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## 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 of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

Department of the Treasury Internal Revenue Service

Open to Public Inspection

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	n 1	U1 (1)	e 2000 Calendar year, or tax year beginning	ia enanig			
1	B c	neck if	Please C Name of organization		D Emi	oloyer ic	lentification number
		Addres			į.		
		Name change	print or GREATER GRAND FORKS YOUNG PROFESSIONAL				L34204
		Initial return		Room/s	uite E Tel	ephone i	number
		Termi ation	Instruct ZUZ N JRD 51 •		2	<u> 18-7</u>	779- <u>9369</u>
		returr	ded tions City or town, state or country, and ZIP + 4		F Gro	up Exen	nption
	X	Applica pendin	GRAND FORKS, ND 58203			mber 🕨	
		• Sec	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a comple	ted G Ad	ccounting m	ethod:	X Cash Accrual
			Schedule A (Form 990 or 990-EZ).		ther (specify		
1			e: ► WWW.GGFYP.COM				ne organization is <b>not</b>
:			ration type (check only one)— $X$ 501(c) ( 6 ) $\triangleleft$ (insert no.) $\square$ 4947(a)(1) or				ule B (Form 990, 990-EZ, or 990-PF)
1		neck		pts are normall	ly <b>not</b> more	than \$2	5,000. A return is not
			d, but if the organization chooses to file a return, be sure to file a complete return.				
				ad of Form 990		<b>\$</b>	6,369.
	Pa		Revenue, Expenses, and Changes in Net Assets or Fund Balan	Ces (See the	instructions	[ - [	
		1	Contributions, gifts, grants, and similar amounts received			1	3,169.
		2	Program service revenue including government fees and contracts MAR 7 1 2014			2	3,200.
		3	Membership dues and assessments			3	
	ļ	4	Investment income TPR BRANCH			4	
		5a	Gross amount from sale of assets other than inventory OGDEN 5a				
	(	b	Less: cost or other basis and sales expenses				
		C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sche	edule)		5c	
	ine in	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gain	ming, check he	re ► 🔃		
	Revenue	а	Gross revenue (not including \$ of contributions				
	æ		reported on line 1) 6a				
		b	Less: direct expenses other than fundraising expenses 6b			İ	
		C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	
	- 1	7a	Gross sales of inventory, less returns and allowances				
		b	Less: cost of goods sold	, ,			
		С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 76).	731		7c	
	1	8	Other revenue (describe	)   780   .	)	8	
		9	Total revenue Add lines 1 2 3 4 5c 6c 7c and 8	4 10		9	6,369.
		10	Grants and similar amounts paid (attach schedule)			10	
	ĺ	11	Benefits paid to or for members  Salaries, other compensation, and employee benefits  Professional fees and other payments to independ on the entrantes.	17		11	
	ွှ	12	Salaries, other compensation, and employee benefits			12	
	Expenses	13	Professional fees and other payments to independent contractors			13	75.
	pe	14	Occupancy, rent, utilities, and maintenance			14	
	ŭ	15	Printing, publications, postage, and shipping			15	
	- {	16		<u> </u>	T 1	16	6,497.
		17	Total expenses Add lines 10 through 16		/	17	6,572.
2014		18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	<203.
$\sqrt{20}$	şţ	19	Net assets or fund balances at beginning of year (from line 27, column (A))		10		
<b>©</b>	SSE	19			40	110	
®	ît A	^^	(must agree with end-of-year figure reported on prior year's return)			19	448.
IR 28 6 20	ž	20	Other changes in net assets or fund balances (attach explanation)			20	245
MAR		21	Net assets or fund balances at end of year. Combine lines 18 through 20  Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file F	000 motos	d of Form (	21	245.
	Pa	rt II	(See the instructions for Part II )			990-EZ.	(D) Fool of wood
SCANNED		_	·	(A) Beginn			(B) End of year
3	22		h, savings, and investments		448		245.
	23		d and buildings			23	
Š	24		er assets (describe)			24	
Ø	25		al assets		448		245.
	26		al liabilities (describe 🕨)		0		0.
	8321	Net	assets or fund balances (line 27 of column (B) must agree with line 21)		448	. 27	245.
	8321 12-1	-08	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 9	90		11	Form <b>990-EZ</b> (2008)

