

Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form**  
**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except private foundations)

OMB No. 1545-1150

**2017**

▶ Do not enter social security numbers on this form as it may be made public

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information

<b>A</b> For the 2017 calendar year, or tax year beginning 5/24, 2017, and ending 12/31, 2017	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Application pending	<b>C</b> <b>BORN PASSION INC</b> <b>4600 W 77TH STREET</b> <b>EDINA, MN 55435</b> <div style="text-align: right; font-size: 2em;">06</div>
<b>D</b> Employer identification number 82-1687570	<b>E</b> Telephone number 612-701-8461
<b>F</b> Group Exemption Number	
<b>G</b> Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶	
<b>I</b> Website ▶ <a href="https://www.bornpassion.com">https://www.bornpassion.com</a>	
<b>J</b> Tax exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( 6 ) ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 33,774	

**Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

EXPENSES	1	Contributions, gifts, grants, and similar amounts received	1	5,000	
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments	3		
	4	Investment income	4		
	5a	Gross amount from sale of assets other than inventory	5a		
	5b	Less: cost or other basis and sales expenses	5b		
	5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6	Gaming and fundraising events	6		
	6a	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	6b	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	28,774	
	6c	c Less: direct expenses from gaming and fundraising events	6c	25,258	
	6d	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	3,516	
	7a	a Gross sales of inventory less returns and allowances	7a		
	7b	b Less: cost of goods sold	7b		
	7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
	ASSETS	8	Other revenue (describe in Schedule O)	8	
		9	<b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	8,516
10		Grants and similar amounts paid (list in Schedule O)	10	4,313	
11		Benefits paid to or for members	11		
12		Salaries, other compensation, and employee benefits	12		
13		Professional fees and other payments to independent contractors	13	2,599	
14		Occupancy, rent, utilities, and maintenance	14		
15		Printing, publications, postage, and shipping	15	700	
16		Other expenses (describe in Schedule O) See Schedule O	16	4,055	
17		<b>Total expenses</b> Add lines 10 through 16	17	11,667	
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,151	
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	0	
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	-3,151	

BAA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2017)

**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

**X**

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	22	1,120
23	Land and buildings	23	
24	Other assets (describe in Schedule O) See Schedule O	24	6,222
25	<b>Total assets</b>	0 25	7,342
26	<b>Total liabilities</b> (describe in Schedule O) See Schedule O	0 26	10,493
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	0 27	-3,151

**Part III** Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III



## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others )

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	See Schedule O		
	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	28 a 36,895
29			
	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	29 a
30			
	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	30 a
31	Other program services (describe in Schedule O)		
	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	31 a
32	Total program service expenses (add lines 28a through 31a)	<input type="checkbox"/>	32 36,895

**Part IV** List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

1

[illegible]

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> 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		X
<b>34</b> 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)		X
<b>35 a</b> 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)?		X
<b>35 b</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		
<b>35 c</b> 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		X
<b>36</b> 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		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37 a</b> 0		
<b>37 b</b> Did the organization file Form 1120-POL for this year?		X
<b>38 a</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 outstanding at the end of the tax year covered by this return?		X
<b>38 b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved	N/A	
<b>39</b> Section 501(c)(7) organizations Enter		
<b>39 a</b> Initiation fees and capital contributions included on line 9	N/A	
<b>39 b</b> Gross receipts, included on line 9, for public use of club facilities	N/A	
<b>40 a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>40 a</b> N/A section 4912 <b>40 a</b> N/A section 4955 <b>40 a</b> N/A		
<b>40 b</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		
<b>40 c</b> 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 <b>40 c</b> 0		
<b>40 d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization <b>40 d</b> 0		
<b>40 e</b> 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		X
<b>41</b> List the states with which a copy of this return is filed <b>41</b> None		

**42 a** The organization's books are in care of **ERIC W SKARNES** Telephone no **612-701-8461**  
 Located at **4600 W 77TH STREET EDINA MN** ZIP + 4 **55435**

	Yes	No
<b>42 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		X
<b>42 c</b> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 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		X

**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

	Yes	No
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>44 b</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		X
<b>44 c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>44 d</b> If 'Yes' to line 44c has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>45 b</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 Form 990-EZ (see instructions)		X

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.

