

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2004

Form 990-EZ

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
HERMANTOWN AREA CHAMBER OF COMMERCE
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
4940 LIGHTNING DRIVE
 City or town, state or country, and ZIP + 4
HERMANTOWN, MN 55811

D Employer identification number
41-1782426

E Telephone number
218-729-6843

F Group Exemption Number

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 Web site: **N/A**
 H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

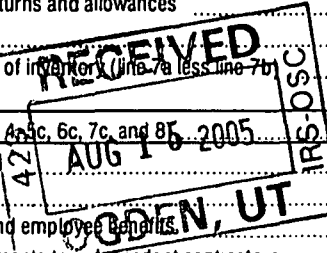
J Organization type (check only one) 501(c) (6) (insert no.) 4947(a)(1) or 527

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ **\$ 70,303.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	34,134.
	4	Investment income	4	69.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	36,100.
	6b	Less: direct expenses other than fundraising expenses	6b	19,299.
	6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	SEE STATEMENT 4 16,801.
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
	8	Other revenue (describe)	8	
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	51,004.
	Net Assets	10	Grants and similar amounts paid	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	32,750.
13		Professional fees and other payments to independent contractors	13	2,253.
14		Occupancy, rent, utilities, and maintenance	14	SEE STATEMENT 5 5,848.
15		Printing, publications, postage, and shipping	15	639.
16		Other expenses (describe)	16	SEE STATEMENT 1 15,496.
17		Total expenses (add lines 10 through 16)	17	56,986.
18		Excess or (deficit) for the year (line 9 less line 17)	18	-5,982.
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	11,088.
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	5,106.	



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

(See page 40 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	18,281.	22 2,855.
23 Land and buildings		23
24 Other assets (describe) SEE STATEMENT 2	5,406.	24 5,107.
25 Total assets	23,687.	25 7,962.
26 Total liabilities (describe) SEE STATEMENT 3	12,599.	26 2,856.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	11,088.	27 5,106.

SCANNED SEP 22 2005

P
D

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? BUSINESS PROMOTION/BETTERMENT
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 GENERAL CHAMBER ACTIVITIES, PROMOTION OF CITY AND COUNTY, SUPPORT OF INDUSTRIAL DEVELOPMENT

(Grants \$) 28a

29

(Grants \$) 29a

30

(Grants \$) 30a

31 Other program services (attach schedule) (Grants \$) 31a

32 Total program service expenses (add lines 28a through 31a) 32 0.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.)

Table with 5 columns: (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. Row 1: SEE STATEMENT 6, 32,750.

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)

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 but not reported to the IRS? If "Yes," attach a conformed copy of the changes. X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.
a Did the organization have unrelated business gross income of \$1,000 or more or 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? N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.) X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.
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 unpaid at the start of the period covered by this return? X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b N/A
39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a N/A
b Gross receipts, included on line 9, for public use of club facilities 39b N/A
40a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation N/A
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 N/A
d Enter: Amount of tax on line 40c, above, reimbursed by the organization N/A
41 List the states with which a copy of this return is filed. NONE
42 The books are in care of DAN ARCHAMBEAU Telephone no. 218-722-4458
Located at 4757 ARROWHEAD ROAD, DULUTH, MN ZIP + 4 55811
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 N/A

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, and correct. Information of which preparer has any knowledge.
2008 - PRESIDENT X 8/11/08
Date
President

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
ADVERTISING		1,714.	
DUES AND SUBSCRIPTIONS		838.	
INSURANCE		1,704.	
MEETING EXPENSES		1,671.	
MISCELLANEOUS		620.	
OFFICE AND SUPPLIES		1,396.	
PAYROLL TAXES		2,684.	
SCHOLARSHIP		1,125.	
STRATEGIC PLANNING		795.	
TELEPHONE		1,478.	
TRAVEL AND MEALS		1,471.	
TOTAL TO FORM 990-EZ, LINE 16		15,496.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YEAR
A/R AND PREPAIDS		3,520.	3,964.
OTHER DEPRECIABLE ASSETS		1,886.	1,143.
TOTAL TO FORM 990-EZ, LINE 24		5,406.	5,107.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION		BEG. OF YEAR	END OF YEAR
A/P AND PAYROLL TAXES PAYABLE		12,599.	2,856.
TOTAL TO FORM 990-EZ, LINE 26		12,599.	2,856.

FORM 990-EZ SPECIAL FUNDRAISING EVENTS AND ACTIVITIES STATEMENT 4

DESCRIPTION OF FUNDRAISING EVENTS	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF OUTING AND FUNDRAISERS	36,100.		36,100.	19,299.	16,801.
TO FORM 990-EZ, LINE 6	36,100.		36,100.	19,299.	16,801.

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 5

DESCRIPTION	AMOUNT
DEPRECIATION	743.
OTHER EXPENSES	5,105.
TOTAL TO FORM 990-EZ, LINE 14	5,848.

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KAY KNIGHT 4940 LIGHTNING DRIVE - HERMANTOWN MN 55811	EXEC DIR 40	32,750.0.		0.
RUSTY SMITH 129 E. CENTRAL ENTRANCE - DULUTH MN 55811	PRESIDENT 5	0.	0.	0.
SUZANNE OLIVER 110 HARBORVIEW PARKWAY - SUPERIOR, WI 54880	VICE-PRES/SECRETARY 5	0.	0.	0.
KEITH MACDONALD 4279 HAINES ROAD - HERMANTOWN MN 55811	TREASURER 5	0.	0.	0.
BRIANA VON ELBE 4891 MILLER TRUNK HIGHWAY SUITE 203 - HERMANTOWN MN 55811	DIRECTOR 0	0.	0.	0.

HERMANTOWN AREA CHAMBER OF COMMERCE

41-1782426

DEBBI PAASO 14 E. CENTRAL ENTRANCE - DULUTH MN 55811	DIRECTOR 0	0.	0.	0.
DOUG RALSTON 4477 LAVAQUE ROAD - HERMANTOWN MN 55811	DIRECTOR 0	0.	0.	0.
LEONARD JOHNSON 306 W. SUPERIOR STREET SUITE 10 - DULUTH MN 55802	DIRECTOR 0	0.	0.	0.
LEANNE WILCZEK 5493 MILLER TRUNK HIGHWAY - HERMANTOWN MN 55811	DIRECTOR 0	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		<u>32,750.0.</u>	<u>0.</u>	<u>0.</u>

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 7

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

Application for Extension of Time To File an Exempt Organization Return

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)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization HERMANTOWN AREA CHAMBER OF COMMERCE	Employer identification number 41-1782426
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 4940 LIGHTNING DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HERMANTOWN, MN 55811	

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 ▶ **DAN ARCHAMBEAU**
Telephone No. ▶ **218-722-4458** FAX No. ▶ _____
- 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 Form 990-T corporation) extension of time until **AUGUST 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ▶ calendar year **2004** 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
- 3a 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 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 \$ _____
- c **Balance Due.** 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 \$ **N/A**

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.