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 private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

} Do not enter social security numbers on this form, as it may be made public.
}Go to www.irs.gov/Form990EZ for instructions and the latest information.

<u>A</u>	For the	e 2020 calenda	r year, or tax year beginning	, and ending						
В		Check if applicable:  C Name of organization  Address change						D Employer identification number		
Н					TITO		مادماد	***0406		
Н	Name ch	· -	HERMANTOWN CHAMBEI		TNC	T 5 / "		***2426		
Н	Initial return Final return/terminated Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number 218-729-6843									
Н	Final return/terminated Amended return  City or town, state or province, country, and ZIP or foreign postal code  TRUNK HWY  218-729-6843  F Group Exemption									
Н							•	•		
Ų		on pending	HERMANTOWN	<u>MN 55810</u>			Numbe			
G		•		pecify) u		H Che		the organization is <b>not</b>		
١.	Websit		HERMANTOWNCHAMBER.		, ,,,,,	<del></del>		h Schedule B		
<u>1</u>			ck only one) — 501(c)(3) <b>X</b> 501(c)		(a)(1) or	527 (For	n 990, 990-	EZ, or 990-PF).		
		of organization:	X Corporation Trust	Association C200	Other	: : : : : : : : : : : : : : : : :				
			7b to line 9 to determine gross recei 600,000 or more, file Form 990 inste					149,182		
	Part I		e, Expenses, and Changes							
	aiti		the organization used Schedule							
	1							59,078		
	2		ts, grants, and similar amounts received	os and contracts				725		
	3	Mombarahia	ce revenue including government fe	es and contracts			3	72,433		
	4	Investment in	ues and assessments				. 4	221		
	1 _						4	221		
	5a	Loos anioun	from sale of assets other than inve	TILOTY	5b		-			
	b	Caip or (loss) fr	other basis and sales expenses m sale of assets other than inventory (sul	otract line Eb from line Ea)	30		5c			
	C		30							
	6	_	undraising events:	greater than						
•	а	Gross income from gaming (attach Schedule G if greater than								
nge			from frontesion areas (act include							
Revenue	B		from fundraising events (not includi		_ of contrib	outions				
Ř			g events reported on line 1) (attach		61-	16,72	5			
			ross income and contributions exce			4,5				
	1 .		penses from gaming and fundraising							
	d		(loss) from gaming and fundraising	,			6d	12,169		
	70		inventory less returns and allower				60	12,107		
	1 -		inventory, less returns and allowan				-			
	b	Gross profit of	loods sold(loss) from sales of inventory (subti	ract line 7h from line 7a)	70		7c			
	8 8									
	9	Total revenue	(describe in Schedule O)	ч в			9	144,626		
_	10		nilar amounts paid (list in Schedule		· · · · · · · · · · · · · · · · · · ·		10	111,020		
	11		. ,							
	12	Salaries other	o or for members compensation, and employee bene	efits			12	56,704		
ses	13	Professional f	ees and other payments to independ	dent contractors			13	3,490		
Expenses	14	Occupancy r	nt, utilities, and maintenance				14	18,360		
EXE	15	Printing publ	eations, postage, and shipping				15			
	16	Other expens	es (describe in Schedule O)				16	43,117		
	17	Total evnens	es (describe in Schedule O) es. Add lines 10 through 16				17	121,671		
_	18		icit) for the year (subtract line 17 fro					22,955		
şţs			fund balances at beginning of year (				.   10	22,755		
SSE	'3		ure reported on prior year's return)		-		19	62,149		
Net Assets	20		in net assets or fund balances (exp	olain in Schedule (0)			. —	02,110		
ž	21		fund balances at end of year. Comb				21	85,104		
		1 101 G33013 UI	and balanood at one of year. Comb	no moo to unough zo	<del></del>		-   41	00,101		

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2020)

