

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

## 2021

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form, as it may be made public.
- ▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

<b>A</b> For the 2021 calendar year, or tax year beginning _____ and ending _____																									
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>DANISH AMERICAN CHAMBER OF COMMERCE (USA), INC.</b></td> <td><b>D</b> Employer identification number <b>13-6155324</b></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) <b>228 PARK AVENUE SOUTH</b></td> <td>Room/suite <b>300</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10003</b></td> <td><b>E</b> Telephone number <b>917-900-5977</b></td> </tr> <tr> <td colspan="2"><b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____</td> <td><b>F</b> Group Exemption Number _____</td> </tr> <tr> <td colspan="2"><b>I</b> Website: ▶ <b>DACCNY.COM</b></td> <td><b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990).</td> </tr> <tr> <td colspan="2"><b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>6</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td></td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____</td> <td></td> </tr> <tr> <td colspan="2"><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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ</td> <td style="text-align: right;"><b>\$ 61,293.</b></td> </tr> </table>	<b>C</b> Name of organization <b>DANISH AMERICAN CHAMBER OF COMMERCE (USA), INC.</b>		<b>D</b> Employer identification number <b>13-6155324</b>	Number and street (or P.O. box if mail is not delivered to street address) <b>228 PARK AVENUE SOUTH</b>		Room/suite <b>300</b>	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10003</b>		<b>E</b> Telephone number <b>917-900-5977</b>	<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____		<b>F</b> Group Exemption Number _____	<b>I</b> Website: ▶ <b>DACCNY.COM</b>		<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990).	<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>6</b> ) ◀ (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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<b>\$ 61,293.</b>
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**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

	Description	Sub-column	Amount
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	40,743.
	<b>3</b> Membership dues and assessments	<b>3</b>	20,550.
	<b>4</b> Investment income	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</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)	<b>6b</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>61,293.</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	17,187.
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	417.
	<b>16</b> Other expenses (describe in Schedule O) <b>SEE SCHEDULE O</b>	<b>16</b>	40,243.
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>57,847.</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9)	<b>18</b>	3,446.
	<b>19</b> 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)	<b>19</b>	44,834.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	0.
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>48,280.</b>

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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(USA), INC.

13-6155324

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**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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	44,834.	22	48,280.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	44,834.	25	48,280.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	44,834.	27	48,280.

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

**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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MEGAN DOW DIRECTOR	0.00	0.	0.	0.
LOUISE FISCHER DIRECTOR	0.00	0.	0.	0.
LAUST HELMIG PRESIDENT	0.00	0.	0.	0.
PETER L. HESSELLUND-JENSEN DIRECTOR	0.00	0.	0.	0.
ANDERS B. HOLMGAARD DIRECTOR	0.00	0.	0.	0.
PAUL KRISTENSEN DIRECTOR	0.00	0.	0.	0.
STEVEN MAGGI DIRECTOR	0.00	0.	0.	0.
NARGIS MCGUINNESS DIRECTOR	0.00	0.	0.	0.
MARTIN SAUER DIRECTOR	0.00	0.	0.	0.
CHRISTIAN SCHOENBERG DIRECTOR	0.00	0.	0.	0.
BETTINA GOCHMAN SCHRIVER DIRECTOR	0.00	0.	0.	0.
MADS HEBBELSTRUP DIRECTOR	0.00	0.	0.	0.

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(USA), INC.

13-6155324

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**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 Sch. O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		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		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)?		X
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c	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
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	Did the organization file Form 1120-POL for this year?		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?	38a	X
38b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9	39a	N/A
39b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> N/A ; section 4912 <input type="checkbox"/> N/A ; section 4955 <input type="checkbox"/> N/A		
40b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/A
40c	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		N/A
40d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		N/A
40e	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	40e	X
41	List the states with which a copy of this return is filed <input type="checkbox"/> NY		
42a	The organization's books are in care of <input type="checkbox"/> THE ORGANIZATION Telephone no. <input type="checkbox"/> 917-900-5977 Located at <input type="checkbox"/> 228 PARK AVENUE SOUTH, SUITE 300, NEW YORK, NY ZIP + 4 <input type="checkbox"/> 10003		
42b	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 <input type="checkbox"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	X
42c	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 <input type="checkbox"/>	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	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	44a	X
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
44c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b	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	45b	

Form 990-EZ (2021)

DANISH AMERICAN CHAMBER OF COMMERCE

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	Yes	No
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	46	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

	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 Sch. 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."		

