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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust
▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

1997

This Form is Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 1997 calendar year, OR tax year beginning 1997, and ending 19

B Check if:

- Change of address
- Initial return
- Final return
- Amended return (required also for state reporting)

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
ENTITLEMENT MAINTENANCE, INC.

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P.O. BOX 240

City or town, state or country, and ZIP + 4
MAPLE GROVE MN 55369

D Employer identification number

41-1829162

E State registration number

F Check if exemption application is pending

H Enter four-digit group exemption number (GEN)

G Accounting method: Cash Accrual Other (specify) ▶

I Type of organization—▶ Exempt under section 501(c)() ◀ (insert number) OR ▶ section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

J Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, the organization should file a return without financial data. Some states require a complete return.

K Enter the organization's 1997 gross receipts (add back lines 5b, 6b, and 7b, to line 9) ▶ \$

If \$100,000 or more, the organization must file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 28.)

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1	Contributions, gifts, grants, and similar amounts received (attach schedule of contributors)	1	
2	Program service revenue including government fees and contracts	2	9708
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
6	Special events and activities (attach schedule).		
6a	Gross revenue (not including \$ reported on line 1)	6a	
6b	Less: direct expenses other than fundraising	6b	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
8	Other revenue (describe ▶)	8	9708
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	
10	Grants and similar amounts paid (attach schedule)	10	
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	
14	Occupancy, rent, utilities, and maintenance	14	4587
15	Printing, publications, postage, and shipping	15	3583
16	Other expenses (describe ▶)	16	
17	Total expenses (add lines 10 through 16)	17	8170
18	Excess or (deficit) for the year (line 9 less line 17)	18	1538
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	
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	

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Part II Balance Sheets—If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

22	Cash, savings, and investments	(A) Beginning of year	3500	22	(B) End of year	(-2226)
23	Land and buildings			23		
24	Other assets (describe ▶)			24		
25	Total assets		3500	25		(-2226)
26	Total liabilities (describe ▶)		3500	26		0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		0	27		(-2226)

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

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Part III Statement of Program Service Accomplishments (See Specific Instructions on page 32.)

What is the organization's primary exempt purpose? _____
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)	
28	MANAGE ENTITLEMENT BENEFITS FOR MENTALLY AND PHYSICALLY DISABLED AS DETERMINED BY SOCIAL SECURITY ADMINISTRATION (Grants \$ 0.00)	28a	
29		29a	
30		30a	
31	Other program services (attach schedule)	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 Specific Instructions on page 32.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JULIE A. HILDRETH EXEC DIRECTOR	40.0 HRS	X	X	4587
TIM MINNIMAN	DIRECTOR 2.0 HRS	X	X	X

Part V Other Information (See Specific Instructions on page 33.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more? (See instructions for 6033(e) notice, reporting, and proxy tax requirements?)		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?		
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 unpaid at the start of the period covered by this return?		X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b		
39 501(c)(7) organizations.—Enter: a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a 501(c)(3) organizations.—Enter: Amount of tax imposed during the year under: section 4911 ▶ : section 4912 ▶ , section 4955 ▶		
b 501(c)(3) and (4) organizations—Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach an explanation		
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter: Amount of tax in 40c, above, reimbursed by the organization		
41 List the states with which a copy of this return is filed. ▶		
42 The books are in care of ▶ TIM MINNIMAN Telephone no. ▶ 763-490-6000 MN		
Located at ▶ 10550 CO RD 81 MAPLE GROVE, MN ZIP + 4 ▶ 55369		
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		

Please Sign Here

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. (See General Instruction U page 10.)

Signature of officer _____ Date _____ Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN _____
 Firm's name (or yours if self-employed) and address _____ EIN _____ ZIP + 4 _____

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