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Part	Balance Sheets (see the instructions for P Check if the organization used Schedule O to	,	question in this Part I	II			X
	Oncok ii the organization dood conoddio o k	o reoperia to arry		ginning of year			(B) End of year
<b>22</b> Cas	sh, savings, and investments			59,96		22	118,925
22 Oak				55,50	0	23	110/525
	d and buildings er assets (describe in Schedule O)			2,18		24	1,616
	• •			62,14		25	120,541
	al liabilities (describe in Schedule O)			<u> </u>	0	26	35,437
27 Net	assets or fund balances (line 27 of column (B) must agree	ee with line 21)		62,14		27	85,104
Part							00,201
· uit	Check if the organization used Schedule O to	•		, L			Expenses
What is	the organization's primary exempt purpose?	o respond to arry	question in this r art	Ш		(Red	quired for section
	PROMOTE BUSINESS GROWTH IN HERMANTOWN, MN.					,	(c)(3) and 501(c)(4)
	e the organization's program service accomplishments for e	each of its three la	raest program services		_		anizations; optional for
	sured by expenses. In a clear and concise manner, describ		• • •			othe	• •
	s benefited, and other relevant information for each program	•				Otric	,13.)
	ENERAL CHAMBER OF COMMERCE ACTIVITIES, PROMO		AND COINTY AND			Т	
	ants \$ ) If this amount includes				٦.	28a	
—	•					200	
 (Gr	ants \$ ) If this amount includes				٦.	29a	
30	·					234	
30							
 (Gr	ants \$ ) If this amount includes				٦.	30a	
	er program services (describe in Schedule O)					000	
	ants \$ ) If this amount includes					31a	
	al program service expenses (add lines 28a through 31a)				 U	32	
Part	IV List of Officers, Directors, Trustees, and Key E	mployees (list eac	h one even if not compe	nsated — see	e th		ctions for Part IV)
	Check if the organization used Schedule O to resp	(b) Average	(c) Reportable		hei	efits	
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit pl	to e	mployee	
		devoted to position	(if not paid, enter -0-)	deferred co	mpe	nsation	other compensation
SHA	WN CROWSER						
PRE	SIDENT	1.00	0			0	(
BIL	L HUMES						
VIC	E PRESIDENT	1.00	0			0	(
BIL	L KING						
SEC	RETARY	1.00	0			0	(
TOD	D MELL						
TRE	ASURER	1.00	0			0	(
JEN	N RYAN						
PAS	T PRESIDENT	1.00	0			0	(
PAU	L RAJ						
BOA	RD	1.00	0			0	(
BRA	NDON MONSON						
BOA	RD	1.00	0			0	(
COR	EY KOLQUIST						
BOA	RD	1.00	0			0	(
JAN	ET BROIN						
BOA	RD	1.00	0			0	(
KRI	STIN REINSCH						
BOA	RD	1.00	0			0	(
MIC	KI WOJTYSIAK						
BOA	RD	1.00	0		_	0	
KEL	LY CASEY						
BOX	תם	1 00	۱ ۸	1		٥	1

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HERMANTOWN CHAMBER OF COMMERCE, INC \*\*-\*\*\*2426

