efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492282007008 Short Form OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2017 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. Open to Public Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez. Department of the Treasury Inspection Internal Revenue Service For the 2017 calendar year, or tax year beginning 07-01-2017 and ending 06-30-2018 B Check if applicable D Employer identification number C Name of organization \square Address change Humboldt-Dakota City Chamber 42-0890462 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 29 5th St S ☐ Final return/terminated (515) 332-1481 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return Humboldt, IA 50548 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►N/A **J Tax-exempt status**(check only one) - ☐ 501(c)(3) ☑ 501(c)(6) ◀(insert no) ☐ 4947(a)(1) or ☐ 527 K Form of organization □ Corporation □ Trust ☑ Association □ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 13,130 2 2 Program service revenue including government fees and contracts 30,175 3 Membership dues and assessments 3 37,827 4 4 108 5a Gross amount from sale of assets other than inventory 5b b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 0 sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d7a Gross sales of inventory, less returns and allowances . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . **7**c C 8 8 Other revenue (describe in Schedule O) **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 81,240 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 983 13 1,455 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 5,089 15 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 103,086 17 Total expenses. Add lines 10 through 16 17 110,613 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -29,373 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 96,637 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 67,264 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2017) Cat No 10642I

OIIII 990-L2	_ (2017)						Page 2
Part II	Balance Sheets (see the instructions Check if the organization used Schedule		westion in this	Dart II			П
	Check if the organization used Schedule	O to respond to any c	descion in this		eginning of year	· ·	□ (B) End of year
22 Cash, sa	vings, and investments			(4) 5	96,637	22	67,264
	buildings				·	23	· · ·
24 Other as	sets (describe in Schedule O)					24	
25 Total as	sets				96,637	25	67,264
26 Total lia	ibilities (describe in Schedule O)					26	
	ets or fund balances (line 27 of column	<u> </u>			96,637	27	67,264
Part III	Statement of Program Service A Check if the organization used Schedule	•			rt III)	(Re	Expenses equired for section 501(c)
What is the	organization's primary exempt purpose?	o to respond to any t	question in this	rait III		 (3)	and 501(c)(4)
Describe the measured by	the growth of the Humboldt and Dakota (organization's program service accompli- y expenses. In a clear and concise manne	shments for each of its er, describe the service	s three largest			_	ganizations, optional for ners)
28	nd other relevant information for each pro nal Data Table	ogram title					
(a	70.11				. \Box		
(Grants \$)	If this amoun	t includes foreign gran	its, check here		. ▶ ⊔	28a	
29						29a	
(Grants \$)	If this amoun	t ıncludes foreıgn grar	its, check here		. ▶ 🗆		
30						30a	
(Grants \$)	If this amoun	t includes foreign grar	its, check here		. ▶ □		
31 Other pro	ogram services (describe in Schedule 0)						
(Grants \$)	If this amoun	t includes foreign gran	its, check here		. ▶ 🗆	31a	
32 Total pr	ogram service expenses (add lines 28a	through 31a)				32	
Part IV	List of Officers, Directors, Trustees,						
	Check if the organization used Schedule	O to respond to any d	luestion in this	Part IV.		• •	🗆
	(a) Name and title	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2, MISC) (if no enter -(ation /1099- o t paid,	(d) Health ben- contributions to er benefit plans, deferred compen	nploye and	(e) Estimated amount of other compensation
See Addition	al Data Table						

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements	ın the	9	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u></u>	🗆	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing 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 Schedule O (see instructions)	34		No
35a	Did 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)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		No
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36		36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
Ь	Did the organization file Form 1120-POL for this year?	37b		No
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?	38a		No
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
ь	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
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		
С	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 sections4912, 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			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No
41	transaction? If "Yes," complete Form 8886-T			
	The organization's books are in care of ▶ Humboldt-Dakota City Chamber Telephone no ▶ (515) 3	32-1481	
		5054	18	
L	At any time during the calendar year, did the organization have an interest in or a cignature or other authority over a			
D	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)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
	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		Yes	No.
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
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	44b		No
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	44d	Ţ	No
452	explanation in Schedule O	45a		No
	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 Form 990-EZ (see instructions)				No

