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Form	990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2008

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

<u>A</u>		2008 calendar year, or tax year beginning Dec 01, 2008, and		Nov 30,2009
В	Check if applicable	Please C Name of organization, number and street, city, town, state, and ZIP coo	e D Employer ide	entification number
П	Address ch	use IRS label or		6040496
H	Name char	nont or	E Telephone nu	
Н		type. Deviis lake nica ioundacion		
Н	Initial retun	lea-seal	Cman	-662-5547
Ц	Termination	Instruc- FO BOX 180	G receipts	\$ 251342.
Ш	Amended r		H(a) Is this a	group return
11	Application pending	F Name and address of principal officer Rose Johnson	for affilia	tes? Yes 🛛 Yo
_	portourig	PO Box 160 Devils Lake ND 58301-010	O H(b) Are all affilia	ates included?
Τ.	Tax-exer	npt status. X 501(c)(3) ◀ (insert no.) 4947(a)(1) or 527	If "No", attac	chalist.
			(see instruc	·
	Website	kg l	H(c) Group exem	
	Type of orga		formation 1975	M State of legal domicile ND
L	art	Summary		
	1 B	nefly describe the organization's mission or most significant activities:		
		Distribute income earned on the organizations	assets to	o charitable
စ္ခ		organizations in the Devils Lake, ND area		
Governance	-			
ē	2 0	theck this box I if the organization discontinued its operations or disposed of more	han 25% of the annual	.4-
õ		_	11a11 25% OF ILS asse	. l
- o5		lumber of voting members of the governing body (Part VI, line 1a)	• •• •• •• •••	3 7
S		lumber of independent voting members of the governing body (Part VI, line 1b)		4 7
Ę	5 T	otal number of employees (Part V, line 2a)	[5
Activities &	6 T	otal number of volunteers (estimate if necessary)		6
⋖	7a T	otal gross unrelated business revenue from Part VIII, line 12, column (C)	[7a
		let unrelated business taxable income from Form 990-T, line 34		7b
-	1	T DECEIVED I	Drien Veer	
		Contributions and secrets (Part VIIII Iran 4h)	Prior Year	Current Year
97		contributions and grants (Part VIII, line 1h)	7045	2. 75860.
Revenue		rogram service revenue (Part VIII, line 2g)		
ۿ		ivestinent income (Part VIII, column (A), lines 3, 45and 7d)	16706	
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	52	835651.
	12 T	otal revenue - add lines 8 through 11 (must equal Part VII), Colling (4) line 2	23804	1. 163029.
		Frants and similar amounts paid (Part IX, column (A), lines 1-3)	16332	9. 150523.
		enefits paid to or for members (Part IX, column (A), line 4)		
		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2916	9. 24901.
Expenses			2910.	24901.
ë		rofessional fundraising fees (Part IX, column (A), line 11e)	Paulina Tyrkintourussanis	
꼾				
щ	17 C	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	762	6. 6543.
	18 T	otal expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	20012	4. 181967.
	19 R	Revenue less expenses. Subtract line 18 from line 12	3791	718938.
	1		Beginning of Yea	
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)	418906	
Sse Ral	21 T	otal liabilities (Part X, line 26)	13651	
Net /	21	• • • • • • • • • • • • • • • • • • • •		
		let assets or fund balances. Subtract line 21 from line 20	405255	2. 3988588.
P	art II	Signature Block	·	
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	ts, and to the best of my kr	nowledge
		and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of with	ch preparer has any knowl	ledge
Sig	gn	I PINE JOHN	1 08	/20/2010
'	re	Signature of officer	Date	·
		Rose Johnson Trust Of:		•
			. TCET	
_		Type or pnnt name and title	Ob a study	Preparer's identifying number
Pai		Preparer's Date Strategy of the Strategy of th	Check if self-	(see instructions)
	parer's	signature / / / / / / / / / / / / / / / / / / /	employed ▶	P00219475
Us	e Only	Firms name (or yours f self-employed). Ramsey National Bank	_ EIN ▶	45-0183848
		address, and ZIP+4 Box 160 Devils Lake ND 5830:	. −0 Phone no ▶	701-665- 2518
Ma	y the IRS	S discuss this return with the preparer shown above? (See instructions)		X Yes No
		Act and Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2008)

			Area Foundation	46-6040496 Page 2
Par	tell Stater	nent of Program Se	ervice Accomplishments (See instructions	3)
1		e the organization's mis		
			zation to raise funds in t	
			nings to worthwhile charit	able organizations in the
	Devils	Lake Area		
2	Did the organ	ızatıon undertake any sıç	pnificant program services during the year which were	e not listed on
	the prior Form	990 or 990-EZ?		Yes X No
	If "Yes," desc	nbe these new services	on Schedule O.	
3	Did the organ	ization cease conducting	, or make significant changes in how it conducts any	program services? Yes X No
	If "Yes," desc	nbe these changes on S	chedule O.	
4		=	ments for each of the organization's three largest pro	ogram services by expenses
			izations and section 4947(a)(1) trusts are required to	-
			es, and revenue, if any, for each program service rep	- ·
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4a	(Code:) (Expenses \$	181967. including grants of \$	150523.)(Revenue\$ 87169.
	Awardir	ng of grants	to charitable organizatio	ns within the Devils
	Lake ar			
	•		· · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · · · ·	
	 ·-			
	-			
				·
<u> </u>		\(\(\int \)) /D
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$
				
