Form 990 (2019)

921

202009 CHAMBER 11/14/2020 12 20 PM Return of Organization Exempt From Income Tax OMB No. 1545-0047 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 2019 (Rev January 2020) Do not enter social security numbers on this form as it may be made public. Open to Public Department of the Treasury Internal Revenue Service Inspection ► Go to www.irs.gov/Form990 for instructions and the latest Information. For the 2019 calendar year, or tax year beginning 10/01/19, and ending 09/30/20 C Name of organization O Employer identification number Check If applicable DEVILS LAKE CHAMBER OF COMMERCE Address change Doing business as 45-0116761 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 879 701-662-4903 inttlat return Final return/ City or lown, state or province, country, and ZIP or foreign postal code terminated DEVILS LAKE ND 58301-0879 878,362 G Gross receipts \$ Amended return Name and address of principal officer Application pending H(a) is this a group return for subordinates? RYAN YODER PO BOX 879 If "No " attach a list (see instruction DEVILS LAKE ND 58301 501(c)(3) X 501(c) ( 6 ) **∢** (insert no ) HTTP://CHAMBER.DEVILSLAKEND.COM/ H(c) Group exemption number X Corporation Trust Year of tormation, 1925 Form of organization Association Other -M State of legal domicile Part I Summarv 1 Briefly describe the organization's mission or most significant activities TO PROMOTE THE QUALITY OF LIFE FOR THE RESIDENTS OF THE DEVILS LAKE AREA Governance THROUGH PROGRAMS AND ACTIVITES FOCUSING ON COMMERCIAL, INDUSTRIAL, AGRICULTURAL, EDUCATIONAL, AND CIVIC DEVELOPMENT 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) ð Activities 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 IRS REC'D 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 9 5 04/23/2021 50 6 Total number of volunteers (estimate if necessary) 6 182,042 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 6<u>7,333</u> b Net unrelated business taxable income from Form 990-T, line 39 7b Prior Year Current Year <u>615,</u>270 455 607, 8 Contributions and grants (Part VIII, line 1h) 329,338 259,182 9 Program service revenue (Part VIII, line 2g) 318 291 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,129 165 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 940,240 874,908 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 24,998 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 303,347 281 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 599,608 516,859 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 902,955 823,234 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 37,28551,674 19 Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 70 5 <u>516,688</u> 458,021 20 Total assets (Part X, line 16) 48,295 55,288 21 Total liabilities (Part X, line 26) 409.726 461,400 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block ∂Part`ll : 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 11-30-20 Signature of officer Sign EXECUTIVE DIRECTOR PAULA VISTAD Here Type or print name and title Pnnt/Type preparer's name Check P01039907 Paid 11/14/20 solf-emoloyed KATHLEEN L KNODEL, CPA 20-1746221 Preparer BRITSCH & ASSOCIATES Firm's EIN Use Only 415 6TH AVE NE **2**01-662-8724 58301 DEVILS LAKE, X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

F. FILE

For Paperwork Reduction Act Notice, see the separate instructions

		HAMBER OF COMMER		5761	Page 2
•		Service Accomplishmentains a response or note		l <del>l</del>	<u></u>
	the the organization's missi		to any line in this Part i	<u> </u>	<u></u>
TO PROMO	OTE AND ENHANC	E THE QUALTIY O	F LIFE FOR THE	RESIDENTS O	F THE DEVILS
LAKE ARE	EA THROUGH PRO	GRAMS			•
	•	•			S
		ificant program services during t	he year which were not listed	on the	
	90 or 990-EZ? cribe these new services or	Sahadula O	•		🔙 Yes 🗓 No
· ·		r Schedule O or make significant changes in h	low it conducts, any program		
services?	•				🗌 Yes 🔀 No
	cribe these changes on Sch	nedule O. Vice accomplishments for each	of its three largest aronism s	enucos, as measured by	
		(4) organizations are required to			
		for each program service report			
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EDUCATIO	DNAL TRADE ARE	AS. THERE WERE	APPROXIMATELY	300 CHAMBER	MEMBERS.
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d Other program	m services (Describe on Sc	chedule O.)			
(Expenses \$	5	including grants of \$	) (Reven	ue \$	<u>8</u>
	n service expenses >				Form 990 (2015
A					70 000 (20

