

L76
EX-3
08/17

2949219529001 8

OMB No 1545 1150

2017

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder 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
- Go to www.irs.gov/Form990EZ for instructions and the latest information

A For the 2017 calendar year, or tax year beginning 5/24 , 2017, and ending 12/31 , 2017																																																																																								
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																																																																																								
C BORN PASSION INC 4600 W 77TH STREET EDINA, MN 55435																																																																																								
D Employer identification number 82-1687570																																																																																								
E Telephone number 612-701-8461																																																																																								
F Group Exemption Number																																																																																								
G Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►																																																																																								
I Website ► https://www.bornpassion.com																																																																																								
J 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																																																																																								
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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) are \$500,000 or more, file Form 990 instead of Form 990 EZ ► \$ 33,774																																																																																								
Part I 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 <input checked="" type="checkbox"/>																																																																																								
<table border="1"> <tr> <td>1 Contributions, gifts, grants and similar amounts received</td> <td>1</td> <td>5,000</td> </tr> <tr> <td>2 Program service revenue including government fees and contracts</td> <td>2</td> <td></td> </tr> <tr> <td>3 Membership dues and assessments</td> <td>3</td> <td></td> </tr> <tr> <td>4 Investment income</td> <td>4</td> <td></td> </tr> <tr> <td>5a Gross amount from sale of assets other than inventory</td> <td>5a</td> <td></td> </tr> <tr> <td> b Less cost or other basis and sales expenses</td> <td>5b</td> <td></td> </tr> <tr> <td> c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td> <td>5c</td> <td></td> </tr> <tr> <td>6 Gaming and fundraising events</td> <td>6a</td> <td></td> </tr> <tr> <td> a Gross income from gaming (attach Schedule G if greater than \$15,000)</td> <td>6a</td> <td></td> </tr> <tr> <td> b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</td> <td>6b</td> <td>28,774</td> </tr> <tr> <td> c Less direct expenses from gaming and fundraising events</td> <td>6c</td> <td>25,258</td> </tr> <tr> <td> d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td> <td>6d</td> <td>3,516</td> </tr> <tr> <td>7a Gross sales of inventory less returns and allowances</td> <td>7a</td> <td></td> </tr> <tr> <td> b Less cost of goods sold</td> <td>7b</td> <td></td> </tr> <tr> <td> c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td> <td>7c</td> <td></td> </tr> <tr> <td>8 Other revenue (describe in Schedule O)</td> <td>8</td> <td></td> </tr> <tr> <td>9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td> <td>9</td> <td>8,516</td> </tr> <tr> <td>10 Grants and similar amounts paid (list in Schedule O)</td> <td>10</td> <td>4,313</td> </tr> <tr> <td>11 Benefits paid to or for members</td> <td>11</td> <td></td> </tr> <tr> <td>12 Salaries other compensation and employee benefits</td> <td>12</td> <td></td> </tr> <tr> <td>13 Professional fees and other payments to independent contractors</td> <td>13</td> <td>2,599</td> </tr> <tr> <td>14 Occupancy rent, utilities, and maintenance</td> <td>14</td> <td></td> </tr> <tr> <td>15 Printing publications, postage, and shipping</td> <td>15</td> <td>700</td> </tr> <tr> <td>16 Other expenses (describe in Schedule O)</td> <td>16</td> <td>4,055</td> </tr> <tr> <td>17 Total expenses Add lines 10 through 16</td> <td>17</td> <td>11,667</td> </tr> <tr> <td>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</td> <td>18</td> <td>-3,151</td> </tr> <tr> <td>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)</td> <td>19</td> <td>0</td> </tr> <tr> <td>20 Other changes in net assets or fund balances (explain in Schedule O)</td> <td>20</td> <td></td> </tr> <tr> <td>21 Net assets or fund balances at end of year Combine lines 18 through 20</td> <td>21</td> <td>-3,151</td> </tr> </table>		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		b Less cost or other basis and sales expenses	5b		c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		6 Gaming and fundraising events	6a		a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		b Gross income from fundraising events (not including \$ 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	c Less direct expenses from gaming and fundraising events	6c	25,258	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	3,516	7a Gross sales of inventory less returns and allowances	7a		b Less cost of goods sold	7b		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		8 Other revenue (describe in Schedule O)	8		9 Total revenue 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)	16	4,055	17 Total expenses 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
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																																																																																							
b Less cost or other basis and sales expenses	5b																																																																																							
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c																																																																																							
6 Gaming and fundraising events	6a																																																																																							
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a																																																																																							
b Gross income from fundraising events (not including \$ 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																																																																																						
c Less direct expenses from gaming and fundraising events	6c	25,258																																																																																						
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	3,516																																																																																						
7a Gross sales of inventory less returns and allowances	7a																																																																																							
b Less cost of goods sold	7b																																																																																							
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c																																																																																							
8 Other revenue (describe in Schedule O)	8																																																																																							
9 Total revenue 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)	16	4,055																																																																																						
17 Total expenses 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																																																																																						
See Schedule O																																																																																								

SCANNED

EXPENSES

ASSETS

BAA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2017)

9-10

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

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 Yes No
33 **X**

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) Yes No
34 **X**

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)? Yes No
35a **X**

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 Yes No
35b

c 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 Yes No
35c **X**

36 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 Yes No
36 **X**

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** Yes No
37a **X**

b Did the organization file Form 1120-POL for this year? Yes No
37b **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 outstanding at the end of the tax year covered by this return? Yes No
38a **X**

b If Yes, complete Schedule L, Part II and enter the total amount involved Yes No
38b N/A

39 Section 501(c)(7) organizations Enter Yes No
 a Initiation fees and capital contributions included on line 9 Yes No
39a N/A

b Gross receipts, included on line 9, for public use of club facilities Yes No
39b N/A

40a Section 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** Yes No
40a N/A

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 Yes No
40b N/A

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 ► Yes No
40c 0

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► Yes No
40d 0

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 Yes No
40e X

41 List the states with which a copy of this return is filed ► **None**

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

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 ► Yes No
42b **X**

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 ► Yes No
42c **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** Yes No
43 N/A

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990 EZ Yes No
44a **X**

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 Yes No
44b **X**

c Did the organization receive any payments for indoor tanning services during the year? Yes No
44c **X**

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 Yes No
44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes No
45a **X**

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) Yes No
45b **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

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

	Yes	No
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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a Did the organization make any transfers to an exempt non charitable related organization?	49a	
b If 'Yes' was the related organization a section 527 organization?	49b	
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.'		

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.

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

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

OMB No. 1545-0047

2017



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 for the latest instructions

Name of the organization

BORN PASSION INC

Employer identification number
82-1687570

Part II

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

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> 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? 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
1		Yes	No			
2						
3						
4				—		
5						
6						
7						
8						
9						
10						
Total						

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

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

REVENUE		(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))
	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

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	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
 b An outside facility

13a	%
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 for the latest information

OMB No 1545 0047

2017

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
Total	<u>\$ 4,055</u>

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
Total	<u>\$ 0</u>	<u>\$ 6,222</u>

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
Total	<u>\$ 0</u>	<u>\$ 10,493</u>

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 integrity 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