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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Form **990-EZ**

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

2008

Department of the Treasury
Internal Revenue Service

▶ 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.*

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning **SEP 1, 2008** and ending **AUG 31, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization CONGRESS OF MINNESOTA RESORTS Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 21403 52ND ST NE City or town, state or country, and ZIP + 4 NEW LONDON, MN 56273	D Employer identification number 41-1550316 E Telephone number 888-761-4245 F Group Exemption Number ▶
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• 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: Cash Accrual
 Other (specify) ▶

I Website: ▶ **minnesota-resorts.com**
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) — 501(c) (**6**) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **103737.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		
	2	Program service revenue including government fees and contracts		36428.
	3	Membership dues and assessments		65108.
	4	Investment income		
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
Expenses	b	Less: direct expenses other than fundraising expenses	6b	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶ INTEREST)		2201.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		103737.
	10	Grants and similar amounts paid (attach schedule)		
	11	Benefits paid to or for members		
Net Assets	12	Salaries, other compensation, and employee benefits		
	13	Professional fees and other payments to independent contractors		12060.
	14	Occupancy, rent, utilities, and maintenance		
	15	Printing, publications, postage, and shipping		17046.
	16	Other expenses (describe ▶ STATEMENT 1)		99025.
	17	Total expenses. Add lines 10 through 16		128131.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		-24394.
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)		82616.	
20	Other changes in net assets or fund balances (attach explanation)			
21	Net assets or fund balances at end of year. Combine lines 18 through 20		58222.	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	82920.	60050.
23	Land and buildings		
24	Other assets (describe ▶)		
25	Total assets	82920.	60050.
26	Total liabilities (describe ▶ PREPAID MEMBERSHIPS)	304.	1828.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	82616.	58222.

832171 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Form 990-EZ (2008)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? See Statement 3

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 CONDUCTED RESORT OWNERS' CONFERENCES AND EDUCATION SEMINARS

(Grants \$) If this amount includes foreign grants, check here

28a 128131.

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32 128131.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV)

(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
DANA PITT, 21403 52ND ST NE, NEW LONDON, MN 56273	PRESIDENT 2.00	0.	0.	0.
ED FUSSY, 21403 52ND ST NE, NEW LONDON, MN 56273	VICE PRESIDENT 2.00	0.	0.	0.
TIMBERLY CHRISTIANSEN, 21403 52ND ST NE, NEW LONDON, MN 56273	SECRETARY 2.00	0.	0.	0.
TIM AARSVOLD, 21403 52ND ST NE, NEW LONDON, MN 56273	TREASURER 2.00	0.	0.	0.
JASON BALL, 21403 52ND ST NE, NEW LONDON, MN 56273	DIRECTOR 2.00	0.	0.	0.
SHELDON SCHIEBE, 21403 52ND ST NE, NEW LONDON, MN 56273	DIRECTOR 2.00	0.	0.	0.
JIM EICKHORST, 21403 52ND ST NE, NEW LONDON, MN 56273	DIRECTOR 2.00	0.	0.	0.
SU UGSTAD, 21403 52ND ST NE, NEW LONDON, MN 56273	DIRECTOR 2.00	0.	0.	0.
ED BECKER, 21403 52ND ST NE, NEW LONDON, MN 56273	DIRECTOR 2.00	0.	0.	0.
DAVID STEFFEN, 21403 52ND ST NE, NEW LONDON, MN 56273	DIRECTOR 2.00	0.	0.	0.
TROY LOREN, 21403 52ND ST NE, NEW LONDON, MN 56273	DIRECTOR 2.00	0.	0.	0.
BOB TYSON, 21403 52ND ST NE, NEW LONDON, MN 56273	DIRECTOR 2.00	0.	0.	0.
CHUCK HODGE, 21403 52ND ST NE, NEW LONDON, MN 56273	DIRECTOR 2.00	0.	0.	0.

Part 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		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, 6a, and 7a (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 section 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?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
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?		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 unpaid at the start of the period covered by this return?		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:		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	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 N/A ; section 4912 N/A ; section 4955 N/A		
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		N/A
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? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. MN		
42a	The books are in care of The Organization Telephone no. 888-761-4245 Located at 21403 52ND ST NE, NEW LONDON, MN ZIP + 4 56273		
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)? 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.		X
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: _____		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		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization(s) a section 527 organization?
50 Complete this table for the 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."

Table with 2 columns: Yes, No. Rows 46, 47, 48, 49a, 49b.

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances. Content: N/A

Total number of other employees paid over \$100,000

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation. Content: N/A

Total number of other independent contractors each receiving over \$100,000

Sign Here section with signature of officer and date 12/8/09. Name: Timothy J. Aarsvold - Treasurer

Paid Preparer's Use Only section with preparer's signature, date 12/02/09, firm name IMHOLTE & DAHL, P.A., and phone number 701-235-3703.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

FORM 990-EZ

Information Regarding Transfers
Associated with Personal Benefit Contracts

Statement 2

A) Did the organization, during the year, receive any funds,
directly or indirectly, to pay premiums on a personal
benefit contract? [] Yes [X] No

B) Did the organization, during the year, pay premiums,
directly or indirectly, on a personal benefit contract? . . [] Yes [X] No

RESORT OWNERS' EDUCATION AND LEGISLATIVE SUPPORT