### Form 990 (2019) DEVILS LAKE CHAMBER OF COMMERCE

#### **Checklist of Required Schedules**

- Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- is the organization required to complete Schedule B. Schedule of Contributors (see instructions)?
- Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 candidates for public office? If "Yes," complete Schedule C, Part I
- Section 501(c)(3) organizations. 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
- 5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III
- Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II
- Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III
- Did the organization report an amount in Part X, line 21, for escrow or custodial account hability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI. VII, VIII, IX, or X as applicable
  - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Parl VI
  - b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
  - c. Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
  - d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part IX
  - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
  - Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII
- b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization enswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
  - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F. Parts I and IV
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes." complete Schedule G. Part III
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
  - If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? b
- Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II

	Yes	No
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5		<u>x</u>
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7		X
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34		X
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11a	X	
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11c		x
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19 20a	-	X
20b		
24	x	
21 Fo		0 (2019)

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Form **990** (2019)

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

reportable gaming (gambling) winnings to prize winners?

Did the organization comply with backup withholding rules for reportable payments to vendors and

Form 990 (2019)

If "Yes," complete Form 4720, Schedule O

	990 (2019) DEVILS LAKE CHAMBER OF COMMERCE 45-0116761			age 6
Pa	nt VI∴ Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			
	rèsponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S.	ee inst	ructio	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a		4/5/4		,
	If there are material differences in voting rights among members of the governing body, or	1 "	٠.,	
	if the governing body delegated broad authority to an executive committee or similar	1.0	100	`;;
	committee, explain on Schedule O	15:24		, ^ )
þ	Enter the number of voting members included on line 1a, above, who are independent  1b 8	48.1	12 /	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		2.	5.34
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u> </u>
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	1 ".		
а	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	86	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	<u> 2de )</u>		
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		_X_
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe In Schedule O the process, if any, used by the organization to review this Form 990	100	11/2	5
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1	ĺ	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	,,,,	14/	1.
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		•	) <u> </u>
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	X
b	Other officers or key employees of the organization	15b	<del> </del>	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	, ;	1	<u>ن</u> ج
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	/ `	f ' ' '	
	with a taxable entity during the year?	16a	ļ.—.	X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		2 000	100
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	K .	٠. ٠	
	organization's exempt status with respect to such arrangements?	16b		<u></u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ ND			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
D	EVITS LAKE CHAMBER OF COMMERCE HWY 2	1		בממי
<u>D</u>	EVILS LAKE ND 58301 50	1-66		
ПАА	4	Fo	rm 33	<b>D</b> (2019)

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## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