				
		<u></u>		
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$
	-			
				
		···		······································
		 		
				
				
				
4d	· -	m services. (Describe in		_
	(Expenses \$			еvепие \$)
<u>4e</u>	Total progra	m service expenses \$	181967. (Mu	ust equal Part IX, Line 25, column (B).)
				Form 990 (2008)

Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
_	Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			3,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			v
10	complete Schedule D, Part IV	10	X	X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 257 if "Yes," complete Schedule D,	10		
••	Parts VI, VII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d			
_	and complete Schedule K. If "No," go to question 25.	24a		X
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
230	discretified account discrete in Order Historia College Historia	25-		Х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	25a		
~	person from a prior year? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230		- 1
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х
			000	

	Checklist of Required Schedules (Continued)		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		103	
	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
_	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? if "Yes," complete Schedule L,	! 		
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x

Is Enfer the number reported in Box 3 of Form 1996, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- in not applicable Did the organization comply with backup withholding rules for reported be symmetry to report the state of the Complete of the Comp	ı Pa	rt V. Statements Regarding Other IRS Filings and Tax Compliance					
LU.S. Information Returns, Enter-O-I find applicable be field the number of Forms W.2. Canduded in Inter 18. Inter-O-I find applicable 1. In 19. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2						Yes	No
LU.S. Information Returns, Enter-O-I find applicable be field the number of Forms W.2. Canduded in Inter 18. Inter-O-I find applicable 1. In 19. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
b Einer the rumber of Forms W-20 included in line 1a. Enter 0-4 final applicable		·	1a	0	i		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Entier the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b If all least one is reported on the 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated businesses gross income of \$1,000 or more during the year covered by this return? 3b If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0 3a A tarry 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 accountly? 4a X b 1f "Yes," and the 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. 5a Was the organization and party to a prohibited tax sheller transaction? 5b X c 1f "Yes," of the organization and that was or a a party to a prohibited tax sheller transaction? 5c X b 1f Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X b 1f Yes," did the organization include with every solicitation an express statement that such contributions or grid were not tax deductible? 7 organizations that may receive deductible contributions under section 179(c). 2 Did the organization provide goods or services in exchange for any quid pro quo contribution of more than 575°C organizations that may receive deductible contributions or dark provided or provided or provided or provided or provided or services provided? 7	b	•••	-	0	•		
gamming (gambling) winnings to prize winners? 2		•••	eportat	ole	•		
a Eiter the number of employees reported on Form W-3, Transmittal of Wage and Tax Slatements, filed for the calendar year ending with or within the year covered by this return If all teast one is reported on line 2e, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1e and 2e is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated dosuress gross income of 151,000 or more during the year covered by this return? 3b If Yes, shaet if filed a Form 990-T for this year? If Yno,* provide an explanation in Schedule O 3b If Yes,* shaet if filed a Form 990-T for this year? If Yno,* provide an explanation in Schedule O 3c 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. ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 3c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 3c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 3c Was the organization aparty to a prohibited fax shelter transaction at any time during the tax year? 3c Was the organization aparty to a prohibited fax shelter transaction at any time during the tax year? 3c Was the organization aparty to a prohibited fax shelter transaction at any time during the tax year? 3c Was the organization aparty to a prohibited fax shelter transaction at any time during the tax year? 3c Was the organization aparty to a prohibited fax shelter transaction at any time during the tax year? 3c Was the organization aparty to a prohibited fax shelter transaction and the waster of th					1c	X	
Statements, filed for the calendar year ending with or within the year covered by this return 2 b 1 fall least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Dt the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a Dt the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b 1 fores, has it filed a Form 900-1 for this year? If "No," provide an explanation in Schedule 0 3b 2	2a				ļ <u>.</u>	1	
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? \$\$ If "Yes," has it flied a Form 990-T for this year? If "No," provide an explanation in Schedule O \$\$ \$\$ b\$ If "Yes," has it flied a Form 990-T for this year? If "No," provide an explanation in Schedule O \$\$ \$\$ \$\$ b\$ If "Yes," has it flied a Form 990-T for this year? If "No," provide an explanation in Schedule O \$\$ \$\$ \$\$ \$\$ if "Yes," has it flied a Form 990-T for this year? If "No," provide an explanation in Schedule O \$\$ \$\$ \$\$ if "Yes," has it flied a Form 990-T for this year? If "No," provide an explanation in Schedule O \$\$ \$\$ \$\$ if "Yes," here the name of the foreign country. \$\$ \$\$ \$\$ if "Yes," enter the name of the foreign country. \$\$ \$\$ \$\$ \$\$ if "Yes," in question 5 a prohibited tax sheller transaction at any time during the tax year? \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$		•	2a	-0-	1		
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 3b Al 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)? 4a X b If "Yes," enter the name of the foreign country. 5ce the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5ce Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5b Was the organization a party to a prohibited tax sheller fransaction? 6c If "Yes," to question 5a or 5b, did the organization file Form 8865-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6c Did the organization solicit any contributions that were not tax deductible? 6c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6c Did the organization noticity the donor of the value of the goods or services provided? 6c Did the organization shall may receive deductible contributions under section 170(c). 6c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? died during the year 6c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? died during the year 6c Did the organization of qualified intellectual property, did the organization file F	ь				2b		
this return? 3a						'	
this return? If Yes,* has it filed a Form 990-T for this year? If *No,* provide an explanation in Schedule O 3a X 3b X X X X X X X X X	3a	• • • • • • • • • • • • • • • • • • • •		,	i		1
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authonly over, a financial account in a foreign country (such as a bank account, a count, and count in a foreign country (such as a bank account, account, or other financial account)? 4b If "Yes," enter the name of the foreign country. 5ce the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c Did the organization solicit any contributions that were not tax deductible? 6c Did the organization or include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization provide goods or services in exchange for any quid pro quo contribution of more than 375? 6c Did the organization provide goods or services in exchange for any quid pro quo contribution of more than 375? 6c Did the organization orbity the donor of the value of the goods or services provided? 6c Did the organization orbity the donor of the value of the goods or services provided? 7c Did the organization orbity the donor of the value of the goods or services provided? 7d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization make a distribution to a donor, dincrettly or indirectly, to pay premiums on a personal benefit con			,		3a	. 1	X
4a It 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)? 5b If 'Yes,' enter the name of the foreign country. 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Did any taxable party notify the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c Was the organization solicit any contributions that were not tax deductible? 6c By If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 8d If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 9d If 'Yes,' did the organization shat may receive deductible contributions under section 170(c). 9d If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 9d If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7d Under organization of machine the provided of the organization in similar that the organization of the value of the goods or services provided? 7d Under organization of the provided organization file form 8899 as required? 7e X Y 7f Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7f X X 7f For all contributions of qualified intellectual property, did the organization file a	b	If "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O			h		
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	D	·					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	122	· · · · · · · · · · · · · · · · · · ·	10412		130	•	
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		120			Fo	rm 990	(2008)

