

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)

- Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 01-01-2008, and ending 12-31-2008

- Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

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

C Name of organization: HERMANTOWN CHAMBER OF COMMERCE INC. Number and street: 4940 LIGHTNING DRIVE. City or town, state or country, and ZIP + 4: HERMANTOWN, MN 55811

D Employer identification number: 41-1782426. E Telephone number. 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 Website: WWWHERMANTOWNCHAMBERCOM

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), 4947(a)(1), 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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 91,278

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

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for special events and inventory.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, Land and buildings, Other assets, Total assets, Total liabilities, and Net assets or fund balances.

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? TO PROMOTE BUSINESS GROWTH IN HERMANTOWN			
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			
<b>28</b> GENERAL CHAMBER OF COMMERCE ACTIVITIES PROMOTION OF CITY AND COUNTY AND SUPPORT OF INDUSTRIAL DEVELOPMENT (Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	100,715
<b>29</b>			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	
<b>30</b>			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (attach schedule)			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a)		<b>32</b>	100,715

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> 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
See Additional Data Table				

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>33</b>	No
<b>34</b> 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 . . . . .	<b>34</b>	No
<b>35</b> <i>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 your reason for not reporting the income on Form 990-T</i>		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .	<b>35a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>35b</b>	
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? <i>If "Yes," complete applicable parts of Schedule N</i> . . . . .	<b>36</b>	No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <span style="float:right;"><b>37a</b> _____</span>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	No
<b>38a</b> 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? . . . . .	<b>38a</b>	No
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> <i>501(c)(7) organizations.</i> Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
<b>b</b> <i>Section 501(c)(3) and (4) organizations.</i> 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? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	<b>40b</b>	
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b> <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .	<b>40e</b>	No
<b>41</b> List the states with which a copy of this return is filed ▶ _____		
<b>42a</b> The books are in care of ▶ <u>DAN ARCHAMBEAU</u> Telephone no ▶ <u>(218) 722-4458</u> 4757 ARROWHEAD ROAD Located at ▶ <u>DULUTH, MN</u> ZIP + 4 ▶ <u>55811</u>		
<b>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 ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	<b>42b</b>	No
<b>c</b> 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 ▶ _____	<b>42c</b>	No
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <span style="float:right;"><b>43</b> _____</span>		
<b>44</b> Did the organization maintain any donor advised funds? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	<b>44</b>	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	<b>45</b>	No

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and

complete the tables for lines 50 and 51.

	Yes	No
<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		
<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>49b</b> If "Yes," was the related organization(s) a section 527 organization?		

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are 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
Total number of other employees paid over \$100,000				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000		

**Please 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: \*\*\*\*\* Date: 2009-05-06

MICHAEL LUNDSTROM EXECUTIVE DIREC  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: BRADLEY P MICKELSON Date: 2009-05-05 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: BRADLEY P MICKELSON CPA  
6466 OLD TAFT ROAD  
DULUTH, MN 55803

Preparer's PTIN (See Gen Inst X):  
EIN:   
Phone no: (218) 260-6943

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

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization HERMANTOWN CHAMBER OF COMMERCE INC

Employer identification number 41-1782426

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing. MN

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>UNWINED</u> (event type)	<u>GOLF OUTING</u> (event type)	<u>3</u> (total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	9,001	34,600	21,011	64,612
	<b>2</b> Less Charitable contributions . . . . .				
	<b>3</b> Gross revenue (line 1 minus line 2) . . . . .	9,001	34,600	21,011	64,612
<b>Direct Expenses</b>	<b>4</b> Cash Prizes . . . . .				
	<b>5</b> Non-cash Prizes . . . . .				
	<b>6</b> Rent/Facility costs . . . . .				
	<b>7</b> Other direct expenses . . . . .	1,735	8,856	10,556	21,147
	<b>8</b> Direct expense summary Add lines 4 through 7 in column (d) . . . . . ▶				21,147
<b>9</b> Net income summary Combine lines 3 and 8 in column (d) . . . . . ▶				43,465	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
<b>Revenue</b>				
<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .			
	<b>3</b> Non-cash prizes . . . . .			
	<b>4</b> Rent/facility costs . . . . .			
	<b>5</b> Other direct expenses . . . . .			
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶				

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	No
<b>b</b> If "No," Explain _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	No
<b>b</b> If "Yes," Explain _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	No
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<b>12</b>	No

		Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in			
<b>a</b> The organization's facility . . . . .	<b>13a</b>		
<b>b</b> An outside facility . . . . .	<b>13b</b>		
<b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ <u>DAN ARCHAMBEAU</u>			
Address ▶ <u>4757 ARROWHEAD ROAD DULUTH, MN 55811</u>			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .		<b>15a</b>	No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
<b>c</b> If "Yes," enter name and address			
Name ▶ _____			
Address ▶ _____			
<b>16</b> Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .		<b>17a</b>	No
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2008

Attachment Sequence No 67

See separate instructions. Attach to your tax return.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

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.