Did the organization engage in any significant activity not previously reported to the IRS2 II "Yes," provide a detailed decorption of each activity in Schedule O. 33 X X Were any significant changes make to the organization growthing documents? If "Yes," stack a conformed copy of the attended Coursers if they reflect a change to the organization's name. Otherwise, explain the change or she declared to the organization and the companies of the organization as the companies of t	Pa	<b>art V</b> 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			П
desired description of each activity in Schedule O  4 Were any significant changes made to the organization growering 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 Shedule O. See interrutions  34 X  35a bit the organization shedule organization lines 2, 8b, and 7a, among others)?  55 If "Yes to line 35a, has the organization lines 2, 8b, and 7a, among others)?  56 If "Yes to line 35a, has the organization lines 4 Per members of the organization as action 603(16)(4), 501(6)(5), or 601(6)(6) organization assigned to section 603(36) motion, reporting, and proxy its requirements founding the year? If "Yes," organization assigned to section 603(36) motion, reporting, and proxy its requirements founding the year? If "Yes," organization assigned to section 603(36) motion, reporting, and proxy its requirements founding the year? If "Yes," organization organization independitures, direct or indirect, as described in the instructions  57 If the organization lines are placed placed assigned to Schedule C. Part 101 If the organization organization between 120-Pol. Ici this year?  58 Ib the organization line Form 110-Pol. Ici this year?  59 If Yes, "Complete Schedule L. Part II, and enter the total amount involved 1 39b   39a		monacione for trait vij chock in the organization accuracy to respond to any question in this trait v		Yes	No
34 Were any significant changes make to the organization or operating documents? If Yes.* statch a contromed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change or Schedule O. See instructions  35a and the organization have uncleaded business goes socree of \$1,000 or more during the year from business  35b bit for organization as excitor of \$1,000 or more during the year from business  35c carrives (such as those reported on lines 2, 5a, and 7a, among others)?  35b bit for organization as excitor \$11(c)(4), \$01(c)(5), or \$01(c)(6), or \$0	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions  35a bit 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. 6s. and 7s. among others)?  bit "Yes" to line 35s. has the organization field a Form 990-T for the year? If "Yes," provide an explanation in Schedule O. 35b.    creporting, and proxy tax requirements during the year? If "Yes, complete Schedule C, Part III   35c.    X  55 Did the organization undergo a liquidation dissolution, termination, or significant disposition of net assets during the year? If "Yes," organization undergo to section 503(e)-1.  56 Did the organization brown from , or make any loans to, any officer, director, inustee, or key employee, or were any such loans made in a prior year and still outsidening at the end of the tax year covered by this return?  57 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9    58 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9    59 Gross receipts, included on line 9, for public use of club facilities    50 Gross receipts, included on line 9, for public use of club facilities    50 Gross receipts, included on line 9, for public use of club facilities    50 Gross receipts, included on line 9, for public use of club facilities    50 Gross receipts, included on line 9, for public use of club facilities    50 Gross receipts, included on line 9, for public use of club facilities    50 Gross receipts, included on line 9, for public use of club facilities    50 Gross receipts, included on line 9, for public use of club facilities    50 Gross receipts, included on line 9, for public use of club facilities    50 Gross receipts, considered preserve that has not been reported on any of its prior Forms 900 or 990-E27 If Yes, complete Schedule L. Part I    50 Gross receip			. 33		X
change on Schedule O. See instructions a Diff the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on fine 2, 6s, and 7s, among others)?  558	34				
35a Dit 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)?  b If "Yes" to line 35a, has the organization filled a Form 990-T for the year? If "No," provide an explanation in Schedule 0 35b					
scrivites (such as those reported on lines 2, 6a, and 7a, among others)?  b if "Yes" to line SSA, has the organization file at 5 per	05-		. 34		
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule C year III "Yes" complete she organization a section 501(c)(4), 501(c)(5), or 501(c)(6) or organization subject to section 6033(c) notice, reporting, and proxy lax requirements during the year? If "Yes," complete Schedule C, Part III 35c	35a		05-		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 356	<b>L</b>	· · · · · · · · · · · · · · · · · · ·			
reporting, and proxy lax requirements during the year? If "Yes," complete Schedule C, Part III   35c   X   36   DCH dhe organization undergot a injudiation, discoultion, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N   37a   Inter amount of political expenditures, direct or indired, as described in the instructions   U   37a   37b   X   37b   DCH drough a propriation in Form 1120 PCU for the year?   37b   X   38a   DCH drough a propriation in borrow from, or make any loans to, any officer, director, flustee, or key employee; or were any such loans made in a prior year and sell outstanding at the end of the tax year covered by this return?   38a   X   DCH drough a propriation of the propriation of the text year covered by this return?   38a   X   Section 501 (c(17) organizations. Enter a propriation of the tax year covered by this return?   38a   X   Section 501 (c(17) organizations. Enter a propriation of the prop			. 330		$\vdash$
See 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	C		350		×
during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions   1	36		.   330		
37a Enter amount of political expenditures, direct or indirect, as described in the instructions:  1 Did the organization file Form 1120-PDL for this year?  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?  38b Section 501(c)(7) organizations. Enter:  1 Initiation fees and capital contributions included on line 9  38c Gross receipts, included on line 9, for public use of club facilities.  38d Gross receipts, included on line 9, for public use of club facilities.  38d Gross receipts, included on line 9, for public use of club facilities.  38d Gross receipts, included on line 9, for public use of club facilities.  38d Gross receipts, included on line 9, for public use of club facilities.  38d Gross receipts, included on line 9, for public use of club facilities.  38d Gross receipts, included on line 9, for public use of club facilities.  40a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction 44 and sort year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes" complete Schedule L. Part I 40b 40b 40c reimbursed by the organization and prior or disqualified persons during the year under sections 4912, 4955, and 4958 40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40c reimbursed 40c reimbursed by the organization 40c reimbursed 40c reimbursed 50c reimb	00	during the year? If "Vec." complete applicable parts of Schedule N	36		x
