

Form **990-EZ**

**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)

OMB No 1545-1150

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <b>CARROLL CHAMBER OF COMMERCE</b>	<b>D Employer identification number</b> <b>42-0170016</b>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>407 W 5TH ST PO BOX 307</b>	<b>E Telephone number</b> <b>712-792-4383</b>
		City or town, state or country, and ZIP + 4 <b>CARROLL IA 51401</b>	<b>F Group Exemption Number</b> ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). **G Accounting method**  Cash  Accrual Other (specify) ▶

**I Website:** ▶ **WWW.CARROLLIOWA.COM** **H Check**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J Tax-exempt status** (check only one) —  501(c) ( **6** ) ◀ (insert no )  4947(a)(1) or  527

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ **265,015**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	1,950
	2	Program service revenue including government fees and contracts	2	117,822
	3	Membership dues and assessments	3	143,704
	4	Investment income	4	1,539
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	6a	
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	
b	Less direct expenses other than fundraising expenses	6c		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a		
7a	Gross sales of inventory, less returns and allowances	7b		
b	Less: cost of goods sold	7c		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8		
8	Other revenue (describe ▶ _____ )	9	265,015	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	130,295
	13	Professional fees and other payments to independent contractors	13	8,200
	14	Occupancy, rent, utilities, and maintenance	14	32,464
	15	Printing, publications, postage, and shipping	15	5,320
	16	Other expenses (describe ▶ <b>SEE STATEMENT 2</b> )	16	109,602
	17	<b>Total expenses.</b> Add lines 10 through 16	17	285,881
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-20,866	
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	356,186	
20	Other changes in net assets or fund balances (attach explanation)	20		
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	335,320	

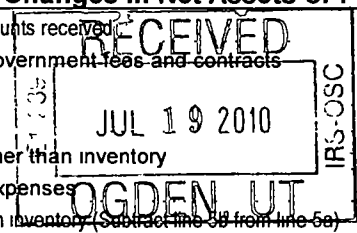
**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

		(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments			165,853	22 149,480
23	Land and buildings				23
24	Other assets (describe ▶ <b>SEE STATEMENT 3</b> )			296,408	24 281,857
25	<b>Total assets</b>			462,261	25 431,337
26	<b>Total liabilities</b> (describe ▶ <b>SEE STATEMENT 4</b> )			106,075	26 96,017
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)			356,186	27 335,320

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

SCANNED AUG 09 2010



SEE STATEMENT 1

OP

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

What is the organization's primary exempt purpose?  
**PROMOTE CARROLL AND CARROLL COUNTY**

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

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

**28** SEE STATEMENT 5  
 (Grants \$ ) If this amount includes foreign grants, check here  **28a**

**29** SEE STATEMENT 6  
 (Grants \$ ) If this amount includes foreign grants, check here  **29a**

**30** MEMBERSHIP - CREATE VALUE FOR MEMBERSHIP, RETAIN EXISTING MEMBERS, INCREASE INVOLVEMENT OF ALL MEMBERS  
 (Grants \$ ) If this amount includes foreign grants, check here  **30a**

**31** Other program services (attach schedule) **SEE STATEMENT 7**  
 (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.)**

(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
MIKE FRANEY CARROLL IA 51401	PRESIDENT	0	0	0
JIM GOSSETT CARROLL IA 51401	EXEC. DIRECT 22.00	50,505	0	0
ROB CORDES CARROLL IA 51401	VICE-PRES	0	0	0
TROY AVEN CARROLL IA 51401	DIRECTOR	0	0	0
RICH HARTLEY CARROLL IA 51401	DIRECTOR	0	0	0
MARK NEPPLE CARROLL IA 51401	DIRECTOR	0	0	0
PAT RUHNKE CARROLL IA 51401	DIRECTOR	0	0	0
CHAD JENSEN CARROLL IA 51401	DIRECTOR	0	0	0
MARY BOLES CARROLL IA 51401	DIRECTOR	0	0	0
KIM HACKETT CARROLL IA 51401	SEC/TREAS	0	0	0
DAVE HOLDSWORTH CARROLL IA 51401	DIRECTOR	0	0	0
HOWIE DREES CARROLL IA 51401	PAST PRESIDENT	0	0	0
AARON JUERGENS CARROLL IA 51401	DIRECTOR	0	0	0
TOM DUFF CARROLL IA 51401	DIRECTOR	0	0	0
MARK HARMENING CARROLL IA 51401	DIRECTOR	0	0	0
JODIE JANSEN CARROLL IA 51401	DIRECTOR	0	0	0
JEN MOSMAN CARROLL IA 51401	DIRECTOR	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr <span style="float:right">▶ 37a</span> <u>0</u>		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">38b</span>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <span style="float:right">39a</span>		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">39b</span>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">▶</span> _____ ; section 4912 <span style="float:right">▶</span> _____ , section 4955 <span style="float:right">▶</span> _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
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 <span style="float:right">▶</span> _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span> _____		
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		X
41	List the states with which a copy of this return is filed <span style="float:right">▶</span> <b>NONE</b>		
42a	The organization's books are in care of <span style="float:right">▶</span> <b>CHAMBER OF COMMERCE</b> Telephone no <span style="float:right">▶</span> <b>712-792-4383</b> <b>407 W 5TH ST</b> Located at <span style="float:right">▶</span> <b>CARROLL, IA</b> ZIP + 4 <span style="float:right">▶</span> <b>51401</b>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶</span> <input type="checkbox"/> <span style="float:right">37</span> <u>43</u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