(A) Name and title	(B) Average hours per week (list any	bo	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the			
	hours for related organizations below dolled line)	Individual trustee or director	institutional Irustee	Officer	Key amployee	Highesi compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) SUZIE KENNER										
	40.00		]			j ]		60 470	0	5 063
EXECUTIVE DIRECTOR	0.00		<u> </u>	X				68,472	0	5,863
(2) PAULA VISTAD	40.00									
EXECUTIVE DIRECTOR	0.00			x				66,568	0	1,113
(3) LISA CROSBY	0.00	<del> </del>		_	<del></del>	1		00,300		2,223
(0) ====================================	1.00		1							
DIRECTOR	0.00	x	ĺ			1		o	0	0
(4) TERRA ERIKSSON										
	1.00				1					
DIRECTOR	0.00	X						0	0	0
(5) JORDAN HERMAN						T				
	1.00				1	1 1			•	
DIRECTOR	0.00	X	<u> </u>			-		0	0	0
(6) KALE STROMME	2.00	-			Ì					
	0.00	x		x	ļ	1		o	0	0
VICE PRESIDENT (7) BRIAN SWENSETH	0.00	<del> </del> ^	<del> </del>	^		<del>                                     </del>			<u></u>	<u>×</u>
(/) BRIAN SWENSEIN	1.00				}					
DIRECTOR	0.00	x				1 1		o	0	0
(8) JAN VISBY	0.00	-	-	<del> </del>	<u> </u>	╁═┪				
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SECRETARY	0.00	x	-	X	Ì	[		_0	0	0
(9) ERIN WOOD				$\Box$						
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DIRECTOR	0.00	X						0	0	0
(10) RYAN YODER										
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PRESIDENT	0.00	X	₩	X	↓_			0	0	0
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	(A) Name ând title	(B) Average hours per week (list any	Average hours (do not check more than one per week (filst any					an ≥0)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fram related organizations		(F) Estimated amount of other compensation from the	
		related organizations below dotted line)	ndividual trustee or director	institutional bustee	Officer	Key employee	Highest compensaled employee	Former	(W-2) 1033-MISC)	(VV-2/1099-MISC)		ganization and lad organizations	
1b c	Subtotal  Total from continuation shee	ets to Part VII,	Secti	on A	\		<b>*</b> , <sub>2</sub>	<b>▶</b>	135,040			6,976	
<u>d</u>	Total (add lines 1b and 1c)  Total number of individuals (in				thos	e lis	ted a	bove	135,040 e) who received more than			6,976	
3 4 5	reportable compensation from  Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organ individual Did any person listed on line 1 for services rendered to the or	ormer officer, dir complete Schelle 1a, is the sum dizations greater a receive or acc	rector dule , of re than true c	tru:  I for porta \$15	suci able 0.00 ens	onicom com o? I	dividu ipens f "Ye n fron	ial iatio s," c n an	n and other compensation omplete Schedule J for sur y unrelated organization or	from the ch		Yes No 3 X 4 X 5 X	
Secti 1	on B. Independent Contracto Complete this table for your five		ensa	ted i	nder	nend	lent c	contr	actors that received more	than \$100,000 of	<del></del>		
	compensation from the organi	zation Report c (A) business address	ompe	nsa	lion	for t	he ca	lenc	far year ending with or with	in the organization's tax (8) tion of services	уваг.	(C) Compensation	
	Name and	CUSIIIBAS BUUTOSS			,				Ocasa p	NOT OF SCIPIOS		OS II positionia.	
	Total number of independent received more than \$100,000	contractors (incl	uding	but	not	limit	ed to	tho	se listed above) who	0	4D.046	\$1000 C	

Statement of Revenue
Check if Schedule O contains a response or note to any line in this Part VIII Part VIII