b Did the organization file Form 1120-POL for this year?  38a Did the organization form from one make any loans to, any officier, director, frustee, 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  b If "Yes," complete Schedule L. Part II, and enter the total amount involved 38b Section SOI(c)(7) organizations. Enter:  a initiation fees and capital contributions included on line 9 39a Section SOI(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 u :section 4912 u :section 4955 u :section 4955 u :section 4951 u :section 501(c)(3), 501(c)(4), and 501(c)(29) 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	37a		.   55		
38a Did the organization borrow from, or make any loans to, any officer, director, rustee, 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?  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 contribituions included on line 9  39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year contribituition sincluded on line 9  39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year contribituition sincluded on the organization during the year contribituition sincluded on the organization during the year contribituition included on organization managers or disqualified persons during the year under sections 4912.  495 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax on line 40c reimbursed by the organization and the tax year, was the organization a party to a prohibited tax shelter 40c transaction? If "Yes," complete Form 8886-T  40c Located at u. HERDMATYCON 40c IVEN AND ARMETER 40c Telephone no. u. 218-729-6843  5094 MILLER TRUNK BY 55811  b At any time during the celendar 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 barik account, securities account, or other financial account)?  42b IVEN No. IVEN. A section 40c August 10c August 10c August 10c August 10c August 10c August 10c August 1		Did the exemptation file Form 4420 DOL for this year?	37b		x
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38					
b if "Yes," complete Schedule L, Part II, and enter the total amount involved  38b  Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities 39b  Section 501(c)(3) organizations. Enter amount of fax imposed on the organization during the year under: section 4911 u1			38a		х
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9   39a   39b	b				
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 u ; section 4955 u  b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 8986-T  11 List the states with which a copy of this return is filed u NONE  12 The organization's books are in care of u KIM PARMETER Telephone no. u 218-729-6843  5094 MILLER TRUNK INY  Located at ut_HERMANTYONN  NN ZIP + 4 u 5581.1  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 (u) See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  1 Yes No  42b X  1 Yes," enter the name of the foreign country u  3 Section 4956  At any time during the calendar year, did the organization maintain an office outside the United States?  42c X  43 If "Yes," enter the name of more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44a X  45 Did the organization operate one or more hospital f	39				
b Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 u ; section 4912 u ; section 4955 u  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an 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  do Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c eimbursed by the organization by the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  40c eimbursed by the organization was a party to a prohibited tax shelter transaction? If Yes,	а	Initiation fees and capital contributions included on line 9			
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 u	b	Consequenciate included on line O for mubile use of club facilities			
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 in "Yes," complete Schedule L, Part I  40b  c Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40c reimbursed by the organization 41c Elist the states with which a copy of this return is flied u NONE  11 Forganizations have a rein care of u KIM PARMETER Telephone no. u 218-729-6843  5094 MILLER TRUNK HWY Located at u HERMANTOWN  DAY 2IP + 4 u 5581.  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 u  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  42c  X  If "Yes," enter the name of the foreign country u  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  42c  X  If "Yes," enter the name of the foreign country u  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 year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44b  X  b Did the organization prepare one or more hospital facilities during the year? If "Yes," Form 990 must be completed i	40a				
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 930 or 930-EZ? If "Yes," complete Schedule L, Part I 40b 40b 440b 455, and 4956 or Organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 U U 40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed U 40c reimbursed by the organization 40c reimbursed by the organization. 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 X X 141 List the states with which a copy of this return is filed U 100 ME  121 List the states with which a copy of this return is filed U 100 ME  122 The organization's books are in care of U 100 ME  123 Sequence of U 100 MEMBERS ACT 100 MEMB		section 4911 <b>u</b> ; section 4912 <b>u</b> ; section 4955 <b>u</b>			
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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 40c reimbursed by the organization shocks are in care of to the KIND Section 5094 MILLER TRUNK HWY    Located at to HERMANYJONN 5094 MILLER TRUNK HWY   Located at to HERMANYJONN MN ZIP + 4 to 55811  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 to see the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?    If "Yes," enter the name of the foreign country to see the instructions for exceptions and filing requirements for FinCEN Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year    44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ    44b X  b Did the organization persea one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ    44b X  d If "Yes in line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O    44d If "Yes is the advantage and payment from or engage in any	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
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completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  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.  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b 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				Yes	No
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c Did the organization receive any payments for indoor tanning services during the year?  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.  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b 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	_	completed instead of Form 990-EZ	44a		X
c Did the organization receive any payments for indoor tanning services during the year?  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.  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a 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	b				32
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.  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a 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					_
explanation in Schedule O.  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a 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			44c		\A
<ul> <li>45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>b 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</li> </ul>	d				
b 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	4E-				v
meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		Did the organization receive any payment from or appears is any transaction with a controlled entity within the	45a		_^
	α				
			15h		x