© Part VI. Governance, Management, and Disclosure

(Sections A, B, and C request information about policies not

	required by the Internal Revenue Code.)			
Secti	on A. Governing Body and Management		_	
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one of more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following?			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sect	ion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	
	Does the organization have a written whistleblower policy?	13	Х	
	Does the organization have a written document retention and destruction policy?	14	X	,
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		// -	
а	The organization's CEO, Executive Director, or top management official?	15a	M/M	
b	Other officers or key employees of the organization?	15b	MA	
	Describe the process in Schedule O. (see instructions)		•	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement]
	d - t 11 t - 1 d	16a		_X
	with a taxable entity during the year?	104		
b	with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	100		
b	· · · · · · · · · · · · · · · · · · ·	102		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	16b		
Sect	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			
Sect	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			
Sect 17	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? ion C. Disclosure List the States with which a copy of this Form 990 is required to be filed ND Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
Sect 17	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? ion C. Disclosure List the States with which a copy of this Form 990 is required to be filed			
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Sect 17 18	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? List the States with which a copy of this Form 990 is required to be filed ND Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Own website Another's website Upon request			
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated * Employees, and Independent Contractors

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization'scurrent officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order, individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees, and former such persons.

Check this box if the organization did not (A)	(B)			(C	;)			r key employee. (D)	(E)	(F)
Name and Title	Average hours per week			Officer	I			Reportable compensation from	Reportable compensation from related	Estimated amount of other
		Individual trustee or director	Institutional trustee	er 	Key employee	Highest compensated employee	er	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Amy Heilman										_
Director		Х		_				0	0	0
Doug Broden										
Director		X		<u> </u>			<u> </u>	00	0	0
Eric Boren		\		1	}		l			
Director		X		L				0	0	00
Gary Lochow							ĺ			
Director	_	Х		<u> </u>	<u> </u>		<u> </u>	0	0	0
Kevin Davidson				1						
Director		X						0	0	0
Lynda Pearson					•					
Director	ļ.,	Х		L				0	0	0
Bruce Dick										
Director		Х		L	ļ	<u> </u>		0	0	0
Ramsey Natl Bk	_ 3				ł					
Trustee	3	<u> </u>	Х	<u> </u>	<u> </u>		_	24901.	0	0
Rose Johnson								_	_	
Executive Secy	1			X	<u> </u>		<u> </u>	0	0	0
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the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual										• • • • • • • • • • • • • • • • • • • •	3	.l	X_
Individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Name and business address Description of services Compensation Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶													
Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	_	greater tha	an \$15	0,000	7 II "	Yes	," com	plete	e Schedule J for sucl	h		1	
services rendered to the organization? If "Yes," complete Schedule J for such person			• • • •					• •			. 4	.	<u> </u>
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Name and business address Description of services Compensation Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization									-				-1
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Name and business address Description of services Compensation Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization		res," comp	lete S	chedu	le J	for s	uch pe	erso	<u>n</u>		5	<u> </u>	<u> X</u>
Compensation from the organization. (A) (B) (C) Name and business address Description of services Compensation Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization Compensation Compensatio													
(A) Name and business address Description of services Compensation Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation ▶	_	mpensate	d inde	pende	nt co	ontra	actors	that	received more than !	\$100,000 of			
