake Chamber of Commerce PartXIV Supplemental Information (continued)	45-0116761	Page 5
PartXIV Supplemental Information (continued)		
		- - -
		
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### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Open to Public Inspection

Name of the organization	Employer identification number
Devils Lake Chamber of Commerce	45-0116761
Pt_VI-C, Line 19 A copy is made when requested	
Pt_VI-B, Line 12c The issue is first brought to the attention of the office	manager, then the director.
Pt_VI-B, Line 11A The 990 is presented at the Board of Directors	meeting
Pt VI-A, Line 6 The organization has members.	
<del>-</del>	
	<del></del>
	<del></del>
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Form 4562

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

 OMB No 1545-0172

2009

Attachment Sequence No 67

Name	(s) shown on return	- 1	Identifying number									
	rils Lake Chamber	4	45-0116761									
	ess or activity to which this form relate											
_	m 990 / Form 990E				· · · · · · · · · · · · · · · · · · ·							
Par		ense Certain F	Property Under Sectory Complete Part V before y	tion 179	art I							
1	Maximum amount See the				u/ ()		1	\$250,000.				
2	Total cost of section 179 pr		-	.5		•	2					
3	Threshold cost of section 1			see instructions	3)		3					
4	Reduction in limitation Sub		4									
5	Dollar limitation for tax yea	r Subtract line 4 f			married fil	ing						
	separately, see instructions			las.			5					
6_	(a)	(a) Description of property (b) Cost (business use only) (c) Elected of										
 7	Listed property Enter the a	mount from line 2	9		7			-				
8	Total elected cost of section			. lines 6 and 7	<u> </u>		8					
9	Tentative deduction. Enter	9										
10	Carryover of disallowed ded		=				10					
11	Business income limitation					(see instrs)	11					
12	Section 179 expense deduc					<u> </u>	12					
13 Note	Carryover of disallowed dec : Do not use Part II or Part I				▶ 13	<u></u>						
Par			ce and Other Depre		ماميناه مناهما	Listed areasety	\ (Ca)	- instructions \				
							1	instructions)				
14	Special depreciation allowatax year (see instructions)	ince for qualified p	property (other than listed	l property) plac	ed in serv	vice during the	14					
15	Property subject to section	168(f)(1) election			•		15					
	Other depreciation (including						16					
Par		 	clude listed property) (S	ee instructions	3)	<u> </u>		· · · · · · · · · · · · · · · · · · ·				
<u></u>		3	Section		,							
17	MACRS deductions for asse	ets placed in servi	ce in tax years beginning	before 2009			17	11,039.				
18	If you are electing to group	any assets placed	t in service during the tax	vear into one	or more o	neneral						
	asset accounts, check here	dily assets placet	and service during the tax	- year into one	or more ş	▶ □						
		 Assets Placed 	in Service During 2009 T		the Gene	ral Depreciation	ı Syst	tem				
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Conver			(g) Depreciation deduction				
19 a	3-year property											
b	5-year property											
	: 7-year property				1							
	10-year property					-						
	15-year property				-							
	20-year property			25								
	g 25-year property			25 yrs	MM	S/1 1 S/1						
r	Residential rental property											
			27.5 yrs	MN	<u> </u>							
i Nonresidential real property 39 yrs MM S/												
		Assets Placed in	Service During 2009 Ta	v Year Heing t				stem				
20 2	Section C — Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20 a Class life S/L											
	b 12-year 12 yrs S/L											
	: 40-year	 L										
Par		structions)	·	40 yrs_	I MN							
	Listed property Enter amou			- -	_		21					
	Total. Add amounts from line 12, the appropriate lines of your return	lines 14 through 17. Iir	nes 19 and 20 in column (g), an corporations — see instructions	d line 21 Enter he	re and on		22	11,039.				
23	For assets shown above an the portion of the basis attr											

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Page 2

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

		(a) tillough (c)	Or Occion / (un 01 000			1017 0 17	арри							
		n A – Deprecia				ution: S						·	mobiles		т
24 8	a Do you have eviden	ce to support the bu	isiness/investme	nt use claim	ed?		Yes	بلل	No 24b	If 'Yes,' is t	he evidence	written?	<u>L</u>	Yes	No
Ту	(a) Type of property (list vehicles first) (b) Date placed in service In service Business/ Investment Use percentage		(d Cost other t	or	(busine	(e) Basis for depreciation (business/investment use only)		Recovery M		(g) Method/ Invention	Depr	(h) Depreciation deduction		(i) Elected section 179 cost	
25	Special depreci	ation allowance	for qualified	listed propuse (see	perty plac	ced in s	ervice d	uring	the tax	year and	25				
26															
															
		<u> </u>	1 1			<u> </u>									
	Property used 5	00% or less in a	qualified bus	iness use		I					····				
			 		···						-			1	
										<u> </u>		-		7	
28	Add amounts in	column (h), lın	es 25 through	27 Ente	r here an	d on lin	e 21, pa	ige 1			28				
29	Add amounts in	column (ı), line	e 26 Enter he	ere and on	line 7, p	age 1							29		
					B – Info										
	iplete this section our employees, fi														cles
io ye	our employees, ii	ist allswer the t	questions in c					Cepin		· -					
30		investment miles driven		1	(a) Vehicle 1		(b) Vehicle 2		(c) /ehicle 3		(d) nicle 4	(e) Vehicle 5		(f) Vehicle 6	
	commuting mile	(do not include es)	;	10.1		VETTICIC Z			00.0	10.		13.110.0		1	
31	Total commuting m		he year												
32	Total other pers	er personal (noncommuting) ven													
33	Total miles driv	en during the ye	ear Add											-	
	J			Yes	No	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No
34		Vas the vehicle available for personal use uring off-duty hours?													
35	Was the vehicle than 5% owner	e used primarily or related perso	by a more												
36	Is another vehicle available for personal use?				 										
		Section	C — Questio	ns for Emp	ployers V	Vho Pro	vide Ve	hicle	s for Us	e by Thei	r Employe	ees			
	wer these questic owners or related			an except	ion to coi	mpleting	g Sectio	n B f	or vehicl	es used b	y employ	ees who	are no	t more t	han
37	37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?											Yes	No		
38	Do you maintair employees? Se	n a written polic e the instruction	y statement t	hat prohib	its perso	nal use	of vehic	eles,	except c	ommuting more ow	, by your				
39	Do you treat all			•	•		-,	,					·		
40	Do you provide vehicles, and re	more than five stain the informa	vehicles to you	our employ 12	/ees, obta	aın ınfoı	rmation	from	your em	ployees a	about the	use of t	he		
41	Do you meet the Note: If your ar	•	Ψ,						•		•				
Pai	rt VI Amorti		<u> </u>							- · <u>-</u> ·	 				
(a)				(b)			(c) (d		(d)			(e)		(f)	
	Description of costs			nortization egins	Amortizable amount		Code section		per	Amortization period or percentage		Amortization for this year			
42	Amortization of	costs that begin	ns during you	r 2009 tax	year (se	ee instru	ıctions)								
				1					<u> </u>		.	1		-	
43		f costs that bega	=		-	to ==	nort					43	<u></u>		
44	rotai. Add amd	ounts in column	(i) see trie	การแนะแบก	SIUI WITE	sie io re	:DOL					1 44	i		