



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

- Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2007 calendar year, or tax year beginning 05-01-2007, 2007, and ending 04-30-2008, 20

B Check if applicable

- Address change
Name change
Initial return
Final return
Amended return
Application pending

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

C Name of organization: Vikor Memorial Association
% Linda Swalin
Number and street (or P. O. box, if mail is not delivered to street address) Room/suite: 7452 60th St NE
City or town, state or country, and ZIP + 4: Spicer, MN 562889635

D Employer identification number

36-3428776

E Telephone number

(320) 492-9317

F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash [] Accrual Other (specify)

I Website:

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one): [X] 501(c)(13) (insert no) [] 4947(a)(1) or [] 527

K Check [X] 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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ \$ 8,855

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 8,855. Expenses total: 3,271. Net Assets total: 135,358.

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

(See page 41 of the instructions)

Table with 7 rows for Balance Sheets. Total assets: 135,358. Total liabilities: 0. Net assets or fund balances: 135,358.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2007)

Part III Statement of Program Service Accomplishments (See page 42 of the instructions)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? <u>Maintenance of Vikor Church and burial grounds</u>			
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			
28 Unknown/Unclassified Annual property maintenance (0 Square feet) (Grants \$ 0)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	3,271
29	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (attach schedule) (Grants \$ 0)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	3,271

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the instructions)				
(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
Linda Swalin 7452 60th St NE Spicer, MN 562889635	Board Member 0	0	0	0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)			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	33			No
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	34			No
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 or 6033(e) notice, reporting, and proxy tax requirements?	35a			No
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b			
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)	36			No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0		
b Did the organization file Form 1120-POL for this year?	37b			No
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?	38a			No
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	0		
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			

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)

40a *501(c)(3) organizations.* Enter amount of tax imposed on the organization 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 or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

	Yes	No
40b		
c		
d		
40e		No

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0

d Enter amount of tax on line 40c reimbursed by the organization 0

e *All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

41 List the states with which a copy of this return is filed

42a The books are in care of LINDA SWALIN Telephone no (320) 492-9317
 7452 60TH ST NE
 Located at SPICER, MN ZIP + 4 562889635

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)?

	Yes	No
42b		No
42c		No

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1.**

c At any time during the calendar year, did the organization maintain an office outside of the U S ?

If "Yes," enter the name of the foreign country

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**

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

Please Sign Here

Signature of officer 2010-09-11 Date
 Larry Hanson Treasurer Type or print name and title

Paid Preparer's Use Only

Preparer's signature <input type="text"/>	Date <input type="text"/>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="text"/>			EIN <input type="text"/>
			Phone no <input type="text"/>