<b>46</b>	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	Yes	No
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
<b>48</b>	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?		
<b>b</b>	If "Yes," was the related organization a section 527 organization?		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and 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 ▶ \_\_\_\_\_

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *[Signature]* Date: 17-14-10

Type or print name and title: \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature: *T.L. W. [Signature] CPA* Date: 06/22/10

Firm's name (or yours if self-employed), address, and ZIP + 4: **OLSEN, MUHLBAUER & CO., L.L.P. P.O. BOX 545 CARROLL, IA 51401**

Check if self-employed:

Preparer's Identifying Number (See instr): **P00076367**

EIN: **42-0950074**

Phone no: **712-792-4314**

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

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**

▶ See separate instructions.      ▶ Attach to your tax return.

Name(s) shown on return

**CARROLL CHAMBER OF COMMERCE**

Identifying number

**42-0170016**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note: If you have any listed property, complete Part V before you complete Part I.**

1	Maximum amount See the instructions for a higher limit for certain businesses	1	<b>250,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>800,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. 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.**

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>2,993</b>

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	<b>14,018</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(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) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>17,011</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

DAA

**THERE ARE NO AMOUNTS FOR PAGE 2**

42-0170016

**Federal Statements**

FYE: 12/31/2009

**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
DUES	\$ 143,704
TOTAL	<u>\$ 143,704</u>

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

<u>Description</u>	<u>Amount</u>
PROMOTE CARROLL & CARROLL CO	\$
SUPPLIES	5,453
AG GOLF	7,029
ANNUAL BANQUET	3,961
BUSINESS AFTER HOURS	183
BAND DAY	1,087
FAIR	500
GOLF OUTING	9,338
PROGRESS CELEBRATION	8,662
WORKSHOPS	692
SPECIAL EVENTS	2,287
YOUTH BASKETBALL TOUR	9,707
CONVENTION AND VISITORS	266
VISITOR GUIDES	2,994
CITY MAP	223
LEADERSHIP INSTITUTE	1,064
MARKETING	5,204
CONNECT YOUNG PROFESSIONA	3,747
PUBLIC RELATIONS	926
RETAIL CHRISTMAS	6,097
RETAIL MISC	17
MYSTERY ENVELOPE	3,945
RIDCULOUS DAY	2,189
MEETINGS	1,440
NEWSLETTER	3,334
STICKERS/PLACQUES	952
CONTRACT LABOR	329
DUES	470
INSURANCE	6,446
RENT	1,512
STAFF MEETING	946
SUBSCRIPTIONS	279
UTILITIES	6,871
MISCELLANEOUS	554
ON LINE BACKUP	360
INCOME TAX	160
HOME & BUSINESS EXPO	8,198
ROOM RENTAL EXPENSE	2,180
TOTAL	<u>\$ 109,602</u>

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

Description	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	\$ 2,910	\$ 7,982
PREPAID EXPENSES AND DEFERRED CHARGES	4,276	3,154
PROPERTY AND EQUIPMENT	226,635	226,635
LESS ACCUMULATED DEPRECIATION	67,521	84,529
ACCRUED INTEREST RECEIVABLE	52	71
BUILDING NET OF RENT EXPENSE	130,056	128,544
	<u>296,408</u>	<u>281,857</u>

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

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 40,863	\$ 26,957
DEFERRED REVENUE	53,398	53,021
ACCRUED TAXES	8,593	12,013
ACCRUED PAYROLL	3,161	3,897
CORPORATE INCOME TAX PAYABLE	60	129
	<u>106,075</u>	<u>96,017</u>

**Statement 5 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**Description

RETAIL PROMOTIONS - ESTABLISH THE RETAIL MEMBERS AS A COHESIVE UNIT THROUGH IMPROVED COMMUNICATION, DEVELOP AN IMAGE OF CUSTOMER CENTERED RETAIL COMMUNITY, EXPAND RETAIL DEVELOPMENT

**Statement 6 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments**Description

COMMUNITY BETTERMENT - DEFINE AND PROMOTE CARROLL'S IMAGE AS A BUSINESS COMMUNITY, PROMOTE DOWNTOWN AND COMMUNITY DEVELOPMENT, INCREASE MEMBERSHIP INVOLVEMENT IN GOVERNMENT AND LEGISLATIVE ISSUES.

**Statement 7 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments**Description

AGRICULTURE AND INDUSTRY - PROVIDE RECOGNITION OF EMPLOYER AND EMPLOYEES. INVITE RURAL PARTICIPATION, CREATE DATA BASE FOR INDUSTRIAL EMPLOYEES

Form **8868**  
(Rev April 2009)

### Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>CARROLL CHAMBER OF COMMERCE</b>	Employer identification number <b>42-0170016</b>
	Number, street, and room or suite no. If a P O box, see instructions. <b>407 W 5TH ST PO BOX 307</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CARROLL IA 51401</b>	

Check type of return to be filed (file a separate application for each return)

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

○ The books are in the care of ► **CHAMBER OF COMMERCE**

Telephone No ► **712-792-4383** FAX No ► **712-792-4384**

- ⊙ If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 ►  calendar year **2009** or  
 ►  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2009)