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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

Α	For the	2010 calend	ar year, or tax year beginning $10/01/10$, and	d ending	09/3	0/11			
В	Check if	ck if applicable C Name of organization					D Employe	r identification number	
	Address	ss change Stanley-Sawtooth Chamber of					ĺ		
	Name cl	change Commerce					82-0	1429384	
	Initial ref	turn	Number and street (or P O box, if mail is not delivered to stree	et address)		Room/suite	E Telephon	e number	
	Termina	nted	PO Box 8				208-	774-3411	
	Amende	ed return	City or town, state or country, and ZIP + 4				F Group E	xemption	
	Applicat	ion pending	Stanley ID 8	33278	_		Number		
G	Account	ing Method.	Cash X Accrual Other (specify) ▶			H Check ▶	If the org	janization is not	
ı	Website	e: ▶ <u>WW</u>	w.stanleycc.org			required	to attach Sched	ule B	
<u>J</u>	Tax-exe	empt status (c	heck anly one) $-$ 501(c)(3) \overline{X} 501(c) ($\overline{6}$) \P (insert no	4947(8	a)(1) or	527 (Form 99	90, 990-EZ, or 99	90-PF)	
K	Check	▶ ☐ If the c	organization is not a section 509(a)(3) supporting organization an	d its gross red	eipts are	normally not more than	n \$50,000 A		
	Form 99	90-EZ or Form 9	990 return is not required though Form 990-N (e-postcard) may b	e required (se	e instructio	ons) But if the organiza	ation chooses		
_	to file a	return, be sure	to file a complete return						
L	Add line	s 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200	,000 or more,	or if total a	assets (Part II,			
			ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ				▶ \$	50,170	
F	art I	Reven	ue, Expenses, and Changes in Net Assets	or Fund	Balan	ces (see the instr	uctions for F		
2012		Check	if the organization used Schedule O to respond to	any quest	on in th	ıs Part I		<u>X</u>	
	1	Contributions,	gifts, grants, and similar amounts received				1	29,911	
ಅ	2	Program ser	vice revenue including government fees and contracts				2		
MAR 0	3	Membership dues and assessments See Statement					3	20,258	
	4	Investment ı	ncome	•			4	1	
	5a	Gross amou	nt from sale of assets other than inventory		5a		*	***	
	b	Less cost o	r other basis and sales expenses		5b		Î		
	С	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line	e 5a)			5c		
	6	Gaming and	fundraising events				36		
Revenue NINED	a	Gross incom	ne from gaming (attach Schedule G if greater than						
8		\$15,000)			6a				
Re	b	Gross incom	ne from fundraising events (not including \$		of conti	ributions			
		from fundra	sing events reported on line 1) (attach Schedule G if the				1 1		
		sum of such	gross income and contributions exceeds \$15,000)		6b		\ .		
	C	Less direct	expenses from gaming and fundraising events	_	6c				
	d	Net income	or (loss) from gaming and fundraising events (add lines 6	a and 6b and	d subtrac	t			
	İ	line 6c)					_6d		
	7a	Gross sales	of inventory, less returns and allowances		7a				
	b	Less cost of	f goods sold	-	7b				
	C	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line	e 7a)			7c		
	8	Other reven	ue (describe in Schedule O)				8		
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	I R		\ <u>/</u>	▶ 9	50,170	
	10	Grants and	similar amounts paid (list in Schedule O)	-		<u> </u>	10		
	11	Benefits paid	d to or for members	E2-651	EB 1	7 2012	11		
Ś	12	Salanes, oth	er compensation, and employee benefits		ED I	8 2012	12		
nse	13	Professiona	fees and other payments to independent contractors	<u> </u>	40 Park 1984 19		13	3,162	
Expenses	14	-	rent, utilities, and maintenance	.00	SDE	Mall	14	6,006	
Û	15	Printing, pub	olications, postage, and shipping				15	<u> </u>	
	16	-	ses (describe in Schedule O)				16	40,426	
	17	Total expen	ses. Add lines 10 through 16			<u></u>	▶ 17	49,594	
10	18		leficit) for the year (Subtract line 17 from line 9)				18	576	
Net Assets	19	Net assets of	or fund balances at beginning of year (from line 27, colum	n (A)) (must	āgree wi	th			
As		end-of-year	figure reported on рпог year's return) _.				19	29,930	
et	20	Other chang	es in net assets or fund balances (explain in Schedule O)			20		
~	21	Net assets of	or fund balances at end of year Combine lines 18 through	120 .			▶ 21	30,506	