Form 990-EZ (2020) HERMANTOWN CHAMBER OF COMMERCE, INC \*\*-\*\*\*2426 Page 4

								$\overline{}$	Yes	No
	the organization engage, directly or indirectly, in political									
	andidates for public office? If "Yes," complete Schedule	C, Part I					<u></u>	46		<u> </u>
Part VI	Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must ansi	vor guestions 47	40h an	d 52 and con	anlata tha	tables for l	linos			
	50 and 51.	wer questions 47	– <del>4</del> 90 an	u 52, and cor	ribiete trie	lables for i	IIIES			
	Check if the organization used Schedule O t	o respond to any	questio	n in this Part \	۷I					
									Yes	No
	the organization engage in lobbying activities or have a	section 501(h) elec	tion in eff	ect during the t	ax					
	? If "Yes," complete Schedule C, Part II			Sala adula IF				47	-	
48 Is th	e organization a school as described in section 170(b)(	i)(A)(II)? If Yes, C	omplete s	schedule E				48 49a		
	the organization make any transfers to an exempt non- es," was the related organization a section 527 organiza	· · · · · · · · ·						49a 49b		
	uplete this table for the organization's five highest compo			an officers dire				400		
	loyees) who each received more than \$100,000 of com									
·		(b) Average		Reportable		th benefits,	(a) E	stimated		unt of
	(a) Name and title of each employee	hours per week devoted to position	(Forms	npensation W-2/1099-MISC)	benefit	s to employee plans, and compensation		ner com		
					40.004	on porroduor.				
		<u> </u>			<u> </u>		$\perp$			
							<del></del>			
							+-			
							+-			
f Tota	Il number of other employees paid over \$100,000	!		<b>•</b>			-			
	pplete this table for the organization's five highest compe			tors who each	received m	ore than				
\$100	0,000 of compensation from the organization. If there is	none, enter "None.	<u>"</u>							
	(a) Name and business address of each independent cor	ntractor		<b>(b)</b> Typ	e of service		(c)	Comper	nsation	ı
-										
<b>d</b> Tota	I number of other independent contractors each receiving	og over \$100.000								
	the organization complete Schedule A? <b>Note:</b> All sections	•	ations mu	ıst attach a						
	pleted Schedule A	````		ast attach a		ı	▶ □	Yes	П	No
	Ities of perjury, I declare that I have examined this return, inclu			and statements, a	nd to the be	st of my knowl	edge ar			
true, correct	t, and complete. Declaration of preparer (other than officer) is b	pased on all information	on of which	h preparer has ar	ny knowledge	э.				
Ciana										
Sign	Signature of officer			PRESIDEN						
Here	SHAWN CROWSER  Type or print name and title			E VESTNEW	1					
	T	eparer's signature			Date		$\overline{}$	PTIN		
Paid			CD-			Check	k if mployed		د د د د د د د د د د د د د د د د د د د	
Preparer	STEVEN S. LICARI, CPA ST STEVEN S. LICARI, CPA ST LICARI LARSEN ANI	EVEN S. LICARI D COMPANY	, CPA		[ 06/	18/21   Sell-e	**	_ * * *	*67	<u>.</u> 29
Use Only						i iiii s Liiv j			07.	<u> </u>
	DULUTH, MN 55802					Phone no. 2	<u> </u>	722-	-22:	26
May the II	RS discuss this return with the preparer shown above?		<u></u>	<u></u>	<u></u>		<b>&gt;</b>	X Ye		No
							Fo	rm <b>99</b> (	)-EZ	(2020)