	Yes	No
<b>46</b>		X

**(Part VI) Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.

	Yes	No
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

**b** If 'Yes,' was the related organization a section 527 organization?

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 **▶** \_\_\_\_\_

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

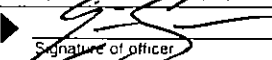
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 **▶** \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations must attach a completed Schedule A.

**▶** ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer 		Date <b>6/12/18</b>		
	ERIC W SKARNES Type or print name and title		President & CEO		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Larry J Coleman	Larry J Coleman	6-11-18		P01083308
	Firm's name <b>▶</b> COLEMAN & ASSOCIATES, LLC	Firm's EIN <b>▶</b> 81-4623843		Phone no. (715) 554-4067	
	Firm's address <b>▶</b> 1093 74th Avenue AMERY, WI 54001				

May the IRS discuss this return with the preparer shown above? See instructions.

**▶** ☒ Yes ☐ No

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

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

**2017**



Name of the organization

BORN PASSION INC

Employer identification number

82-1687570

**Part I Fundraising Activities** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17  
Form 990-EZ filers are not required to complete this part

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

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In person solicitations          |   |

**2 a** 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? ☐ Yes ☐ No

**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.

(i) Name and address 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 column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

**3** 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.

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**Part III 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

		(a) Event #1 GET IN THE SPI (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	27,143			27,143
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	27,143			27,143
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	14,181			14,181
	7 Food and beverages	4,421			4,421
	8 Entertainment				
	9 Other direct expenses	6,656			6,656
	10 Direct expense summary Add lines 4 through 9 in column (d)				25,258
	11 Net income summary Subtract line 10 from line 3, column (d)				1,885

**Part III Gaming** Complete if the organization answered 'Yes' on 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 column (a) through column (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If No explain

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If Yes explain

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 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? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If Yes, enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If Yes, enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information

▶ Attach to Form 990 or 990-EZ

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

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

BORN PASSION INC

Employer identification number

82-1687570

**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

CONTRACT SERVICES	\$	2,225
Depreciation		30
Interest		266
Office Expenses		1,277
REPAIRS		83
Travel		174
<b>Total</b>	<b>\$</b>	<b>4,055</b>

**Form 990-EZ, Part II, Line 24**  
**Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Automobiles	\$ 0	\$ 1,770
DUE FROM WWM	0	4,452
<b>Total</b>	<b>\$ 0</b>	<b>\$ 6,222</b>

**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 0	\$ 8,693
Payable to Officers, Directors, Etc	0	1,800
<b>Total</b>	<b>\$ 0</b>	<b>\$ 10,493</b>

**Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

Its purpose is to promote such common interest and not to engage in a regular business of a kind ordinarily carried on for profit

The following activities intend to be implemented

- Promoting higher business standards and better business methods and encouraging uniformity and cooperation by retail merchants,
- Educating the public in the use of local markets, vendors, and services,
- Establishing and maintaining the in-tegrity of a local commercial market,
- Operating a trade publication primarily to benefit an entire community,
- Encouraging the use of goods and services of an entire industry in the local area(to introduce individuals to the use of the local vendors and services in their community in the hope that the community members will foster a sense of



Name of the organization

BORN PASSION INC

Employer identification number

82-1687570

**Form 990-EZ, Part III - Organization's Primary Exempt Purpose (continued)**

community, safety, and overall neighborhood atmosphere), and

•Attempting to influence legislation germane to the common business interests of the organization's members

The organization's activities will be devoted to improving business conditions of all lines of local businesses. The end result or intent of this organization is to show that the conditions of a particular trade or the interests of the community will be advanced.

**Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**

Born Passion Inc has represented the businesses and professions of Western Minneapolis area serving as the community's chamber. This entity is dedicated to establishing and maintaining itself as a primary advocate, voice and resource for business and community organizations in our area.

Accomplishments this year

Used resources to encourage, promote and foster local businesses

Worked to maintain and improve the quality of life Minneapolis area

Maintained strong support for existing businesses and industries

Continued to promote and support economic development