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

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." N/A

(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 Natasia Perle Loop Date 5/16/22  
 NATASIA PERLE STEFANIE LOOP, TREASURER  
 Type or print name and title

Paid Preparer Use Only  
 Print/Type preparer's name: BENJAMIN SCHWARCZ  
 Preparer's signature: Benjamin S. Schwarz  
 Date: 5/16/22  
 Check  if self-employed  
 PTIN: P01004418  
 Firm's name: SCHWARCZ CPA, PLLC  
 Firm's EIN: 84-3294972  
 Firm's address: 400 RELLA BLVD. SUITE 123#5 MONTEBELLO, NY 10901-4249  
 Phone no.: (845) 203-4640

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

Form 990-EZ (2021)

132174 12-08-21

**SCHEDULE O**  
**(Form 990)**

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 Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**  
Open to Public  
Inspection

Name of the organization	DANISH AMERICAN CHAMBER OF COMMERCE (USA), INC.	Employer identification number	13-6155324
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**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
FUNCTION RELATED EXPENDITURES	36,131.
OFFICE EXPENSES AND SUPPLIES	1,619.
COMPUTER AND INTERNET	2,146.
BANK SERVICE CHARGES	347.
<b>TOTAL TO FORM 990-EZ, LINE 16</b>	<b>40,243.</b>

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - 1. TO HELP PROMOTE  
BUSINESS RELATIONS BETWEEN DENMARK AND THE UNITED STATES, DANISH  
EXPORTS TO THE UNITED STATES, AMERICAN EXPORTS TO DENMARK AS WELL AS  
INVESTMENTS BETWEEN THE TWO COUNTRIES**

**2. TO BE A FORUM FOR DISCUSSION AND DELIBERATIONS CONCERNING  
DANISH-AMERICAN RELATIONSHIPS IN GENERAL**

**3. TO BE AN ADVISORY FUNCTION AND CONSULTATIVE BODY AVAILABLE TO THE  
UNITED STATES AND DANISH GOVERNMENTAL REPRESENTATIONS**

**4. TO UNDERTAKE FUNCTIONS IN CONNECTION WITH DANISH AMERICAN BUSINESS  
WHICH MAY BE BEYOND THE SCOPE OF GOVERNMENTAL REPRESENTATIONS**

**5. TO INITIATE ARRANGE AND PROMOTE MEETINGS OPEN TO MEMBERS OF THE  
CHAMBER AND THIER GUESTS FEATURING SUBJECTS OF INTEREST TO THE  
DANISH-AMERICAN COMMUNITY**

**6. TO SPONSER OTHER FUNCTIONS WHICH WILL PROMOTE GOODWILL AND HARMONY  
IN DANISH-AMERICAN RELATIONS**

**FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:**

**CONDUCTED MEETINGS AND EVENTS DURING THE YEAR WHERE**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization DANISH AMERICAN CHAMBER OF COMMERCE (USA), INC.	Employer identification number 13-6155324
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BUSINESS PEOPLE WITH INTEREST IN DENMARK MET TO FURTHER  
 THE INTEREST OF AMERICAN BUSINESS IN DENMARK AND DANISH  
 BUSINESSES IN THE USA INCLUDING:

1. ANNUAL MEETING AND NETWORKING LUNCHEON
2. PRESENTATION BY THE ECONOMIST TORSTEN SLOK ON THE U.S. ECONOMY AND  
ELECTION.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:  
 THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
 OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.  
 THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
 OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