		•						(A) Total revenue	(8) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revonue excluded from tax under sactions 512 514
일	1a	Federated camp	aigns		1a			7 30 144	1744 19 3	3 3 7 7 8 7	
and Other Similar Amounts	b	Membership due	es		16		89,198	1/8	1 3 m 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 8 S
튀		Fundraising eve			1c			{}}^{\bar{\gamma}} \text{is is 5 } \text{if } if	3.		***
ä	d	Related organiza	ations		1d			11.500		7 m	
Ē		Government grants (co		ns)	1e	<del></del>	516,874	たらり   1mm まかめ	(c) 25% (c) (a) (c) (d)	maning and ability of the	hanke at ha musi fazi a Kiri
S		All other contributions,		•			<del></del>		Mariani (		15 3 3 3 3
캶		and similar amounts no			11		9,198				
잌	g	Noncash contributions	included	in lines 1a-11	19	<u> </u>		ROW SIND		Section Section	
	h	Total. Add lines	1a-1f				<b>&gt;</b>	615,270		*****	1 37 8
1							Business Code	12.5		\$ 2 × 3 × 5	1
-	2a	MOTOR VEHI	CLE I	NCOME			900099	182,042		182,042	<del></del>
	b	PROGRAM RE				•	713990		61,569		
걸	c	TOURISM RE				•	541800		15,037		
Kevenue	d	MISCELLANE					561499		534	<del></del>	
٦	e									<del></del>	
	f	All other program	n servi	ice revenue						<del></del>	<del></del>
		Total. Add lines					•	259,182	<u> </u>	<u> </u>	
7		Investment inco			s inter	est and				<u> </u>	<del></del>
1	•	other similar am				000, 000	•	291			29
	4	Income from inv			t hand i	nroceeds					
1	5	Royalties	000	in or tox-exemp	. Dona	proceeds					
Į				(ı) Real		(ii) P	ersonal		A 362 17 28	hand harder of	777 782
	64	Gross rents	ба				•	ristle's of the forest	a sa manda 🛴 👙		Comments of the second
		Less rental expenses	6b					わたいろくご			
-		Rental inc or (loss)	6c					to the second second	5, (5, 19)	, , , , , , , , ,	
		Net rental incom		055)			<b>—</b>	<u> </u>		- <u></u>	<u> </u>
١	7a	Gross amount from	01 (1	(i) Securities		(11)	Other	\$ 5 5 5 5 5 5 5 5 5	15 7 5 7 5 5	7 . 3 . 4	
		sales of assets	7a	.,,					w 333 (88)	48 33 M	, (d)
, ]	h	other than inventory Less cost or other						127 300			
	Ü	basis and sales exps	7b					4 1 3 5 6 8 1			
	_	Gain or (loss)	7c					(プラスさんぎ)	17 / 12/3/19/2		
		Net gain or (loss)				L	. •				
		<del>-</del>	-	inung nyonta			·		<del> </del>	- <del>2 ( </del>	<del></del>
1	рa	Gross income from	riunura	ising events	1				31 00 300 30		
1		(not including \$	adad a	o logo 1o\					12 10 38		
1		of contributions rep See Part IV, line 18		in time (c)							187 17 14
	_				8a 8b		<del></del>	ومأري ويتراثه برامه			
-		Less direct expe		6				* * * * * * * * * * * * * * * * * * * *	***************************************		
		Net income or (le		_	Events			7		7.7.8 77.55	
	38	Gross income from	-	y acovilles.	0-			[1.6] In [3	1990 M. San	$\{x_{i}^{*}(x_{i},x_{i}^{*}), x_{i}^{*}(x_{i},x_{i}^{*})\}$	17.3
1		See Part IV, line 19			9a				100 de 12.	7 11/2 11/2 11/2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1		Less direct expe			9b ]				<u> </u>		
1		Net income or (I			Vities		►	<u> </u>	CONTRACTOR SEA	र वस्ति स्	27 (2 7 7 7
	ıva	Gross sales of it		-	45-		2 610	Log of Browning	hyputh Jag som or	The state of the s	1 mm
		returns and allow			10a		3,619 3,454				148 (i) 15
		Less cost of go			[10b]			165	165		
+	_ <u>c</u>	Net income or (I	oss) Ir	orn sales of inve	intory		Business Code		er Bear Charles Char	ann a fasal ea fa a	in waren
							מניט לפטיינטט	55 2 H 1 MI 15405 14	REDWIN STRUCTS OF	7 1 H FACILITIES 14 5	25 7 7 333 4 4
	11a						<u> </u>			<del> </del>	
Zel L	þ						}		<del>                                     </del>	<del> </del>	
Revenue	C						<del> </del>				
		All other revenue					L	<del></del>	1.30.00	(m.)	
$\perp$		Total Add lines	_				<del>_</del>	874,908	77,305		2:
		Total revenue.							, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 1.57 UNIX	. 2

DEVILS LAKE CHAMBER OF COMMERCE 45-0116761 Form 990 (2019) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) (8) (C) (01 Do not include amounts reported on lines 6b, Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII expenses general expenses expenses Grants and other assistance to domestic organizations 24,998 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 80 30 individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 142,016 trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 101,647 Pension plan accruals and contributions (include 5,864 section 401(k) and 403(b) employer contributions) 13,012 Other employee benefits 18,838 10 Payroll taxes Fees for services (nonemployees) Management Legal 4,097 Accounting C Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule () 224,665 12 Advertising and promotion 54,548 Office expenses 8,690 Information technology 14 15 Royalties 30,257 16 Occupancy 3,267 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Payments to affliates 21 12,857 22 Depreciation, depletion, and amortization 4,799 23 Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 67,127 BOAT RAMP REPAIR & MAINT 65,382 SPECIAL PROJECT EXPENSE 16,317 TAXES, LICENSES, & FEES 7,861 REPAIRS & MAINTENANCE 16,992 e All other expenses 0 0 823,234 25 Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