Form 990-EZ (2010) S	tanley-Sawtooth Chamber of	82	2-0429384		Page_2
Part II Balance	e Sheets. (see the instructions for Part II)				-
Check if	the organization used Schedule O to respond to a	ny question in this	Part II		X
			(A) Beginning of year	(B)	End of year
22 Cash, savings, and inv	restments		6 , 09	8 22	1,822
23 Land and buildings				0 23	
24 Other assets (describe	in Schedule O)		31,90	0 24	31,184
25 Total assets	,		37,99	8 25	33,006
26 Total liabilities (descri	be in Schedule O)		8,06		2,500
•	lances (line 27 of column (B) must agree with line 21)		29,93		30,506
	ent of Program Service Accomplishments	(see the instruction			penses
•	the organization used Schedule O to respond to a	•	· (= -	71 l	for section
What is the organization's		ny queenin m and	<u></u>	= ,,	and 501(c)(4)
-	primary exempt purpose.			1	ons and section
See Schedule 0	ed in carrying out the organization's exempt purposes. In a	clear and concise r	napper describe) trusts, optional
	number of persons benefited, or other relevant information			1	•
	idifiber of persons benefited, of other relevant information	rioi each program u	<u>. </u>	for others)
28 See Schedule O				1 1	
		•			
	·			¬	
(Grants \$) If this amount includes foreign grants, ch	neck here	. •	28a	
29					
				1 1	
				_	
(Grants \$) If this amount includes foreign grants, cl	neck here	. ▶	29a	
30					
	•	•		[[
(Grants \$) If this amount includes foreign grants, ch	neck here	· · · · ·	30a	
	s (describe in Schedule O)				
(Grants \$) If this amount includes foreign grants, ch	neck here	▶ [31a	
			 :		
32 Total program servici	e expenses (add lines 28a through 31a)			▶ 1 32 J	
	e expenses (add lines 28a through 31a)	each one even if n	ot compensated (see the instruc	tions for Part IV
Part IV List of Off	ficers, Directors, Trustees, and Key Employees. List e				tions for Part IV
Part IV List of Off			s Part IV		
Part IV List of Off	ficers, Directors, Trustees, and Key Employees. List e	(a) Title and average hours per week	C) Compensation (If not paid,	see the instructions to applyee benefit plans &	(e) Expense account and
Part IV: List of Off Check if	ficers, Directors, Trustees, and Key Employees. List e the organization used Schedule O to respond to a (a) Name and address	(a) Title and average hours per week devoted to position	C) Compensation (If not paid,	see the instruc	(e) Expense
Part IV: List of Off Check if	ficers, Directors, Trustees, and Key Employees. List e the organization used Schedule O to respond to a (a) Name and address Stanley	ny question in this (a) Title and average hours per week devoted to position President	C) Compensation (If not paid,	see the instructions to applyee benefit plans &	(e) Expense account and
Part IV: List of Off Check If Jared Hopkinson PO Box 206	ficers, Directors, Trustees, and Key Employees. List et the organization used Schedule O to respond to a (a) Name and address Stanley ID 83278	ny question in this (a) Title and average hours per week devoted to position President 4.00	C) Compensation (If not paid,	see the instructions to applyee benefit plans &	(e) Expense account and
Part IV: List of Off Check If	icers, Directors, Trustees, and Key Employees. List of the organization used Schedule O to respond to a (a) Name and address Stanley ID 83278 Stanley	ny question in this (a) Title and average hours per week devoted to position President	C) Compensation (If not paid,	see the instructions to applyee benefit plans &	(e) Expense account and
Jared Hopkinson PO Box 206 Tim Cron PO Box 174	ficers, Directors, Trustees, and Key Employees. List et the organization used Schedule O to respond to a (a) Name and address Stanley ID 83278	ny question in this (a) Title and average hours per week devoted to position President 4.00 Vice Pres 4.00	C) Compensation (If not paid,	see the instructions to applyee benefit plans &	(e) Expense account and other allowances
Part IV: List of Off Check If	icers, Directors, Trustees, and Key Employees. List of the organization used Schedule O to respond to a (a) Name and address Stanley ID 83278 Stanley	ny question in this (a) Title and average hours per week devoted to position President 4.00 Vice Pres	S Part IV . (c) Compensation (If not paid, enter -0)	see the instructions (d) Contributions to nployee benefit plans & eferred compensation	(e) Expense account and other allowances
Jared Hopkinson PO Box 206 Tim Cron PO Box 174	icers, Directors, Trustees, and Key Employees. List of the organization used Schedule O to respond to a (a) Name and address Stanley ID 83278 Stanley ID 83278	ny question in this (a) Title and average hours per week devoted to position President 4.00 Vice Pres 4.00	S Part IV . (c) Compensation (If not paid, enter -0)	see the instructions (d) Contributions to nployee benefit plans & eferred compensation	(e) Expense account and other allowances
Jared Hopkinson PO Box 206 Tim Cron PO Box 174 Ezra Thomas Jones	icers, Directors, Trustees, and Key Employees. List of the organization used Schedule O to respond to a (a) Name and address Stanley ID 83278 Stanley ID 83278 Ketchum	ny question in this (a) Title and average hours per week devoted to position President 4.00 Vice Pres 4.00 Treasurer	s Part IV . (c) Compensation (If not paid, enter -0)	(d) Contributions to npbyee benefit plans & eferred compensation	(e) Expense account and other allowances
