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Schedule A (Form 990 or 990-EZ) 2009

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	N/A	N/A	N/A	0	364,794	364,794
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge				0	0	0
<b>4</b> <b>Total.</b> Add lines 1 through 3						364,794
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4.						364,794

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	N/A	N/A	N/A	0	0	0
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					3,002	3,002
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on					0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)					723	723
<b>11</b> <b>Total support.</b> Add lines 7 through 10						368,519
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a</b> <b>33% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b</b> <b>33% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b</b> <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> <b>Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8</b> <b>Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33⅓% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33⅓% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓% and line 18 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Income Reported in Part II, Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv):

Section B. Total Support, #10: The amount of \$723 received by Friends of Shiloh Foundation, Inc. is the result of fees paid by an individual for filing the Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code (Form 1023). The Corporation then paid this amount back to the individual, which became an expense of Friends of Shiloh Foundation.

\*It is noted that although the IRS granted Friends of Shiloh Foundation, Inc. tax exempted status effective November 21, 2008, the date of incorporation in the State of North Dakota, there was no income in 2008.

## Change of Address

► Please type or print.

OMB No. 1545-1163

► See instructions on back.

► Do not attach this form to your return.

### Part I Complete This Part To Change Your Home Mailing Address

Check **all** boxes this change affects:

1 ☐ Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc.)

► If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here. ☐

2 ☐ Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)

► For Forms 706 and 706-NA, enter the decedent's name and social security number below.

► Decedent's name

► Social security number

**3a** Your name (first name, initial, and last name)

**3b** Your social security number

**4a** Spouse's name (first name, initial, and last name)

**4b** Spouse's social security number

**5** Prior name(s). See instructions

**6a** Old address (no., street, city or town, state, and ZIP code) If a P.O. box or foreign address, see instructions

Apt. no.

**6b** Spouse's old address, if different from line 6a (no., street, city or town, state, and ZIP code) If a P.O. box or foreign address, see instructions

Apt. no.

**7** New address (no., street, city or town, state, and ZIP code) If a P.O. box or foreign address, see instructions

Apt. no.

### Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check **all** boxes this change affects.

8 ☒ Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)

9 ☐ Employee plan returns (Forms 5500, 5500-EZ, etc.)

10 ☐ Business location

**11a** Business name

**11b** Employer identification number

FRIENDS OF SHILOH FOUNDATION, INC.

26

3894441

**12** Old mailing address (no., street, city or town, state, and ZIP code) If a P.O. box or foreign address, see instructions

Room or suite no.

116 N. 2ND ST, BISMARCK, ND 58501

**13** New mailing address (no., street, city or town, state, and ZIP code) If a P.O. box or foreign address, see instructions

Room or suite no.

122 EAST BROADWAY AVE, BISMARCK, ND 58501

**14** New business location (no., street, city or town, state, and ZIP code) If a foreign address, see instructions

Room or suite no.

122 EAST BROADWAY AVE, BISMARCK, ND 58501

### Part III Signature

Daytime telephone number of person to contact (optional) ► ( 701 ) 258-0630

**Sign Here**

Your signature

Date

If joint return, spouse's signature

Date

If Part II completed, signature of owner, officer, or representative Date 10/28/10

SECRETARY

Title