Form 990 (2019)

DAA

following SOP 98-2 (ASC 958-720)

Organizations that follow FASB ASC 958, check here ▶ X

Organizations that do not follow FASB ASC 958, check here

Paid-in or capital surplus, or land, building, or equipment fund
 Retained earnings, endowment, accumulated income, or other funds

and complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

and complete lines 29 through 33.

29 Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Net assets with donor restrictions

32 Total net assets or fund balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 200 Cash-non-interest-bearing 466 292,754 348,201 Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 8,691 14,977 Inventories for sale or use 5,034 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 324,186 basis. Complete Part VI of Schedule D. 10a 197,300 139,743 126,886 b Less accumulated depreciation 10b 11 Investments-publicly traded securities 12 Investments-other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 458,021 516,688 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 27,550 27,888 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 15,945 23 Secured mortgages and notes payable to unrelated third parties 23 4,800 27,400 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income fax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 295 55,288 Total liabilities. Add lines 17 through 25 26

> 516,688 Form 990 (2019)

461,400

gar sign

28

29

30

31

409,726

458,021

Balances

Fund F

ŏ

Net

27

28

Form 990 (2019) DEVILS LAKE CHAMBER OF COMMERCE 45-0116761		Page 12
Rart XI: Reconciliation of Net Assets		
Check if Schedule O contains a response or note to any line in this Part XI	·····	<u> </u>
1 Total revenue (must equal Part VIII, column (A), line 12)	1	874,908
Total expenses (must equal Part IX, column (A), line 25)	2	823,234
3 Revenue less expenses. Subtract line 2 from line 1	3	<u>51,674</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	409,726
5 Net unrealized gains (losses) on investments	5	·
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
32, column (B))	10	461,400
Part XII Financial Statements and Reporting		r—
Check if Schedule O contains a response or note to any line in this Part XII		
		Yes No
1 Accounting method used to prepare the Form 990. Cash X Accrual Other		_   '
If the organization changed its method of accounting from a prior year or checked "Other," explain in		
Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	·	
reviewed on a separate basis, consolidated basis, or both		
Separate basis Consolidated basis Both consolidated and separate basis		- 16.4× 19%
b Were the organization's financial statements audited by an independent accountant?		2b X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		
separate basis, consolidated basis, or both		
Separate basis Consolidated basis Both consolidated and separate basis		- 14微分素以
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		
the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c
If the organization changed either its oversight process or selection process during the tax year, explain on		
Schedule O		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		
Single Audit Act and OMB Circular A-133?	-	3a
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b
		Form <b>990</b> (2019)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2019