Jared Hopkinson PO Box 206 Tim Cron PO Box 174 Ezra Thomas Jones HC 64 Box 9102	icers, Directors, Trustees, and Key Employees. List ethe organization used Schedule O to respond to a (a) Name and address Stanley ID 83278 Stanley ID 83278 Ketchum ID 83340	ny question in this (a) Title and average hours per week devoted to position President 4.00 Vice Pres 4.00 Treasurer 2.00	s Part IV . (c) Compensation (If not paid, enter -0)	(d) Contributions to npbyee benefit plans & eferred compensation	(e) Expense account and other allowances
Jared Hopkinson PO Box 206 Tim Cron PO Box 174 Ezra Thomas Jones HC 64 Box 9102 Jeff Clegg	Stanley ID 83278 Stanley ID 83278 Stanley ID 83278 Stanley ID 83278 Stanley	ny question in this (a) Title and average hours per week devoted to position President 4.00 Vice Pres 4.00 Treasurer 2.00 Director	(c) Compensation (If not paid, enter -0)	see the instructions to implyee benefit plans & eferred compensation 0	(e) Expense account and other allowances
Jared Hopkinson PO Box 206 Tim Cron PO Box 174 Ezra Thomas Jones HC 64 Box 9102 Jeff Clegg PO Box 9	Stanley ID 83278 Ketchum ID 83340 Stanley ID 83278 Stanley ID 83278	ny question in this (a) Title and average hours per week devoted to position President 4.00 Vice Pres 4.00 Treasurer 2.00 Director 2.00 Director	(c) Compensation (If not paid, enter -0)	see the instructions to implyee benefit plans & eferred compensation 0	(e) Expense account and other allowances
Jared Hopkinson PO Box 206 Tim Cron PO Box 174 Ezra Thomas Jones HC 64 Box 9102 Jeff Clegg PO Box 9 Erin Wilson	Stanley ID 83278 Ketchum ID 83340 Stanley ID 83278 Stanley ID 83278 Stanley ID 83278 Stanley ID 83278	ny question in this (a) Title and average hours per week devoted to position President 4.00 Vice Pres 4.00 Treasurer 2.00 Director 2.00 Director 2.00	(c) Compensation (If not paid, enter -0)	(d) Contributions to nployee benefit plans & eferred compensation	(e) Expense account and other allowances
Jared Hopkinson PO Box 206 Tim Cron PO Box 174 Ezra Thomas Jones HC 64 Box 9102 Jeff Clegg PO Box 9 Erin Wilson PO Box 148 Neil Anderson	Stanley ID 83278	ny question in this (a) Title and average hours per week devoted to position President 4.00 Vice Pres 4.00 Treasurer 2.00 Director 2.00 Director 2.00 Director	(c) Compensation (If not paid, enter -0)	(d) Contributions to nployee benefit plans & leferred compensation	(e) Expense account and other allowances
Jared Hopkinson PO Box 206 Tim Cron PO Box 174 Ezra Thomas Jones HC 64 Box 9102 Jeff Clegg PO Box 9 Erin Wilson PO Box 148 Neil Anderson PO Box 8	Stanley ID 83278 Ketchum ID 83278 Ketchum ID 83278 Stanley ID 83278	ny question in this (a) Title and average hours per week devoted to position President 4.00 Vice Pres 4.00 Treasurer 2.00 Director 2.00 Director 2.00 Director 2.00 Director 2.00	(c) Compensation (If not paid, enter -0)	(d) Contributions to nployee benefit plans & eferred compensation	(e) Expense account and other allowances
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Jared Hopkinson PO Box 206 Tim Cron PO Box 174 Ezra Thomas Jones HC 64 Box 9102 Jeff Clegg PO Box 9 Erin Wilson PO Box 148 Neil Anderson PO Box 8 Brett Woolley	Stanley ID 83278 Ketchum ID 83278 Ketchum ID 83278 Stanley ID 83278	ny question in this (a) Title and average hours per week devoted to position President 4.00 Vice Pres 4.00 Treasurer 2.00 Director 2.00 Director 2.00 Director 2.00 Director 2.00 Director 2.00 Director	(c) Compensation (If not paid, enter -0)	(d) Contributions to nployee benefit plans & eferred compensation 0 0 0	(e) Expense account and other allowances
Jared Hopkinson PO Box 206 Tim Cron PO Box 174 Ezra Thomas Jones HC 64 Box 9102 Jeff Clegg PO Box 9 Erin Wilson PO Box 148 Neil Anderson PO Box 8 Brett Woolley	Stanley ID 83278 Ketchum ID 83278 Ketchum ID 83278 Stanley ID 83278	ny question in this (a) Title and average hours per week devoted to position President 4.00 Vice Pres 4.00 Treasurer 2.00 Director 2.00 Director 2.00 Director 2.00 Director 2.00 Director 2.00 Director	(c) Compensation (If not paid, enter -0)	(d) Contributions to nployee benefit plans & eferred compensation 0 0 0	(e) Expense account and other allowances
Jared Hopkinson PO Box 206 Tim Cron PO Box 174 Ezra Thomas Jones HC 64 Box 9102 Jeff Clegg PO Box 9 Erin Wilson PO Box 148 Neil Anderson PO Box 8 Brett Woolley	Stanley ID 83278 Ketchum ID 83278 Ketchum ID 83278 Stanley ID 83278	ny question in this (a) Title and average hours per week devoted to position President 4.00 Vice Pres 4.00 Treasurer 2.00 Director 2.00 Director 2.00 Director 2.00 Director 2.00 Director 2.00 Director	(c) Compensation (If not paid, enter -0)	(d) Contributions to nployee benefit plans & eferred compensation 0 0 0	(e) Expense account and other allowances
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Jared Hopkinson PO Box 206 Tim Cron PO Box 174 Ezra Thomas Jones HC 64 Box 9102 Jeff Clegg PO Box 9 Erin Wilson PO Box 148 Neil Anderson PO Box 8 Brett Woolley	Stanley ID 83278 Ketchum ID 83278 Ketchum ID 83278 Stanley ID 83278	ny question in this (a) Title and average hours per week devoted to position President 4.00 Vice Pres 4.00 Treasurer 2.00 Director 2.00 Director 2.00 Director 2.00 Director 2.00 Director 2.00 Director	(c) Compensation (If not paid, enter -0)	(d) Contributions to nployee benefit plans & eferred compensation 0 0 0	(e) Expense account and other allowances