Name and business address Description of services Compensation Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization										·			
Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶													
compensation from the organization ▶	Name and busines	ss address						-	Description of	services	Comp	<u>ensatı</u>	ion
compensation from the organization ▶				-				-					
compensation from the organization ▶				-									
compensation from the organization ▶	······································					<u> </u>							
compensation from the organization ▶								-					
compensation from the organization ▶	Total number of independent and track			. 41: 1				<u> </u>	han 6400 000				
		ii iciuaing ti	iose ir	1 1) W?	ıo re	celv	rea ma	re u	חו טטט,טטט מ				
													45.5.

Part	VIII	Statement of Revenue				
•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s s	1a	Federated campaigns 1a	- !			
ra tr	b	Membership dues 1b	_			
s, g	С	Fundraising events 1c	_			
gifts	d	Related organizations 1d	_			
S, E	е	Government grants (contributions) 1e	-			
Ition Sr Si	f	All other contributions, gifts,	- ,			
휼		grants, and similar amounts not included above 1f 75860.	1 1			
Contributions, gifts, grants and other similar amounts	9	Noncash contributions included in lines 1a-1f	-			
ವ ಜ	h	Total. Add lines 1a-1f	75860.	1		
ē		Business Code		!		
ē	2a	555.555 555.		<u> </u>		
Š	Ь-				<u> </u>	
ë	c					
Ž	ŏ-					
Š	~ -					
흅		All other program service revenue				
Program Service Revenue	'	Total. Add lines 2a-2f			<u> </u>	<u>. </u>
	<u>g</u> 3	Investment income (including dividends, interest, and				<u></u>
	•	other similar amounts)		118209.		
	4	•	110209.	110209.		
	Į.	Income from investment of tax-exempt bond proceeds Royaltres				
	5			L	<u> </u>	
	C-	(i) Real (ii) Personal				
	6a	Gross Rents	_			
	b	expenses · · · · Rental income				
	C	or (loss)				
	d	Net rental income or (loss)	*			I
	7a	sales of assets (II) Securities (II) Other	<u> </u>			
		other than inventory . 92924.				
	Ь	hasis and sales				
		expenses 88313.	_			
	С	Gain or (loss)		1		
	d	Net gain or (loss)	▶ 4611.	4611.	L	ļ
_	8a	Gross income from fundraising events	•			
JG		(not including \$	1			
š	Į	of contributions reported on line 1c)				
Ř		See Part IV, line 18 a				
Other Revenue	Ь	Less. direct expensesb		I	1	
0	С	Net income or (loss) from fundraising events	<u> </u>			
	9a	Gross income from gaming				
		activities. See Part IV, line 19a				
	b	Less: direct expenses b		1 * * *		
	C	Net income or (loss) from gaming activities	<u> </u>			<u> </u>
	10a	Gross sales of inventory, less	1			
	ŀ	returns and allowancesa				
	b	Less: cost of goods soldb		1	1	
	С	Net income or (loss) from sales of inventory			_	
	L	Miscellaneous Revenue Business Code		1		I
	11a	Chg in val ben tr 90009		-41372.		
	b	Dec annuity liab 90009		4566.		
	С	Inc from trust 90009	9 1155.	1155.		
	d	All other revenue				
	е	Total. Add lines 11a-11d	- 35651.	r		
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,				
		9c, 10c, and 11e	163029.	87169.		<u></u>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all col	เนเกร	S.
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	All other organizations must complete c				
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and	(D) Fundraising
7b, 8	b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	150523.	150523.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the		!		
	U S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	- '-	-		
	trustees, and key employees	24901.	24901.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				:
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).		"		
''a	Management				
b	Legal				
	Accounting	4109.	4109.		<u> </u>
d d	Lobbying	4105.	4105.		<u> </u>
_	, ,				
9	-				
f	Investment management fees				
g	Other	1400.	1400		
12	Advertising and promotion	1400.	1400.	 	
13	Office expenses	264	264		
14	Information technology	264.	264.		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		, .		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not	1			
	covered above. (Expenses grouped together	• !			
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	Miscellaneous	770.	770.		
b					
¢					
d					
в					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	181967.	181967.		T
<u></u> - 26	Joint Costs. Check here ▶ If following				
-	SOP 98-2. Complete this line only if the org.	1			
	reported in column (B) joint costs from a combined				1
	educational campaign and fundraising solicitation	1			
BCA		ghts reserved	US990\$10 Rev 1		Form 990 (2008