Open to Public \

Name of the organization		Employér identification number
DEVILS LAKE CHAMBER OF COMMERCE		45-0116761
Part 1 Organizations Maintaining Donor Advis Complete if the organization answered "Ye		
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor advised	
funds are the organization's property, subject to the organization	on's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be used	
only for charitable purposes and not for the benefit of the dono	r or donor advisor, or for any other purpose	·
conferring impermissible private benefit?		Yes No
Part II Conservation Easements. Complete if the organization answered "Ye	es" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organizatio		
Preservation of land for public use (for example, recreation	n or education) 🔲 Preservation of a historica	ally important land area
Protection of natural habitat	Preservation of a certified	historic structure
Preservation of open space		
2 Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of a co	
easement on the last day of the tax year		Held at the End of the Tax Year
a Total number of conservation easements		2a
b Total acreage restricted by conservation easements	thurs unabundant in (a)	2b 2c
<ul> <li>Number of conservation easements on a certified historic structed.</li> <li>Number of conservation easements included in (c) acquired af</li> </ul>	•	20
historic structure listed in the National Register	ter 7/25/06, and not on a	2d
Number of conservation easements modified, transferred, rele	seed extinguished or terminated by the organ	
tax year	asea, eximigatorica, or terrimisted by the organi	incution during the
4 Number of states where property subject to conservation ease	ment is located	
5 Does the organization have a written policy regarding the period		
violations, and enforcement of the conservation easements it i	_	Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing conservatio	n easements during the year
<b>&gt;</b>		
7 Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation ear	sements during the year
<b>▶ \$</b>		
8 Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(l	(
and section 170(h)(4)(B)(ii)?	• •	Yes No
9 In Part XIII, describe how the organization reports conservation		
balance sheet, and include, if applicable, the text of the footno	te to the organization's financial statements the	at describes the
organization's accounting for conservation easements  Part III. Organizations Maintaining Collections	of Art. Historical Treasures, or Othe	ar Similar Assets
Complete if the organization answered "Ye		er Ollimai Addeta.
1a If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement and bai	ance sheet works
of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in furthera	nce of public
service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958	l, to report in its revenue statement and balanc	e sheet works of
art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherance	e of public service,
provide the following amounts relating to these items:		
(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
(II) Assets included in Form 990, Part X		<b>▶</b> \$
2 If the organization received or held works of art, historical treat		provide the
following amounts required to be reported under FASB ASC 9	58 relating to these Items	, m
a Revenue included on Form 990, Part VIII, line 1		\$ \$ 00
b Assets included in Form 990, Part X	000	Schedule D (Form 990) 2019
For Paperwork Reduction Act Notice, see the Instructions for Fo	orm aan.	3c1 (FORII 930) 2013