Form 990-EZ (2020) HERMANTOWN CHAMBER OF COMMERCE, INC \*\*-\*\*2426 Page 2 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 0 22 22 Cash, savings, and investments 0 23 Land and buildings 23 24 Other assets (describe in Schedule O) 0 24 Total assets 0 25 26 Total liabilities (describe in Schedule O) 0 0 26 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . 27 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** What is the organization's primary exempt purpose? (Required for section 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for as measured by expenses. In a clear and concise manner, describe the services provided, the number of others.) persons benefited, and other relevant information for each program title. 28 ) If this amount includes foreign grants, check here (Grants \$ 28a ) If this amount includes foreign grants, check here 29a ) 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 Total program service expenses (add lines 28a through 31a) 32 u List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV) Part IV Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits, contributions to employee (b) Average compensation (Forms W-2/1099-MISC) (e) Estimated amount of (a) Name and title hours per week benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation NEAL RONQUIST BOARD 1.00 0 0 0 PATRICK MALLEY BOARD 0 0 0 1.00 PATRICK MINER BOARD 1.00 0 0 0 PHIL JOHNSON BOARD 1.00 n n 0 SARA COLE 0 0 0 BOARD 1.00 TOM WERNER 0 n 0 BOARD 1.00 TOPHER DAVIS 0 0 BOARD 1.00 0 KIM PARMETER EXECUTIVE DIRECTOR 40.00 50,000 0 0 KADIN GRAVES BOARD 1.00 0 0 0

#### Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF. u Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**2020** 

Employer identification number

\*\*-\*\*\*2426 HERMANTOWN CHAMBER OF COMMERCE, INC Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 501(c)( **6** ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year **>** \$ ..... Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

## HERMANTOWN CHAMBER OF COMMERCE, INC

Employer identification number \*\*-\*\*\*2426

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 10,289	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4 N/A	Total contributions  \$ 31,185	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)

#### SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

entered more than \$15,000 on Form 990-EZ, line 6a.

u Attach to Form 990 or Form 990-EZ.

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

u Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number \*\*-\*\*\*2426 HERMANTOWN CHAMBER OF COMMERCE, Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events C In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col. (i) Yes No 1 3 6 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2020 HERMANTOWN CHAMBER OF COMMERCE, INC \*\*-\*\*\*2426 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts g	reater than \$5,000.		•	
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			GOLF TOURNAMENT		NONE	(add col. (a) through
a)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	15,825			15,825
	2	Less: Contributions				
		Gross income (line 1 minus line 2)	15,825			15,825
		Cash prizes				
		Noncash prizes				_
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				+
Dire	8	Entertainment				
	9	Other direct expenses	4,173			4,173
	10	Direct expense summary.	Add lines 4 through 9 in column (d	)	<b></b>	4,173 11,652
_			btract line 10 from line 3, column (c			
Р	art		olete if the organization answ rm 990-EZ, line 6a.	vered "Yes" on Form 990, I	Part IV, line 19, or repo	rted more than
		\$15,000 OH FO	IIII 990-⊑Z, IIIIe 6a.	(b) Pull tabs/instant		(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
<u>ш</u>	1	Gross revenue				
	١,	Cook prince				
ses	4	Cash prizes				
Expenses:	3	Noncash prizes				
Direct	4	Rent/facility costs				_
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
					•	
	7	Direct expense summary.	Add lines 2 through 5 in column (d	)		
			Add lines 2 through 5 in column (d			
_	8	Net gaming income summ	nary. Subtract line 7 from line 1, col	lumn (d)	<b>&gt;</b>	
9	8 En	Net gaming income summ	nary. Subtract line 7 from line 1, col	umn (d)ivities:	<b>&gt;</b>	Yes No
а	8 En	Net gaming income summ	nary. Subtract line 7 from line 1, col	umn (d)ivities:	<b>&gt;</b>	Yes No
а	8 En	Net gaming income summer ter the state(s) in which the the organization licensed to	nary. Subtract line 7 from line 1, col	umn (d)ivities:	<b>&gt;</b>	Yes No
a b 10a	En Is " If " We	Net gaming income summater the state(s) in which the the organization licensed to "No," explain:	nary. Subtract line 7 from line 1, col	umn (d) ivities: of these states?	<u> </u>	Yes No
a b 10a	En Is " If " We	Net gaming income summater the state(s) in which the the organization licensed to "No," explain:	nary. Subtract line 7 from line 1, cole organization conducts gaming activities in each	umn (d) ivities: of these states?	<u> </u>	Yes No