Beginning of year 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 242553. 2	End of year 665	
1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 242553. 2		
	665	0.0
		U 9 .
3 Pledges and grants receivable, net		
4 Accounts receivable, net		
5 Receivables from current and former officers, directors, trustees, key		
employees, or other related parties. Complete Part II of Schedule L		
6 Receivables from other disqualified persons (as defined under section		
4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		į
Part II of Schedule L		
	<u> </u>	
7 Notes and loans receivable, net		
7 Notes and loans receivable, net		
Frehald expenses and deterred charges		
10a Land, buildings, and equipment: cost basis 10a		i
b Less. accumulated depreciation. Complete		
Part VI of Schedule D 10b 10c		
11 Investments - publicly traded securities		
12 Investments - other securities. See Part IV, line 11	33516	56.
13 Investments - program-related. See Part IV, line 11		
14 Intangible assets		
15 Other assets. See Part IV, line 11 788771. 15	7473	
16 Total assets Add lines 1 through 15 (must equal line 34)	41655	<u>64.</u>
17 Accounts payable and accrued expenses		
18 Grants payable		
19 Deferred revenue 19		
20 Tax-exempt bond liabilities		
21 Escrow account liability Complete Part IV of Schedule D 21	2 2 20	
22 Payables to current and former officers, directors, trustees, key	- پهر د در'	6.34
employees, highest compensated employees, and disqualified	4:5	ا غُنَّ نَكِ
persons. Complete Part II of Schedule L		
23 Secured mortgages and notes payable to unrelated third parties		
24 Unsecured notes and loans payable		
25 Other liabilities. Complete Part X of Schedule D	1769	
26 Total liabilities. Add lines 17 through 25	1769	76.
Organizations that follow SFAS 117, check here ▶ ☒ and		
complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets	5244	
28 Temporanly restricted net assets	5747	
29 Permanently restricted net assets	28894	<u> 21.</u>
Grganizations that do not follow SFAS 117, check here ►		
27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Retained earnings, endowment, accumulated income, or other funds		
30 Capital stock or trust principal, or current funds	···	
31 Paid-in or capital surplus, or land, building, or equipment fund 31		
32 Retained earnings, endowment, accumulated income, or other funds		
- 33 Total net assets or fund balances	39885	
34 Total liabilities and net assets/fund balances	41655	64.
Part XI Financial Statements and Reporting	Т	
4. Accounting method used to propose the Farm 200. Vi Cash. II Assess. II City	Yes	No
1 Accounting method used to prepare the Form 990: X Cash	Ta TV	1
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a X	 ~
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	, ,	
audit, review, or compilation of its financial statements and selection of an independent accountant?	2c X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	,	v
b If "Yes," did the organization undergo the required audit or audits?	3a 3b	X
w	Form 990	(2008)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No. 1545-0047 2008

Open to Public

Inspection

Name of the organization

Employer identification number

Devils Lake Area Foundation 46-6040496 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check onlying organization.) 1 A church, convention of churches, or association of churches described insection 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described insection 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described isection 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described issection 170(b)(1)(A)(iv), (Complete Part II) A federal, state, or local government or governmental unit described insection 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete the Support Schedule in Part II.) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. Seesection 509(a)(2) (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4), (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Sesection 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c | Type III - Functionally integrated | Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. (i) Name of supported (ii) EIN (iii) Type of organization (V) Did you (vi) Is the (vii) Amount of (iv) Is the organorganization (described on lines 1-9 organization in support ization in col notify the above or IRC section (i) listed in your organization in col. (i) governing (see instructions)) col (i) of your organized document? support? in the U.S.? Yes No Yes Yes No No

Schedule A (Form 990 or 990-EZ) 2008 Devils Lake Area Foundation 46-6040496 Page 2 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 (a) 2004 Calendar year (or fiscal year beginning in) ▶ (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 34207. 65657. 63270. 70452. 75860. 309446. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge 34207. 65657. 63270. 70452. Total. Add lines 1-3 75860. 309446. 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) 309446. Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 34207. 65657. 63270. 70452. 75860. 309446. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 110325. 125967. 140940. 137116. sources 118209. 632557. Net income from unrelated business activities, whether or not the business is Other income. Do not include gain or loss from the sale of capital assets 11 Total support. Add lines 7 through 10 942003. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) [14] 32.85 28.64 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box 17a 10% facts-and-circumstances test - 2008. 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 top here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported X

b 10% facts-and-circumstances test - 2007. 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 top here.
Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box in line 13, 16a, 16b, 17a or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2008

instructions

Schedule A	(Form 99	0 or 990-EZ) 20	008 De	VIIS .	<u> La ке</u>	e Area	<u>a Foundat</u>	ıon		46-	-6040496	Page 4
Part IV	Su	pplemental	Informa	tion. Co	mplete	this part	to provide the expl	lanation re	quired by F	Part II, Iır	ne 10,	
	` Pa	rt II, line 17a or	17b, or Pa	rt III, line 1	2. Prov	vide any of	her additional info	rmation. (s	ee instruct	ions)		
•												
All ai	fts.	grants.	and	contr	ibut	tions	received	were	from	the	general	
		<u> </u>									5002.02	
nublic	רו ה	arante	mada	Mara	+ 0	2202	charitie	_				
public	ALL	grants	made	METE		area	CHALICIE	3				
												