Schedule D (Form 990) 2019 DEVILS I Part III Organizations Maintaini						116761	F (continued	age 2
Using the organization's acquisition, access collection items (check all that apply)							s (conunuea,	<u></u>
a Public exhibition	a 🗀	Loan or e	xchange pro	oram				
b Scholarly research	p	Other	Aditalige pro	9				
c Preservation for future generations	٠ ـ ـ	Other '						
4 Provide a description of the organization's	collections and evolu-	n how the	, further the	nrosnizstion'	e avemet r	vuronse in Part		
XIII	concentions and explai	ii now the	y luttile the t	Jigainzation	a exempt b	dipose in Fait		
5 During the year, did the organization solici	or receive densitions		ariaal traasii	raa ar athar	-1			
<del>-</del>		-					□ v <sub>==</sub> Γ	٦
assets to be sold to raise funds rather than Part IV. Escrow and Custodial A		part of the	organization	s collection	<del></del>		Yes	No
		" on Cor	000 Da	et IV liena (	) aa-		+ a= Fava	
Complete if the organization 990, Part X, line 21.					·	orteo an amoun	LON FOITH	
1a Is the organization an agent, trustee, custo	dian or other intermed	diary for co	entributions o	r other assel	ts not			_
included on Form 990, Part X?	,						Yes	No
b If "Yes," explain the arrangement in Part X	II and complete the fo	ollowing tal	ble.					
							Amount	
c Beginning balance						1c		
d Additions during the year			•			1d		
e Distributions during the year						1e		<del></del>
f Ending balance						1f		<del></del>
2a Did the organization include an amount on	Form 990, Part X, line	≘ 21. for es	scrow or cust	odial accour	nt liability?		Yes	No
b If "Yes," explain the arrangement in Part X					-			m.;
Part V Endowment Funds.				·			<u>-</u>	·
Complete if the organization	on answered "Yes	" on For	m 990. Pa	rt IV. line 1	10			
	(a) Current year	T	nor year	(c) Two year		(d) Three years back	(e) Four years	back
1a Beginning of year balance		1					1,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7	
b Contributions		<del> </del>						
c Net investment earnings, gains, and		<del> </del>					<del>-  </del>	<del></del>
losses								
		<del> </del>			<del></del>			
d Grants or scholarships		<del> </del>					<del></del>	
e Other expenditures for facilities and								
programs		<del> </del>					<del>-                                    </del>	
f Administrative expenses		ļ						
g End of year balance		<u> </u>		L	1			
2 Provide the estimated percentage of the co		e (line 1g.	column (a))	held as				
a Board designated or quasi-endowment ▶	%							
b Permanent endowment ► %	1							
c Term endowment ► %								
The percentages on lines 2a, 2b, and 2c si	nould equal 100%							
3a Are there endowment funds not in the post	session of the organiz	ation that a	are held and	administered	d for the			
organization by							Yes	No
(i) Unrelated organizations							3a(i)	<del> </del>
(II) Related organizations			,	-			3a(ii)	<b>↓</b>
b If "Yes" on line 3a(ii), are the related organ	izations listed as requ	ired on Sc	hedule R?				3b	<u></u>
4 Describe in Part XIII the intended uses of t	he organization's end	owment fu	nds					
Part VI Land, Buildings, and Eq	uipment.							
Complete if the organization		" an For	m 990, Pa	rt IV, line	11a. See	Form 990, Par	t X, line 10.	
Description of property	(a) Cost or other		(b) Cost or o			ccumulated	(d) Book value	<b>-</b>
	(investment	)	(othe	3r)	de	preciation		
1a Land					1000			
b Buildings			1	77,325		70,870	106,	455
c Leasehold improvements			<del></del>					
·	·			95,144		93,935	1	209
d Equipment	<del> </del>			51,717		32,495		222
e Other Total. Add lines 1a through 1e (Column (d) mus	t equal Form 000 Page	rt X colum			L	<u> </u>	126	
Total. And siles is through to foliamin (d) mus	. 04001 0111 030, Fai	. 71, 0010111	(2), 1110 10			Sch	edule D (Form 99	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  1) Financial derivatives 2) Classify held equity interests 3) Chere (A) 3) Chere (A) (B) (C) (C) (C) (C) (E) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G		orm 990) 2019 DEVILS LAKE CHAMBER O	F COMMERCE	45-0116761	Page <b>3</b>
Isl book robus   College process of statuty or calculary mount of statuty	Part VII	Investments - Other Securities.			
(i) Financial demixtures 2) Closely held equally interests 3) Corter (A) (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				<u>ne 11b. See Form 990, Pa</u>	rt X, line 12.
13. Financial derivatives 23. Closely held equity interests 23. Other (A) (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C			(b) Book value	1	
3) Coher   (A)   (B)   (C)   (B)   (C)   (	143 81			Cost or end-of-year r	market value
3) Other (A) (A) (B) (B) (C) (D) (C) (D) (E) (E) (F) (C) (C) (D) (E) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F		•	\		
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		ed equity interests		<del></del>	
(G) (C) (D) (E) (F) (F) (G) (P) (Note: Column (b) must equal Form 990, Part X, col (g) line 12) (D) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					<u> </u>
(Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part IX, line 13.  (In the strength of measures (In the strength of				<del></del>	
(E) (F) (F) (G) (H) (Total, (Column (b) must equal Form 990, Part X, col (g) line 12)  Fair VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13.  (a) Description of measurem (b) above volue (c) above volue (c) and or end-depart modest ribbs (c) above volue (c) and or end-depart modest ribbs (c) above volue (c) and or end-depart modest ribbs (c) above volue (c) and or end-depart modest ribbs (c) above volue (c) and or end-depart modest ribbs (c) and	• •			- <del> </del>	
(F)				<del></del>	
(F) (G) (H) (Costal (Column (b) must equal Form 990, Part X, col (B) line 12)  Pair VIII (I) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B		· · · · ·			
(S) (H) (h	•	•			
(b) Discreption of revesements — Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Discreption of revesements — (b) Seek value — (c) Name of relations of the late of		,			<del></del>
Total, (Column (b) must equal Form 990, Part X, col (B) line 12)  Part Vill Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13.  (a) Description of reventment (b) Book value (c) Medical of voluminon Coast or embed-lyses market value)  (b) Book value (c) Book value (		·			·
Part VIII Investments – Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13.  (a) Description of investment (b) Blook value (c) Blook va		n (b) must equal Form 990, Part X, col. (B) line 12.)		72 72 75 75 75 75	N3 1/2 1 1 1 1 1
(b) Book value  (c) Method of valuation of the control of the cont			<u> </u>		
Coss or end-of-year nankel value  [1] [2] [3] [4] [5] [6] [7] [8] [9] [7] [8] [9] [7] [8] [9] [7] [8] [9] [7] [8] [9] [7] [8] [9] [8] [9] [9] [1] [1] [1] [1] [1] [2] [2] [3] [4] [5] [6] [7] [8] [9] [9] [1] [1] [1] [1] [1] [2] [2] [3] [4] [5] [6] [6] [7] [8] [9] [9] [9] [9] [9] [9] [9] [9] [9] [9		Complete if the organization answered "Yes" on	Form 990, Part IV, lii	ne 11c See Form 990, Pa	rt X, line 13.
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Schedule D (Form 990) 2019 DEVILS LAKE CHAMBER OF CO		5-0116761	Page 4
Part XI. Reconciliation of Revenue per Audited Financial S		-	
Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.		<del></del>
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	3 1		
a Net unrealized gains (losses) on investments			
b Donated services and use of facilities	2b	, , ` ,	
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d	,	2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		3,24	
a Investment expenses not included on Form 990, Part VIII, line 7b	_4a		
b Other (Describe in Part XIII )	4b	(4)	
c Add lines 4a and 4b		4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5	
Rart XII Reconciliation of Expenses per Audited Financial S		enses per Return.	
Complete if the organization answered "Yes" on Form	990, Part IV, line 12a	- <u></u>	
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	(2.3)	
a Donated services and use of facilities		<del></del> 33	
b Prior year adjustments	2b		
c Other losses	2c	<del></del>	
d Other (Describe in Part XIII )	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1	1 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII )	4b	<del></del>	
c Add lines 4a and 4b	0.1	4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 10	3)		
Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	L Doct IV Junes 1h and 2h 5	Part V June 4 Part V June	
2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to			
z, rant XI; lines 20 and 40, and rant XII, lines 20 and 40 Also complete this part to	provide any additional infor	mation	
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Schedule D (For	m 990) 2019 DEV	ILS LAKE (	HAMBER (	DE. COMMER	RCE	45-0116761	Page 5
Part XIII	Supplemental Info	ormation (cont	inued)				
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SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