Table with 5 rows for Section 179 election details, including maximum amount, total cost, and dollar limitation.

Table with 13 rows for Section 179 expense deduction calculation, including description of property, cost, and elected cost.

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)

Table with 4 rows for Special Depreciation Allowance and Other Depreciation details.

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

Section A

Table with 2 rows for MACRS deductions for assets placed in service in tax years beginning before 2008.

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, Depreciation deduction.

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

Table with 3 rows for Alternative Depreciation System details, including class life and recovery period.

Part IV Summary (See instructions)

Table with 3 rows for Summary details, including listed property amount, total depreciation, and section 263A costs.



**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special depreciation and business use percentages.

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a)-(f) for Vehicle 1-6. Rows 30-36 include total miles driven (business, commuting, other) and availability for personal use.

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with columns Yes/No. Rows 37-41 include questions about written policies, personal use, and qualified demonstration use.

**Part VI Amortization**

Table for Section VI with columns (a)-(f). Rows 42-44 include amortization of costs that begin during the 2008 tax year and total amounts.

**Additional Data****Software ID:****Software Version:****EIN:** 41-1782426**Name:** HERMANTOWN CHAMBER OF COMMERCE INC**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
CINDY NELSON 4940 LIGHTNING DRIVE HERMANTOWN, MN 55811	PRESIDENT 5	0	0	0
WADE PETRICH 4940 LIGHTNING DRIVE HERMANTOWN, MN 55811	VICE PRESIDENT 3	0	0	0
LORI SAMPLE 4940 LIGHTNING DRIVE HERMANTOWN, MN 55811	SECRETARY TREAS 2	0	0	0
LAURA LOKKEN 4940 LIGHTNING DRIVE HERMANTOWN, MN 55811	EX-OFFICIAL EXE 1	0	0	0
DOUG RALSTON 4940 LIGHTNING DRIVE HERMANTOWN, MN 55811	DIRECTOR 1	0	0	0
LEONARD JOHNSON 4940 LIGHTNING DRIVE HERMANTOWN, MN 55811	DIRECTOR 1	0	0	0
JAMIE SATHERS-DAY 4940 LIGHTNING DRIVE HERMANTOWN, MN 55811	DIRECTOR 1	0	0	0
DEAN LUOMA 4940 LIGHTNING DRIVE HERMANTOWN, MN 55811	DIRECTOR 1	0	0	0
TESS DANDREA 4940 LIGHTNING DRIVE HERMANTOWN, MN 55811	DIRECTOR 1	0	0	0
WADE BACKSTROM 4940 LIGHTNING DRIVE HERMANTOWN, MN 55811	DIRECTOR 1	0	0	0
ANDY THIELEN 4940 LIGHTNING DRIVE HERMANTOWN, MN 55811	DIRECTOR 1	0	0	0
NATALIE PETERSON 4940 LIGHTNING DRIVE HERMANTOWN, MN 55811	DIRECTOR 1	0	0	0
SHAWN CROWSER 4940 LIGHTNING DRIVE HERMANTOWN, MN 55811	DIRECTOR 1	0	0	0

## TY 2008 Other Assets Schedule

**Name:** HERMANTOWN CHAMBER OF COMMERCE INC

**EIN:** 41-1782426

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS RECEIVABLE	632	1,635
PREPAID EXPENSES	120	1,934

## TY 2008 Other Expenses Schedule

**Name:** HERMANTOWN CHAMBER OF COMMERCE INC

**EIN:** 41-1782426

Description	Amount
ADVERTISING AND PUBLIC RELATIONS	3,938
BANK AND CREDIT CARD FEES	1,492
DEPRECIATION	661
DUES AND SUBS	905
MEETINGS AND SEMINARS	1,895
MILEAGE AND TRAVEL	2,413
OFFICE EXPENSE	2,852
INSURANCE	1,782
STRATEGIC PLANNING	1,282
SCHOLARSHIP REPAIRS AND MISC	985

## TY 2008 Other Liabilities Schedule

**Name:** HERMANTOWN CHAMBER OF COMMERCE INC

**EIN:** 41-1782426

Description	Beginning of Year Amount	End of Year Amount
PREPAID MEMBERSHIP DUES	3,675	2,280
TECHNOLOGY FUND	24	24
ACCOUNTS PAYABLE	1,163	1,792
PAYROLL LIABILITIES	905	1,160