							<u> </u>					
			·				· · · · · · · · · · · · · · · · · · ·	•	- "			
	•											
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization **Employer identification number** Devils Lake Area Foundation 46-6040496 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for chantable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ... Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Rev 1

Par	Organiz (continued		Collections of Art,	Historical Treasure	s, or Other Similar A	\ssets		
3 ·			cords, check any of the	following that are a signif	ficant use of its collection	items (check	call that	-
	apply):			one ming that are a bigin		nomo (onco	· an arac	
а	Public exhibition			d Loan or exchang	ne programs			
b	Scholarly research	1		e Other	,			
С	Preservation for fu							
4	_	*	ctions and explain how t	hey further the organizati	on's exempt purpose in F	Part XIV.		
5					ner similar assets to be so			
							∏ No	>
Par					on answered "Yes" to Fo			_
		d an amount on Form 990	•					
1a	Is the organization and	agent, trustee, custodian	or other intermediary for	contributions or other as	sets not included			_
						. Yes	□ No)
b		rangement in Part XIV an					Ч	
			_			Amou	unt	_
С	Beginning balance				1c			_
d	Additions during the ye	ear			1d			_
		e year						
f	Ending balance				1f			
2a	Did the organization in	clude an amount on Forn	n 990, Part X, line 21?			Yes	X No	,
b	If "Yes," explain the arr	rangement in Part XIV.						
Par	t V Endown	nent Funds. Comp	ete if organization answi	ered "Yes" to Form 990,	Part IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four y	ears back	_
1a	Beginning of year							
	balance							
b	Contributions	75,860.	· · · · · · · · · · · · · · · · · · ·					_
С	Investment earnings							
	or losses	75,318.						
d	Grants or scholarships	127,529.						
6	Other expenditures							
	for facilities and							
	programs		······					_
f	Administrative							
	expenses							_
	End of year balance .				<u>-</u>			_
2		percentage of the year er						
		uasi-endowment ▶ 0	.00 %					
	Permanent endowmen							
	Term endowment ▶_					r		_
3a					ered for the organization t		Yes No	_
		ations				3a(i)	X	_
_	(ii) related organizatio					3a(ii)	X	_
		e related organizations lis				<u>3b</u>		_
4 Par		ne intended uses of the or ents-Land, Building			V I 40			_
Гаі	Description of			See Form 990, Part				_
	Description of	invesurient	(a) Cost or other	(b) Cost or other	(c) Depreciation	(d) Boo	k value	
1.	Land		basis (investment)	basis (other)				_
	Buildings							_
	Leasehold improvement							_
	Equipment	ŀ						_
								_
		ımn (d) should equal Forr	n 000 Part V solume /P	\ \ \lance 10(c) \				_
· vual	. / tau inica ia- ie. (COIII	inin (a) siloulu equal FOII	ii 990, Fait A, Wiumili (B), line 10(c).)				_

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Rev 1

	dule D (Form 990) 2008 Devils Lake Area Foundation		6-6040496	Page 4
Pai	Reconciliation of Change in Net Assets from Form 990 to F	inancial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		. 1	
2 '	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		. 5	
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net). Add lines 4-8			
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			
Pai	t XII Reconciliation of Revenue per Audited Financial Statement			
1	Total revenue, gains, and other support per audited financial statements		·	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	_{2a}		
b	Donated services and use of facilities			
С	Recovenes of prior year grants			
d	Other (Describe in Part XIV)		201	
8	Add lines 2a through 2d			
3				
4	Amounts included on Form 990, Part VIII, line 12, but not on line1.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	امها		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c (This should equal Form 990, Part I, line 12.)			
	t XIII Reconciliation of Expenses per Audited Financial Statemer			
1				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	•••••	1	
_	Donated services and use of facilities	ا ما		
a				
b	Pnor year adjustments			
	Losses reported on Form 990, Part IX, line 25			
d	Other (Describe in Part XIV)	<u> </u>		
θ	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line1:	1 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)			
	Add lines 4a and 4b		· 4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	··	5	
	t XIV Supplemental Information	· · · · · · · · · · · · · · · · · · ·		
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	s 1a and 4, Part IV, line	es 1b and 2b; Part V, line	4;
	X: Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.			
Pa	t V, line 4-Income from endowment funds is	distributed	to local	
noi	n-profit organization, school, and churchs t	<u>o be used f</u>	or	
-				
cha	aritable, eductional, religious, and literar	y purposes		
		•		
			_	
		<u> </u>		

