

Form **990EZ**  
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 private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest information.

OMB No 1545-1150  
**2018**  
**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: LOGAN COUNTY CHAMBER OF COMMERCE  
Number and street (or P O box, if mail is not delivered to street address): 109 NORTH FRONT STREET  
Room/suite: [blank]  
City or town, state or province, country, and ZIP or foreign postal code: Sterling, CO 80751

D Employer identification number: 84-0328645  
E Telephone number: [blank]  
F Group Exemption Number: [blank]

G Accounting Method:  Cash  Accrual Other (specify) [blank]

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

I Website: [blank]  
J Tax-exempt status (check only one) -  501(c)(3)  501(c)(6) (insert no )  4947(a)(1) or  527

K Form of organization:  Corporation  Trust  Association  Other [blank]

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 112,049

**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

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	8,400
2	Program service revenue including government fees and contracts	27,590
3	Membership dues and assessments	65,438
4	Investment income	86
5a	Gross amount from sale of assets other than inventory	
5b	Less cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
6b	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)	
6c	Less direct expenses from gaming and fundraising events	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
7a	Gross sales of inventory, less returns and allowances	
7b	Less cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe in Schedule O)	10,535
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	112,049
10	Grants and similar amounts paid (list in Schedule O)	15,300
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	68,996
13	Professional fees and other payments to independent contractors	1,365
14	Occupancy, rent, utilities, and maintenance	11,784
15	Printing, publications, postage, and shipping	582
16	Other expenses (describe in Schedule O)	19,873
17	<b>Total expenses.</b> Add lines 10 through 16	117,900
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-5,851
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)	99,382
20	Other changes in net assets or fund balances (explain in Schedule O)	3,119
21	Net assets or fund balances at end of year Combine lines 18 through 20	96,650

**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
<b>22</b> Cash, savings, and investments . . . . .	44,382	<b>22</b>	41,650
<b>23</b> Land and buildings . . . . .	0	<b>23</b>	0
<b>24</b> Other assets (describe in Schedule O) . . . . .	55,000	<b>24</b>	55,000
<b>25 Total assets</b> . . . . .	99,382	<b>25</b>	96,650
<b>26 Total liabilities</b> (describe in Schedule O). . . . .	0	<b>26</b>	0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	99,382	<b>27</b>	96,650

**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, optional for others )
What is the organization's primary exempt purpose? PROMOTION OF BUS IN AREA COMMUNITIES		
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		
<b>28</b> See Additional Data Table		
(Grants \$ ) If this amount includes foreign grants, check here <span style="float:right"><input type="checkbox"/></span>	<b>28a</b>	
<b>29</b> See Additional Data Table		
(Grants \$ ) If this amount includes foreign grants, check here <span style="float:right"><input type="checkbox"/></span>	<b>29a</b>	
<b>30</b>		
(Grants \$ ) If this amount includes foreign grants, check here <span style="float:right"><input type="checkbox"/></span>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) . . . . .		
(Grants \$ ) If this amount includes foreign grants, check here <span style="float:right"><input type="checkbox"/></span>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) <span style="float:right">▶</span>	<b>32</b>	

**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 title	(b) 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 Additional Data Table				

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 . . . . .

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of GLENNA AURICH Telephone no (970) 522-5070
Located at 109 N FRONT STREET Sterling, CT ZIP + 4 80751

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 42c.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	<b>Yes</b>	<b>No</b>
<b>46</b> 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 . . . . .	<b>46</b>	No

**Part VI Section 501(c)(3) organizations only**  
 All section 501(c)(3) organizations 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 . . . . .

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

**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 title of each employee	(b) 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 business address of each independent contractor	(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 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.

***** Signature of officer	2019-10-11 Date
GLENNA PHELPS-AURICH EXEC DIRECTOR Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name DAVID W KUTCHAR	Preparer's signature	Date 2019-10-11	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00034516
	Firm's name ▶ KUTCHAR AND ASSOCIATES			Firm's EIN ▶ 84-1483204	
	Firm's address ▶ 117 N 3RD STREET PO BOX 168 STERLING, CO 80751			Phone no (970) 522-6883	

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 84-0328645

**Name:** LOGAN COUNTY CHAMBER OF COMMERCE

### Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p><b>28</b> THE LOGAN COUNTY CHAMBER OF COMMERCE IS DEDICATED TO THE SUPPORT AND THE PROMOTION OF OUR BUSINESS AND COMMUNITIES THROUGH EDUCATION REFERRAL AND RESOURCE NETWORKING (Grants \$ )</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	

**Form 990EZ, Part III - Statement of Program Service Accomplishments**

<p><b>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.</b></p>	<p><b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>	
<p><b>29</b>                      IN CONNECTION WITH PROMOTION OF OUR BUSINESSES THE ORGANIZATION SPONSORS MANY SPECIAL ACTIVITIES TO BRING BUSINESS TO THE COMMUNITIES                      (Grants \$ )</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p><b>29a</b></p>	

**Form 990EZ, 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. . . . . 

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
GLENN AURICH EXEC DIRECTOR	40 00	31,501	15,500	0
ALEC CREIGHTON DIRECTOR	2 50	0	0	0
JAY LEE DIRECTOR	2 50	0	0	0
PEGGY SWEDLAND DIRECTOR	2 50	0	0	0
BJ NEW PRESIDENT	2 50	0	0	0
JAN DELAY DIRECTOR	2 50	0	0	0
KATHY GUERIN DIRECTOR	2 50	0	0	0
JOHNN A HARRIS VICE PRESIDENT	2 50	0	0	0
TREVOR BEDSAUL DIRECTOR	2 50	0	0	0
BROCK BASEGGIO DIRECTOR	2 50	0	0	0
MELANIE BUCKLER DIRECTOR	2 50	0	0	0
KIM WHITTAKER DIRECTOR	2 50	0	0	0
HOYT SKABELUND DIRECTOR	2 50	0	0	0

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public Inspection**

Department of the Treasury

Name of the organization

LOGAN COUNTY CHAMBER OF COMMERCE

Employer identification number

84-0328645

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Description of other revenue Part I line 8	Description Amount COMMITTEES 679MISC 5EVENT INCOME 20,633 EVENT EXPENSES (10,782)



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
List of grants and similar amounts paid Part I line 10	Activity SIGN Grantee CDBG-DR Street TOURISM MKTING GRANT City, State, Zip Sterling, CO 80751 Relationship NONE Amount 15,300

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Description of other expenses Part I line 16	Description Amount PAYROLL TAXES 7,020 BOARD EXPENSES 266 COMMITTEE EXPENSE 25 GENERAL OFFICE EXPENSE 6,180 INSURANCES 1,934 MEMBERSHIP RELATED 435 DUES/SUB 1,065 ADVERTISING 947 TRAVEL & MEETINGS 2,001

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other changes in net assets or fund balances Part I line 20	Description Amount PRIOR YEARS ADJUSTMENT 3,119

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Description of other assets Part II line 24	Category Beginning of Year End of Year BRONZE BUTTERFLY 25,000 25,000 DREAM REDEEMER BRONZING 30,000 30,000