Sche	dule G (Form 990 or 990-EZ) 2020	HERMANTOWN	CHAMBER	OF	COMMERCE,	INC	**-***2	426	5	F	Page	3
1	Does the organization conduct gaming	activities with nonmem	bers?							Yes		No
2	Is the organization a grantor, beneficiar	y or trustee of a trust, o							_			
	formed to administer charitable gaming	ງ?								Yes		No
13	Indicate the percentage of gaming acti	vity conducted in:										
а	The organization's facility						L	13a			9	<u>%</u>
b	A							13b			9	<u>%_</u>
4	Enter the name and address of the pe	rson who prepares the o	organization's ga	ming/s	pecial events books	and						
	records:											
	Name <b>u</b>											
	Address u											
	<b>-</b>											
5a	Does the organization have a contract		•		•					V		NI -
	revenue?								Ш	Yes	Ш	No
b	If "Yes," enter the amount of gaming re					and	tne					
_	amount of gaming revenue retained by											
С	If "Yes," enter name and address of the	e tnira party:										
	Name 11											
	Name <b>u</b>											
	Address <b>u</b>											
6	Gaming manager information:											
	Name <b>u</b>											
	Gaming manager compensation ${f u}$ \$											
	5											
	Description of services provided $\mathbf{u}_{\dots}$											
	Director/officer Em	oloyee I Ir	ndependent cont	ractor								
	Director/officer	Dioyee ii	idependent con	iacioi								
17	Mandatory distributions:											
a	Is the organization required under state	e law to make charitable	distributions from	m the	gaming proceeds to							
	retain the state gaming license?				0 0.					Yes		No
b	Enter the amount of distributions requir	ed under state law to be	e distributed to o	ther ex	xempt organizations	or					_	
	spent in the organization's own exempt											
Pa	rt IV Supplemental Informa	ation. Provide the e	explanations re	equire	ed by Part I, line	2b, col	umns (iii) ar	d (v)	; an	d		
	Part III, lines 9, 9b, 10b	), 15b, 15c, 16, and	17b, as appl	icable	e. Also provide a	ny addi	tional inform	ation	١.			
	See instructions.											
												• •
												• •
												• •

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service u Attach to Form 990 or 990-EZ. u Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

HERMANTOWN CHAMBER OF COMMERCE, INC \*\*-\*\*\*2426

DESCRIPTION		AMOUNT		
EXPENSES				
ADVERTISING	\$	1,033		
TRAVEL	\$	1,263		
INSURACE	\$	1,983		
AMBASSADOR MEETINGS	\$	199		
AWARDS	\$	116		
BOARD EXPENSES	\$	355		
CREDIT CARD FEES	\$	924		
DIRECTOS LUNCH	\$	116		
DUES	\$	910		
GENERAL OPERATIONS	\$	15,840		
MISCLLANEOUS	\$	646		
PROGRAM EXPENSES	\$	2,265		
SPONSORSHIPS	\$	3,000		
UTILITIES	\$	14,467		
	TOTAL \$	43,117		
FORM 990-EZ, PART II, LINE 24	- OTHER AS	SSETS		
DESCRIPTION		BEG.	OF YEAR E	ND OF YEAR
PREPAID EXPENSES AND DEFERRED	CHARGES	\$	2,182 \$	1,61
		TOTAL \$	2,182 \$	1,61

HCHAMBER HERMANTOWN CHAMBER OF COMMERCE, INC \*\*-\*\*\*2426 Federal Statements

6/18/2021 7:20 AM

FYE: 12/31/2020

Form 990-EZ, Part I, Line 3 - Membership Dues and Assessment
--

Description	 Amount
	\$ 72,433
TOTAL	\$ 72,433

## **Event Income and Deduction Worksheet**

Description ANNUAL MEETING

Name

HERMANTOWN CHAMBER OF COMMERCE, INC

Taxpayer Identification Number

2020

\*\*-\*\*\*2426

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	620	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
<b>4.</b> Other income <b>4.</b>		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	620	Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 1415.		On investment property
16. Net Income/Loss. Line 7 minus Line 1516.		On non-investment property
Tot Hot moonic/2000. Ente 7 minus Ente 10 10.		
		Amortization
Expense Details - Cost of Goods Sold:		Depletion  Total Depreciation Expense
		Total Depreciation Expense
Beginning inventory		Expense Details - Exempt Activity Expense:
Purchases		
Labor		Repairs and Maintenance
Section 263A costs		Bad debts
Other costs		Taxes/licenses
Ending inventory	168	Charitable contributions
Total Cost of Goods Sold	100	Dividend recd deductions
Former Details - Fronte-mont Former		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 990-T, Scho	edule A:	Allocation of Expense to Program Service Accomplishments:
Part V, Debt Financing		First
Part VI, Controlled Org Income		Second
Part VII, Investments for C(7)(9)(17)		Third
Part VIII, Exploited Activities		All other
Part IX, Advertising Income		