ŝ OMB No. 1545-0047 Schedule I (Form 990) 2008 (h) Purpose of grant Employer identification number Equipment Equipment Furniture Equipment Open to Public Inspection Equipment ▲. or assistance 2008 Yes 46-6040496 X Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more non-cash assistance (g) Description of Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection cnteria (d) Amount of cash (e) Amount of non-cash (f) Method of valuation (book, FMV, appraisal, ► Complete if the organization answered "Yes," of Form 990, Part IV, lines 21 or 22. other) : Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S. assistance than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 5,844. 7,000. 12,000. 5,583. 5,500 grant : For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 Enter total number of section 501(c)(3) and government organizations ... ıf applicable **General Information on Grants and Assistance** (c) IRC section 501c3 58301- ND D45-0229140 601 C 58301- ND D45-6001342 C 58301- ND D45-6001342 4t 58301- ND D45-6002233 601 C 58301- ND D45-6001342 Foundation used to award the grants or assistance? (p) EIN Enter total number of other organizations... Ram Ctv Fair Board DL Public Schools Public Schools DL Public Schools Devils Lake Area organization or government 1 (a) Name and address of Name of the organization Fellows Department of the Treasury Internal Revenue Servic SCHEDULE (Form 990) 3 Part I 1601 107 524 ppo

Page 2

46-6040496

Devils Lake Area Foundation

Schedule I (Form 990) 2008

Rev 1

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the

OMB No. 1545-0047 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Form 990 or to provide any additional information. Name of the organization Employer identification number Devils Lake Area Foundation 46-6040496 The 990 is emailed to the audit committee prior to the special 11A meeting to approve the 990 12C The committee is provided a Conflict of Interest Disclosure Members are required to complete the form prior to the each December December meeting Also, at each distribution meeting, each member must verbally disclose any grant application they may have a conflict When the applications are discussed, any committee member with a conflict dismisses themselves from the room during the discussion 19 Made available upon request

46-6040496 2008 FOIM 990

For the Account of: DLAF - Consolidated Asset Review

Account Number: Consolidated Account

Report Date: July 19, 2010

For the 12 Month(s) Ended 11/30/2009

Schedule of Assets

		-					
Asset Type	Shares Or Face	Investment Cost Basis	Unit Price	Current Market Value	Value As Of 12/01/2008 or Acquisition	Change in Value since 12/01/2008	Estimated Accrued Income
TOTAL CASH		0 00		0.00	0.00		
CASH EQUIVALENTS							
BANK CERTIFICATES OF DEPOSIT							
BREMER BK 13MO CD #558432 2 40% MAT 6/27/2010	10,000 0000	10,000 00	0 000	10,000 00	10,000 00	0 00	122 96
UNITED COMM BK 1YR CD #XXX24 2 35% MAT 8/12/2010	122,000 0000	122,000 00	0 000	122,000 00	122,000 00	0 00	141 39
TOTAL BANK CERTIFICATES OF DEPOSIT		132,000.00		132,000 00	132,000 00	0.00	264.35
MISC CASH EQUIV-TAX EXEMPT FED MUN OBLIG FD #852	62,813 5800	62.813 58	0 000	62,813 58	62,813 58	0 00	11 96
INCOME	·	·					
FED MUN OBLIG FD #852 PRINCIPAL	3,695 8100	3,695 81	0 000	3,695 81	3,695 81	0 00	0 94
TOTAL MISC CASH EQUIV-TAX EXEMPT		66,509.39		66,509 39	66,509 39	0.00	12.90
TOTAL CASH EQUIVALENTS		198,509.39		198,509 39	198,509 39	0 00	277 25
MUTUAL FUNDS							
STOCK FUNDS GABELLI SM CAP GROWTH #443	1,445 8120	31,241 70	25 360	36,665 79	28,699 37	7,966 42	0 00
EQUITY SER FDS INC HARBOR INTERNATIONAL FD #11	3,219 2420	109,468 57	54 700	176,092 54	122,815 87	53,276 67	0 00
VANGUARD EQUITY INC FD #65 COM	17,876 2510	382,471 25	18 080	323,202 60	287,050 19	36,152 41	0 00
VANGUARD STRATEGIC EQ FD 114 HORIZON FUNDS	248 8380	4,770 23	14 460	3,598 19	2,809 38	788 81	0 00
VANGUARD TOTAL STOCK IDX #85	2,113 9420	51,530 53	26 850	56,759 34	45,342 84	11,416 50	0 00
INVESTOR SHARES VANGUARD 500 INDEX FD #1340 SIGNAL SHARES	6,076 5360	561,482 92	83 740	508,849 13	412,009 67	96,839 46	0 00
VANGUARD GROWTH INDEX #09 INVESTOR SHARES	1,492 4080	37,948 27	26 510	39,563 74	30,028 59	9,535 15	0 00
VANGUARD SMALL-CAP IDX FD 48 INVESTOR SHARES	4,085 3530	86,595 37	25 730	105,116 13	80,552 78	24,563 35	0 00
VANGUARD MID-CAP INDEX #859 INVESTOR SHARES	8,856 0780	97,437 57	15 570	137,889 14	101,931 80	35,957 34	0 00
TOTAL STOCK FUNDS		1,362,946.41		1,387,736.60	1,111,240 49	276,496 11	0 00
TAXABLE BOND FUNDS FED INCOME TR FD 36 (C) INSTL SHRS	51,599 6700	525,753 49	10 760	555,212 44	533,568 69	21,643 75	2,042 61
VANGUARD TOTAL BOND FD #1351	113,400 8780	1,129,079 19	10 560	1,197,513 27	1,121,625 44	75,887 83	3,770 29
SIGNAL SHARES VANGUARD HIGH-YIELD CORP FD INVESTOR SHARES #29	31,871 3300	201,876 74	5 360	170,830 33	127,299 53	43,530 80	1,109 21
TOTAL TAXABLE BOND FUNDS		1,856,709.42		1,923,556.04	1,782,493 66	141,062.38	6,922.11
TOTAL MUTUAL FUNDS		3,219,655.83		3,311,292 64	2,893,734.15	417,558 49	6,922.11
TOTAL INVESTMENTS		3,418,165.22		3,509,802.03	3,092,243 54	417,558 49	7,199.36
CURRENT PERIOD ACCRUED INCOME				7,199.36			
TOTAL INVESTMENTS, ACCRUED INCOME 8	L CASH			3,517,001.39			

