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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, 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

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 or a section 527 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	585
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	31335
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	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	8432	
	c	Less: direct expenses from gaming and fundraising events	6c	7359	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	1073
	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	32993
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	34705
	13	Professional fees and other payments to independent contractors		13	360
	14	Occupancy, rent, utilities, and maintenance		14	3208
	15	Printing, publications, postage, and shipping		15	9659
	16	Other expenses (describe in Schedule O)		16	3933
	17	**Total expenses.** Add lines 10 through 16 ▶		17	51865
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-18872
	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	30418
	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	11546

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14

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	31695	22	12574
23	Land and buildings	1076	23	833
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	32771	25	13407
26	**Total liabilities** (describe in Schedule O)	2353	26	1861
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	30418	27	11546

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHED LIST				

Part V **Other Information** (Note the Schedule A and personal benefit contract 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 significant 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		✓
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		✓
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
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 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		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	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)	45b		✓

			Yes	No
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 or have a section 501(h) election in effect during the tax year? 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

▶ Signature of officer — Date

▶ Kammy Wells Executive Director — 5-10-12

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 | 05/15/2011

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

OTHER EXPENSES (DESCRIBE)

POSTAGE	474.00
ADVERTISING	879.00
INSURANCE	1,740.00
DUES, SUBSCRIPTIONS	195.00
LICENSE	40.00
SUPPLIES	605.00
CONVENTIONS	
TOTAL	3,933.00

MOAB CHAMBER OF COMMERCE 87-0462372 05/15/2011

SUPPORTING STATEMENT OF:
FORM 990-EZ, LINE 3

DESCRIPTION	AMOUNT
CHAMBER LUNCHEON AND SERVICES	13,600.00
MEMBERSHIPS	17,735.00
TOTAL	31,335.00

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

DESCRIPTION	AMOUNT
GOLF FUNDRAISER	3,925.00
CAR SHOW	100.00
BANQUET	0.00
JULY 4TH	3,778.00
WINTER SUN FESTIVAL	629.00
TOTAL	8,432.00

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

DESCRIPTION	AMOUNT
GOLF FUNDRAISER	2,988.00
CAR SHOW	51.00
JULY 4TH	1,467.00
WINTER SUN FESTIVAL	2,853.00
TOTAL	7,359.00

Moab Area Chamber of Commerce

2011 Board Members

Name	Title, Company/ Organization	Chamber Board Position Jan. 2011	Term	Phone #s	Email	Addresses
Randy Day	Broker, **Anasazi Realty**	Term Member	Jan 2011 - Dec 2013	work: (435) 259-7488 cell· (435) 260-1388 fax· (435) 259-9838	anasazi@citlink.net	Mailing Address 755 North Main Street, Moab, UT 84532 Physical Address 755 North Main Street, Moab, UT 84532
Marian Delay	Council Member Representative, **Moab Area Travel Council**	Travel Council Rep	Ongoing	work: (435) 259-1370 fax· (435) 259-1376	mdelay@grand state ut us	Mailing Address P O Box 550, Moab, UT 84532 Physical Address 84 North 100 East, Moab, UT 84532
Jim Garner	Technical Supervisor, **Frontier Communications**	President	Jan 2011 - Dec 2013	work: (435) 259-1410 cell (435) 210-0093 fax (435) 259-5156	james garner@ftr com	Mailing Address 15 North 100 East, Moab, UT 84532 Physical Address 15 North 100 East, Moab, UT 84532
Patricia Holyoak	Council Member Representative, **Grand County**	Grand County Rep	Ongoing	work: (435) 259-5736 cell (435) 260-2992	gpholyoak@preciscom net	Mailing Address 1360 South Hwy 191, Moab, UT 84532 Physical Address 1360 South Hwy 191, Moab, UT 84532
Judy Keogh	**Zax Restaurant**	Treasurer	Jan 2010 - Dec 2012	work· (435) 259-6555 cell· (435) 260-8382	judy@zaxmoab com	Mailing Address 96 South Main Street, Moab, UT 84532 Physical Address 96 South Main Street, Moab, UT 84532
Norm Knapp	**Moab Auto Group**	Term Member	Jan 2011 - Dec 2013	work (435) 259-7900 fax (435) 259-8872	norm@moabchevy com	Mailing Address 481 South Main Street, Moab, UT 84532 Physical Address 481 South Main Street, Moab, UT 84532
Steve Lawry	Owner, **Canyonlands Jeep Adventures**	Term Member	Jan 2011 - Dec 2013	work: (435) 259-4413 cell (435) 260-1632 fax. (435) 259- 4414	steve@canyonlandsjeep com	Mailing Address 225 South Main Street, Moab, UT 84532 Physical Address 225 South Main Street, Moab, UT 84532
Beth McCue	VP/Branch Manager, **Zions Bank**	Term Member	Jan 2009 - Dec 2011	work· (435) 259-5961 fax (435) 259-6087	emccue@zionsbank com	Mailing Address 330 South Main Street, Moab, UT 84532 Physical Address 300 South Main Street, Moab, UT 84532
Matt Mecham	Manager, **Eastern Utah Community Credit Union**	Secretary	Jan 2011 - Dec 2013	work. (435) 259-8200 fax: (435) 259-8238	matt@euccu com	Mailing Address P O Box 939, Moab, UT 84532 Physical Address 860 South Main Street, Moab, UT 84532
Bob Ott	Council Member Representative, **Utah Hotel & Lodging Association**	Utah Hotel & Lodging Assoc. Rep	Ongoing	work: (435) 259-6682 fax: (435) 259-8703 home: 259-9398	info@moabkoa com	Mailing Address 3225 South Hwy 191, Moab, UT 84532 Physical Address 3225 South Hwy 191, Moab, UT 84532
Tara Richardson	Manager, **Mountain America Federal Credit Union**	Term Member	Jan 2009 - Dec. 2011	work (435) 259-1500 cell· (435) 220-1581	trichardson@macu org	Mailing Address 1047 South Main Street, Moab, UT 84532 Physical Address 1047 South Main Street, Moab, UT 84532
Sarah Sidwell	Sales Director, **Tag-A-Long Expeditions**	Vice President	Jan 2010 - Dec. 2012	work: (435) 259-8946 fax· (435) 259-8990	salesdirector@tagalong com	Mailing Address 425 North Main Street, Moab, UT 84532 Physical Address 425 North Main Street, Moab, UT 84532
Jason Taylor	**Moab Adventure Center**	Past President	Jan 2011 - Dec 2011	work: (435) 259-7019 cell. (435) 260-1487 fax (435) 259-8110	jason@westernriver com	Mailing Address 225 South Main Street, Moab, UT 84532 Physical Address 225 South Main Street, Moab, UT 84532