Name

## **Event Income and Deduction Worksheet**

2020

Description RAFFLE

HERMANTOWN CHAMBER OF COMMERCE, INC

Taxpayer Identification Number \*\*-\*\*\*2426

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	200	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
<b>4.</b> Other income <b>4.</b>		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	200	Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
<b>10.</b> Fees for services <b>10.</b>		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 1415.		On investment property
16. Net Income/Loss. Line 7 minus Line 1516.		On non-investment property
		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs		Bad debts
Other costs		Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold		Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 990-T, Sche	edule A:	Allocation of Expense to Program Service Accomplishments:
Part V, Debt Financing		First
Part VI, Controlled Org Income		Second
Part VII, Investments for C(7)(9)(17)		Third
Part VIII, Exploited Activities		All other
Part IX, Advertising Income		

# **Event Income and Deduction Worksheet**

2020

Description GOLF TOURNAMENT

Name

HERMANTOWN CHAMBER OF COMMERCE, INC

Taxpayer Identification Number

\*\*-\*\*\*2426

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	15,825	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
<b>4.</b> Other income <b>4.</b>		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.		Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		• • • • • • • • • • • • • • • • • • • •
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 1415.		On investment property
16. Net Income/Loss. Line 7 minus Line 1516.		On non-investment property
	<del></del>	Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		
Purchases	4,173	Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs		Bad debts
Other costs		Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold	4,173	Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		Total Example Healthy Expended
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Payroll taxes  Total Employment Expense		Non-cash prizes
Total Employment Expense		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
		Other direct expenses
Management Legal		Total Fundraising Expense
<u> </u>		Total Fundraising Expense
Accounting		
Lobbying Professional fundraising		
- · · · · · · · · · · · · · · · · · · ·		
Investment management		
Other  Total Fees for Services		
Total Fees for Services		
Information is indicated for use on Form 990-T, So	chedule A:	Allocation of Expense to Program Service Accomplishments:
Part V, Debt Financing	Jiodule A.	
Part VI, Controlled Org Income		First
Part VII, Investments for C(7)(9)(17)		Second
Part VIII, Exploited Activities		Third
Part IX, Advertising Income		All other
_ rate 23, rate to lig moonie		

Name

# **Event Income and Deduction Worksheet**

2020

Descri

Description **UNWINED** 

HERMANTOWN CHAMBER OF COMMERCE, INC

Taxpayer Identification Number \*\*-\*\*\*2426

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales	180	Advertising and promotion
2. Advertising income		Office
3. Circulation income		Printing/publication/postage
4. Other income		Info technology/Maintenance
5. Returns and allowances		Royalties & License Fees
6. Contributions received		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6	7. 80	Travel & Repairs
8. Cost of Goods Sold		Travel/entertainment (officials)
9. Employment Expense		Conferences/meetings
10. Fees for services		Interest
11. Indirect Expense		Insurance
12. Depreciation Expense		Total Indirect Expense
13. Exempt Activity Expense		• • • • • • • • • • • • • • • • • • • •
14. Fundraising Expense		Expense Details - Depreciation Expense:
<b>15. Total expenses.</b> Add lines 8 through 1		On investment property
16. Net Income/Loss. Line 7 minus Line 1		On non-investment property
		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		
Purchases	215	Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs	·····	Bad debts
Other costs	·····	Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold	215	Dividend recd deductions
	······	Readership costs
Expense Details - Employment Expense	:	Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions	·····	Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes	·····	Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Local	·····	Total Fundraising Expense
Accounting		
المامان المامان		
Drefessional fundraising		
Investment management		
Other	· · · · · · <del>· · ·</del>	
Other Total Fees for Services	·····	
Total Fees for Services	· · · · · · <del>· · ·</del>	
Information is indicated for use on For	rm 990-T Schedule A:	Allocation of Expense to Program Service Accomplishments:
Part V, Debt Financing	iii 550-1, Schedule A.	
Part VI, Controlled Org Income		First
Part VII, Investments for C(7)(9)(	(17)	Second
Part VIII, Exploited Activities	,	Third
		All other
Part IX, Advertising Income		