#### DEVILS LAKE CHAMBER OF COMMERCE

#### Part ! General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part It: Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization a Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed.

rartiv, line 21, for any recipier	<del></del>					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descriptio noncash assist
(1) FORWARD DEVILS LAKE CORP						
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- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990

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			organization answere	d "Yes" on Form 990, Par
Part III can be duplicated if additional (a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book FMV, appraisal, other)
1				
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Part IV Supplemental Information. Pro	vide the information re	quired in Fait i, inte	Z, r art III, column (b)	, and any other additional
PART I. LINE 2 - PROCEDURE	s FOR MONITORI	NG THE USE O	OF GRANT FUNDS	5
PART I, LINE 2 - PROCEDURE ORGANIZATION KEEPS RECORDS	•		.,	<b>.</b>
	OF GRANTS PAI		.,	<b>.</b>
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SCHEDULE O (Form 990 or 990-EZ) 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.

2019

Open to Public Inspection

Department of the Treasury Internal Rovenue Servico Name of the organization

DEVILS LAKE CHAMBER OF COMMERCE

Employer identification number 45-0116761

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS
THE ORGANIZATION HAS MEMBERS

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 IS PRESENTED AT THE BOARD OF DIRECTORS MEETING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE ISSUE IS FIRST BROUGHT TO THE ATTENTION OF THE OFFICE MANAGER, THEN THE
DIRECTOR.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
A COPY IS PROVIDED UPON REQUEST

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