	m 990-EZ (2010) Stanley-Sawtooth Chamber of 82-0429384 art V Other Information (Note the statement requirements in the instructions for Part V)			Page
	Check if the organization used Schedule O to respond to any question in this Part V			
22	Did the research		Yes	N
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed			
34	description of each activity in Schedule O	_ 33		2
34	Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
35	change on Schedule O (see instructions)	34	<u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
J J	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	_		
а	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		<u> </u>
b 20	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b	<u> </u>	_
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	ľ	İ	
	during the year? If "Yes," complete applicable parts of Schedule N	36	L.	}
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b	Î	>
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		x
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved [38b]			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9		ļ	
b	Gross receipts, included on line 9, for public use of club facilities			
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	ľ		
	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	400		<u> </u>
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			1
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c	-		l
	reimbursed by the organization			
е	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			· v
11	List the states with which a copy of this return is filed ▶ None	40e		X
l2a		31-52	1 0	
	PO Box 3184 Telephone no ► 8:	31-22	1-9	88
	I control at N. v. v.	2240		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	3340		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ſ		
	account)?		Yes	_ No
	If "Yes," enter the name of the foreign country	42b		_X
		-		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		ĺ	
_			_	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u>X</u>
•	If "Yes," enter the name of the foreign country	_		
3	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			
		_ [Yes	No
4a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			<u> </u>
	completed instead of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c	-+	X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	TTC		-21
	explanation in Schedule O	44d		
		Form 991		