Form 990-EZ (2008) GREATER GRAND FORKS YOUNG			<u> 32-</u>	<u>01342</u>	04 Page 2
Part III Statement of Program Service Accomplishme	nts (See the instructions for	Part III.)		Ex	penses
What is the organization's primary exempt purpose? BUSINESS LEAGU	JE			(Required	for 501(c)(3)
Describe what was achieved in carrying out the organization's exempt purposes. In		escribe the services			ganizations and
provided, the number of persons benefited, or other relevant information for each pi	rogram title.	301100 1110 301 41003		for others.	) trusts; optional .)
28 SEE STATEMENT 3					<del>,</del>
20 DEE DIAIEMENT 5					
	<del></del>				
(Grants \$ ) If this amount includes foreign of		<b>_</b>	ليبا	28a	
29 ARTSEE - A FREE EVENT THAT SHOWCASE					
PROVIDES A FUN SOCIAL EVENT THAT BE	RINGS IN HUNDR	EDS OF			
ATTENDEES EACH YEAR.					
(Grants \$ ) If this amount includes foreign of	grants, check here			29a	
30 SEE STATEMENT 4					
(Grants \$ ) If this amount includes foreign of	grants, check here	<b>•</b>		30a	
31 Other program services (attach schedule)	<u> </u>				
(Grants \$ ) If this amount includes foreign of	grants, check here	•		31a	
32 Total program service expenses (add lines 28a through 31a)	runto, orioon rioro	<u>-</u>		32	
Part IV List of Officers, Directors, Trustees, and Key E	mplovees, List each one of	en if not compensated	(See the	instructions f	or Part IV )
Tartiv =	List each one ev	errir not compensated		ntributions	G Fartiv)
	(b) Title and average hours	(c) Compensation	, ,	mployee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter	bene	fit plans &	account and
	position	-0- )		eferred	other allowances
			COIII	pensation	
TRICIA LINNEL, 202 N 3RD STREET,	PRESIDENT	_		_	_
GRAND FORKS, ND 58203	10.00	0.		0.	0.
AMY ROWAN, 202 N 3RD STREET, GRAND	VICE PRESIDEN	T			
FORKS, ND 58203	5.00	0.		0.	0.
LINDSAY NAYLOR, 202 N 3RD STREET,	SECRETARY				
GRAND FORKS, ND 58203	5.00	0.	_	0.	0.
JOEL LARSON, 202 N 3RD STREET, GRAND	TREASURER	_			
FORKS, ND 58203	5.00	0.		0.	0.
CHRIS GRIFFON, 202 N 3RD STREET,	LEGAL ADVISOR				
GRAND FORKS, ND 58203	1.00	0.		0.	0.
MATT FISCHER, 202 N 3RD STREET,	PROGRAMS CHAI		<b></b>		
GRAND FORKS, ND 58203	2.00	0.		0.	0.
AMANDA HVIDSTEN, 202 N 3RD STREET,	PROFESSIONAL		NT/ID		<u>-</u>
	<b>∃</b> I		TA T		0
GRAND FORKS, ND 58203	2.00	0.		0.	0.
JEFF ERICKSON, 202 N 3RD STREET,	MEMBER AT LAR	1		•	
GRAND FORKS, ND 58203	1.00	0.		0.	0.
JUSTIN JOHNSON, 202 N 3RD STREET,	COMMUNITY INV	Į.	CHA		_
GRAND FORKS, ND 58203	2.00	0.		0.	0.
LEEANN SCHIRMER, 202 N 3RD STREET,	SOCIAL CHAIR				
GRAND FORKS, ND 58203	2.00	0.		0.	0.
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200770		L	L		
832172 12-17-08				Form	990-EZ (2008)

Page 3

Pa	rt V Other Information (Note the statement requirements in the instructions for Part VI )				
			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		Х	
34	re 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, 6a, and 7a (among others), but <b>not</b>				
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			ŀ	
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy				
	tax requirements?	35a		X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X	
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			1	
b	Did the organization file Form 1120-POL for this year?	37b		X	
38 a	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		X	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A				
39	Section 501(c)(7) organizations. Enter:		1		
а	Initiation fees and capital contributions included on line 9		į i	1	
b	Gross receipts, included on line 9, for public use of club facilities  39b  N/A		į l	1	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		i !		
	section 4911 $\blacktriangleright$ N/A; section 4912 $\blacktriangleright$ N/A; section 4955 $\blacktriangleright$ N/A		į į	l	
b	Section 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," complete Schedule L, Part I	40b	N/	Α	
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under				
	sections 4912, 4955, and 4958				
d	Enter amount of tax on line 40c reimbursed by the organization			,	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		1		
	transaction? If "Yes," complete Form 8886-T	40e		X	
41	List the states with which a copy of this return is filed.   NONE				
42 a	The books are in care of $\blacktriangleright$ THE ORGANIZATION Telephone no. $\blacktriangleright$ 218-77	9-9	<u> 369</u>		
	Located at ► 202 N 3RD ST., GRAND FORKS, ND ZIP+4 ► 5	<u>820</u>	3		
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		Yes	No	
	account)?	42b	L	_X_	
	If "Yes," enter the name of the foreign country.				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X	
	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			Ш	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A			
			Yes	No	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		!		
	Form 990-EZ	44	<u> </u>	X	
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be				
	completed instead of Form 990-EZ	45		X	
	· · · · · · · · · · · · · · · · · · ·	Form 0	90-F7	(2008)	

► X Yes

May the IRS discuss this return with the preparer shown above? See instructions

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
MISCELLANEOUS EXPENSES EVENT EXPENSES ARTSEE EXPENSES CHILI CHALLENGE TRAVEL AND BUSINESS EXPENSES		2,007. 1,665. 554. 1,628. 643.
TOTAL TO FORM 990-EZ, LINE 1	6	6,497.

FORM 990-EZ		INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS				STATEMENT				
A)	DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	]	]	YES	[X]	NO			
B)		ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[	]	YES	[X]	NO			

990-EZ PG 2

STATEMENT

3

CHILI CHALLENGE - THIS EVENT IS HELD IN CONJUNCTION WITH THE CHAMBER OF COMMERCE CATS INCREDIBLE CATFISH TOURNAMENT, WHICH FEATURES LOCAL TEAMS, JUDGES, AND THE COMMUNITY. THE COMPETITION AND CHILI TASTE TESTING IS FUN FOR ALL AGES.

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990-EZ PG 2

STATEMENT

SOCIAL - HELPS OUR MEMBERS NETWORK. ORGANIZES THE ANNUAL UND HOCKEY GAME, OKTOBERFEST, A YP GOLF SCRAMBLE, MEMBER MIXERS, AND OTHER FUN ACTIVITIES TO HELP OUR MEMBERS MEET EACH OTHER.