Form	990-E	Z (201	7)								Page 4
										Yes	No
46			inization engage, directly or indirect or public office? If "Yes," complete !				n opposition to				l
Pari			tion 501(c)(3) organizations	·					46		No
FGII	. V.	All s	ection 501(c)(3) organizations	must answer quest	ions 47-49b an	d 52, and	complete the	tables	for lir	nes 50	and 51
		Chec	k if the organization used Schedule	O to respond to any o	question in this Pa	art VI				 Yes	□ No
									$\overline{}$	163	
47			inization engage in lobbying activition in inization engage in lobbying activition in inization engage in lobbying activities in inization engage in inization engage in inization engage in inization in inization in inization engage in inization in inization in inization engage in inization inization in inization inization in inization inization in inization inization in inization inizatio	es or have a section 5	01(h) election in	effect durin	g the tax year?		47		
48		•	ganization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								
		_	e organization make any transfers to an exempt non-charitable related organization?								
		_	•	·	related organiza	tion			49a 49b		
		•	s the related organization a section	•							
50			is table for the organization's five h ceived more than \$100,000 of com					stees a	nd key	employ	ees)
	(a)	Name	and title of each employee	(b) Average	(c) Reporta		d) Health bene ributions to em				amount
				hours per week devoted to position	compensation (Forms W-2/1	099-	benefit plans, a	nd ´	or othe	er comp	ensation
					MISC)	dei	ferred compens	ation			
NONE											
	T-1-			00.000							
f			per of other employees paid over \$1 is table for the organization's five h						¢10	0.000 -	
21			on from the organization. If there is		ndependent contr	actors who	each received r	nore tri	ап это	0,000 0	1
		(a	a) Name and business address of ea	ach independent contr	actor	(b) ⁷	Type of service	(c)	Compe	ensation	1
NONE											
											_
d	Tota	al numb	ber of other independent contractor	s each receiving over	\$100,000			-			
52	Dıd	the or	ganization complete Schedule A? N	OTE. All Section 501(c)(3) organizatio	ns must atta	ach a				
			d Schedule A					•	Ye	s 🗆 I	No
			perjury, I declare that I have exam								
		and bel wledge	lief, it is true, correct, and complete	Declaration of prepa	rer (other than o	fficer) is bas	sed on all inforr	nation	of whicl	h prepa	rer
		l k					1				
Sign		****** 2018-09-20 Signature of officer Date									
Here		Tash	a Pedersen President								
		Туре	or print name and title								
Daia			Print/Type preparer's name Timothy L McCartan	Preparer's signature		Date	Check if	PTIN P00286	5779		
Paid Pret	d parer		Firm's name ► TP ANDERSON & COM	self-employed TP ANDERSON & COMPANY PC CPAS Firm's EIN ▶ 39-18947					10		
-	Onl		Firm's address ▶ 528 Sumner Avenue				Phone no (515) 332-34	166		
		-	HUMBOLDT, IA 50548	0509			,	, 552-54	. 55		
May +	he IDC	: discus	ss this return with the preparer sho	wn abovo? Soo instance	tions		1		Yes	□ No	
riay ti	ile IKS	uiscus	ss this return with the preparer show	will above r See illistrate	ctions					NO	7 (2017

Additional Data

Software ID: 17005038

Software Version: 2017v2.2

EIN: 42-0890462

Name: Humboldt-Dakota City Chamber

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

Describe the organization services, as measured by number of persons benef	` (c	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
28 Promoting the growth of	28a			
(Grants \$)	If this amount includes foreign grants, check here $\ . \ . \ . \ ightharpoonup \Box$			

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e)Estimated amount of other compensation
Mitch Nielsen Director	0	0		
Roger Townsend Director	0	0		
Carıssa Riesselman Exec Director	20 00	0		
Trent Olsen Director	0	0		
Tasha Pedersen President	0	0		
Travis Fuller Director	0	0		
Coriey Petersen Director	0	0		
Bob Myott Director	0	0		
Tim Neubauer Director	0	0		
Erin Smith Director	0	0		
Kıersten Beilke Vice President	0	0		
Missy Weeks Director	0	0		
Jeff Feaster Director	0	0		

efile GRAPHI	C print - DO	NOT PROCESS	As Filed Data -		DLN	l: 9349228200 7 008
SCHEDULE		Sunnlament	al Informatio	n to Form 990 or	990-F7	OMB No 1545-0047
(Form 990 or 9 EZ) Department of the Tree	90- asurv ►	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.			2017 Open to Public Inspection	
Internal Revenue Serviname of the organ Humboldt-Dakota Cit					Employer iden 42-0890462	tification number
990 Schedule	O, Supplem	ental Informatio	n			
Return Reference				Explanation		
Other Expenses 1001	Advertising a	nd Promotion \$14730)			

990 Schedule O, Supplemental Information Return Explanation Reference

Other Office Expenses \$4462
Expenses 1002

990 Schedule O, Supplemental Information Return Explanation Reference Insurance \$1919 Expenses 1012

Other

990 Schedule O, Supplemental Information Return Explanation Reference

Other Community Events \$48202
Expenses 1

990 Schedule O, Supplemental Information Return Explanation Reference

Other Reimbursed Wages & Benefits \$27289
Expenses 2

990 Schedule O, Supplemental Information Return Explanation Reference Other Rent \$3000 Expenses 3

990 Schedule O, Supplemental Information Return Explanation Reference Other Membership Costs \$2629

Expenses 4

990 Schedule O, Supplemental Information Return Explanation Reference

Other Expenses 5 Training and Travel/Mileage \$300

990 Schedule O, Supplemental Information Return Explanation Reference Other Website Costs \$298

Expenses 6

990 Schedule O, Supplemental Information Return Explanation Reference

Other Dues & Subscriptions \$250
Expenses 7

990 Schedule O, Supplemental Information Return Explanation Reference

Other Bank Charges \$7 Expenses 8