to candidates for public office? If "Yes," complete Schedule C, Part I Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question 1 By the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than employees) who each received more than \$100,000 of compensation from the organization (a) Name and address of each employee paid more than \$100,000 Total number of other employees paid over \$100,000 Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors.	led entity within the leted instead of of or in opposition rexempt charitable trusts must answer of in this Part VI hedule E n officers, directors, truster of average of the compensation of the compensat	etrusts only. All sequestions 47-49b	45a 46 ection 47 48 49a 49b	Page /es No X X /es No Appense unt and lowances
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\$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) Cc	mpensa	tion
(-) Traine and address of days independent contractor paid more than progress	1-1 1760 01 0011100	(0,00	,>0.130	
•				
				
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		of my knowledge and bel	ief, it is	
true, correct, and complete Declaration of preparer (other than officer) is based on all information of which pr		1		
	11/11	112		
511 091	10114	1.0		
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Here Timothy J. Cron	Vice Preside:			
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Here Timothy J. Cron Type or print name and title Print/Type preparer's name Paid Christy A. McPherson, CPA Preparer Firm's name McPherson & Keppler CPAs, LLC	Vice Preside	Check [A] if 2/14/12 self-employed	P0019	90526 4379
Here Timothy J. Cron Type or print name and title Print/Type preparer's name Preparer's signature Christy A. McPherson, CPA Christy A. McPherson, CPA Firm's name McPherson & Keppler CPAs, LLC	Vice Preside	Check [A] if 2/14/12 self-employed	P0019	4379

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 **2010**

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Stanley-Sawtooth Chamber of Commerce

Employer identification number 82-0429384

Form 990-EZ, Part I, Line 16	- Other Ex	penses	-					
Description Amount								
Expenses .								
Marketing Supplies	\$	160						
Telephone Conferencing	. \$	529						
Postage	\$	398						
Office Supplies	\$. 271						
Telephone	\$.	. 1,616	-					
Fuel	. \$	316						
ID Govt Tourism Conference	\$	111						
Workers Comp Ins Refund	\$	47						
Supplies .	. \$	291						
Festival Booth Fees	\$	100						
Promotions-Blogs	. \$	650						
Promotions-Brochures, Maps	. \$	4,984						
Promotions-Internet Ads	\$	300						
Promotions-Print Ads	\$	3,729						
Promotions-TV & Radio Ads	. \$.	6,031						
Promotions-Signs &Posters	\$. 1,679						
Promotions-WebsiteSupport	\$	2,471.						
Community Picnic .	. \$	250						
Visitor Center Staffing	\$	9,541						
Chamber Coordinator	Ş	6,991						
Bank Charges	\$	55						
- 1 1	Total \$	40,426						

Schedule O (Form 990 or 990-EZ) (2010)

Concadie o (1 diff 656 di 656 E2) (2616)	
Name of the organization	Employer identification number
Stanley-Sawtooth Chamber of	82-0429384

Form 990-EZ, Part II, Line 24 - Other Ass	ets		
Description	Beg.	of Year	End of Year
Prepaid Expenses and Deferred Charges	\$. 0	\$ 108
Visitor Center LH Improvements	, \$	32,140	\$ 32,140
Less Accumulated Depreciation	\$. 240	\$ 1,064
Computers	. \$.	. 0	\$ 585
Less Accumulated Depreciation	\$. 0	\$ 585
Software .	. \$. 0	\$ 382
Less Accumulated Depreciation	\$	0	\$ 382
	Total \$. 31,,900	\$ 31,184

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg.	of Year	End of Y	ear
Accounts Payable and Accrued Expenses	\$	8,068	\$	0
Note Payable	, \$. 0	\$ 2	2,500

Form 990-EZ, Part III - Primary Exempt Purpose

The Stanley-Sawtooth Chamber of Commerce was organized to advance and promote the commercial, professional and economic interests of its members and the civic interests of the Sawtooth Valley and Stanley Basin; to the extent possible, prevent or address controversies which are detrimental to the health of business and commerce in the local area; to encourage development of commerce, tourism, and recreational activities; to protect and preserve the natural resources; to promote understanding and cooperation among local businesses, private and public agencies, and government entities.

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

Stanley-Sawtooth Chamber of

Employer identification number 82-0429384

Form 990-EZ, Part III, Line 28 - First Achievement

For the fiscal year ended September 30, 2011, the Chamber's

membership total was 86. The Chamber ran ads and had press releases

throughout the summer and fall seasons, participated in a co-op website

snowmobile program, produced and distributed a 2011 Business Directory,

posters and other literature.

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

See separate instructions. ► Attach to your tax return Attachment

Stanley-Sawtooth Chamber of Name(s) shown on return Identifying number 82-0429384 Commerce Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 2,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service 14 966 during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 824 MACRS deductions for assets placed in service in tax years beginning before 2010 17 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recover (f) Method (e) Convention (g) Depreciation deduction (a) Classification of property placed in (business/investment use service only-see instructions) 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property S/L 25 yrs S/L Residential rental 27 5 yrs MN property ММ 27 5 yrs S/L MM Nonresidential real 39 yrs. S/L property ММ S/L Section C-Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/I MM S/L 40-year 40 yrs Summary (See instructions.) Part IV Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 790 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

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