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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable.
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MOAB CHAMBER OF COMMERCE

Number and street (or P O. box, if mail is not delivered to street address) | Room/suite
217 EAST CENTER STREET

City or town, state or country, and ZIP + 4
MOAB UTAH 84532

D Employer identification number
87-0462372

E Telephone number
435-259-7814

F Group Exemption Number ▶

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

I Website: ▶

J Tax-exempt status (check only one) – ☐ 501(c)(3) ☐ 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	10
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	56096
	4	Investment income		4	68
	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	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	14944	
	c	Less: direct expenses from gaming and fundraising events	6c	9012	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	5932
	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 in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	62106
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	40829
	13	Professional fees and other payments to independent contractors		13	78
	14	Occupancy, rent, utilities, and maintenance		14	2667
	15	Printing, publications, postage, and shipping		15	8104
	16	Other expenses (describe in Schedule O)		16	4498
	17	**Total expenses.** Add lines 10 through 16 ▶		17	56176
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	5930
	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	24488
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	30418

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	25462	22	31695
23	Land and buildings	1911	23	1076
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	27373	25	32771
26	**Total liabilities** (describe in Schedule O)	2885	26	2353
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	24488	27	30418

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

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

What is the organization's primary exempt purpose?

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

28 (Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 28a

29 (Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 29a

30 (Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 30a

31 Other program services (describe in Schedule O)
(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 instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(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 & deferred compensation	(e) Expense account and other allowances
SEE ATTACHED LIST				

Part V **Other Information** (Note the statement requirements in the instructions for Part V.)
Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 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 ▶ _____			
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
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. ▶ UTAH			
42a	The organization's books are in care of ▶ KAMMY WELLS Telephone no. ▶ 435-259-7814			
	Located at ▶ 217 EAST CENTER STREET MOAB UTAH ZIP + 4 ▶ 84532			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶ _____			
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			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		✓

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		✓
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a		✓
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

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

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

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

f Total number of other employees paid over $100,000 ▶

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

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

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

Sign Here

▶ K Wells 15-10-12
Signature of officer Date

▶ Kammy Wells Executive Director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

MOAB CHAMBER OF COMMERCE 87-0462372

FORM 990-EZ, PART 1, LINE 16
OTHER EXPENSE STATEMENT

OTHER EXPENSES (DESCRIBE)

POSTAGE	601.00
ADVERTISING	581.00
INSURANCE	1,681.00
DUES, SUBSCRIPTIONS	273.00
LICENSE	40.00
SUPPLIES	1,144.00
CONVENTIONS	178.00
TOTAL	4,498.00

MOAB CHAMBER OF COMMERCE 87-0462372

SUPPORTING STATEMENT OF:
FORM 990-EZ, LINE 3

DESCRIPTION	AMOUNT
CHAMBER LUNCHEON AND SERVICES	23,394.00
MEMBERSHIPS	32,702.00
TOTAL	56,096.00

SUPPORTING STATEMENT OF:
FORM 990-EZ, LINE 6B

DESCRIPTION	AMOUNT
GOLF FUNDRAISER	7,860.00
CAR SHOW	317.00
BANQUET	200.00
JULY 4TH	3,838.00
WINTER SUN FESTIVAL	2,729.00
TOTAL	14,944.00

SUPPORTING STATEMENT OF:
FORM 990-EZ, LINE 6C

DESCRIPTION	AMOUNT
GOLF FUNDRAISER	3,879.00
CAR SHOW	100.00
JULY 4TH	2,762.00
WINTER SUN FESTIVAL	2,271.00
TOTAL	9,012.00

2010 Board of Directors

Board of Directors

Name	Position / Term	Work / Cell	Fax / Home	Email	Mailing Address / Physical Address
Phil Mueller KCYN Radio	2008-2010	259-1035 Work 260-8033 Cell	Fax / 259-1037	phil@kcynfm.com	1030 S. Bowling Alley Lane #3 Moab,UT 84532
Jason Taylor Moab Adventure Center	2008-2010	435 259-7019 work 260-1487 cell	Fax 259-8110	Jason@westernriver.com	225 South Main Moab,Ut 84532
Beth Mc Cue Zion's Bank	2008-2010	435-259-5961 Work	Fax 259-6087	emccue@zionsbank.com	330 S. Main /300 South Main Moab,Ut 84532
Teresa Wyatt Seek Haven	2008-2010	259-1658 Work 220-0666 Cell	Fax 259-1750	twyatthines@grand.state.ut.us	PO Box 876 Moab,Ut 84532
Sam Sturman Utah State University	Director 2009-2010	259-7432 Work	260-9771 Cell	samuel.sturman@usu.edu	113 Arbor Dr. Moab, UT 84532
Marlan Delay Travel Council Representative	Director 2008-2010	435-259-1370 Work	Fax 259-1376	mdelay@grand.state.ut.us	P.O. Box 550 /84 North 100 East Moab,Ut 84532
Jim Garner Frontier	Director 2008-2010	435 259-1410 work	Fax 259-5156 cell 210-0093	james.garner@ftr.com	15 N. 100 East Moab UT
Tara Richardson Mountain America Credit Union	Director 2008-2010	435 259-1500	220-1581 cell	trichardson@macu.org	1047 S Main Moab, UT 84532
Sarah Sidwell Tag-A-Long Expeditions	Director 2009-2011	435-259-8946	Fax 259-8990	salesdirector@tagalong.com	425 N. Main Moab, UT
Bob Ott Lodging Assoc. Representative	Director	435-259-6682 Work	Fax 259-8703 Home 259-9398	info@moabkoa.com	3225 S. HWY 191 Moab,Ut 84532
Judy Keogh Zax Restaurant	Director 2009-2011	259-6555 Work	260-8382 Cell	judy@zaxmoab.com	96 S. Main Moab, UT
Pat Holyoak Grand Co. Council Representative	Director	259-5736	260-2992 Cell	gpholyoak@preciscom.net	1360 S. Hwy 191 Moab, Ut

5/10/2012