PERPETULE TRUST (N)

747,398.65

4.165,563.87

DEVILS LAKE AREA FOUNDATION PERIOD ENDED 11/30/2009

					Gain/
Posting Date	Security Name	Sale Proceeds	Cost Basis	G/L Term	Loss Amt
2/10/2009	FED INCOME #36-CASH	3000.00	-2949.52	LG	50.48
2/10/2009	FED INCOME #36-CASH	4000.00	-3895.40	LG	104.60
2/10/2009	FED INCOME #36-CASH	6000.00	-5953.89	LG	46.11
2/10/2009	FED INCOME #36-CASH	2000.00	-1986.81	LG	13.19
2/10/2009	FED INCOME #36-CASH	6000.00	-5885.69	LG	114.31
2/10/2009	FED INCOME #36-CASH	400.00	-381.61	LG	18.39
2/12/2009	FED INCOME #36-CASH	700.00	-663.93	LG	36.07
8/25/2009	FED INCOME #36-CASH	3000.00	-2940.31	LG	59.69
2/12/2009	FED INCOME #36-CASH	600.00	-592.00	LG	8.00
2/12/2009	FED INCOME #36-CASH	300.00	-284.54	LG	15.46
2/12/2009	FED INCOME #36-CASH	300.00	-287.98	LG	12.02
2/12/2009	FED INCOME #36-CASH	600.00	-571.95	LG	28.05
2/12/2009	FED INCOME #36-CASH	10000.00	-9862.77	LG	137.23
2/12/2009	FED INCOME #36-CASH	83.18	-78.89	LG	4.29
2/12/2009	FED INCOME #36-CASH	366.82	-349.67	LG	17.15
2/12/2009	FED INCOME #36-CASH	1500.00	-1456.03	LG	43.97
2/12/2009	FED INCOME #36-CASH	2000.00	-1967.56	LG	32.44
2/12/2009	FED INCOME #36-CASH	3000.00	-2951.34	LG	48.66
12/1/2008	GABELLI SM CP GR 443	181.74	0.00	L	181.74
12/1/2008	GABELLI SM CP GR 443	167.79	0.00	L	167.79
12/1/2008	GABELLI SM CP GR 443	284.53	0.00	L	284.53
12/1/2008	GABELLI SM CP GR 443	314.84	0.00	L	314.84
12/1/2008	GABELLI SM CP GR 443	363.33	0.00	Ĺ	363.33
12/1/2008	GABELLI SM CP GR 443	75.56	0.00	L	75.56
12/1/2008	GABELLI SM CP GR 443	281.25	0.00	L	281.25
12/1/2008	GABELLI SM CP GR 443	221.36	0.00	L	221.36
12/1/2008	GABELLI SM CP GR 443	78.79	0.00	L	78.79
12/1/2008	GABELLI SM CP GR 443	9.34	0.00	S	9.34
9/30/2009	GABELLI SM CP GR 443	2.86	0.00	S	2.86
12/1/2008	GABELLI SM CP GR 443	8.62	0.00	S	8.62
9/30/2009	GABELLI SM CP GR 443	2.64	0.00	S	2.64
12/1/2008	GABELLI SM CP GR 443	14.62	0.00	S	14.62
9/30/2009	GABELLI SM CP GR 443	4.48	0.00	S	4.48
12/1/2008	GABELLI SM CP GR 443	16.18	0.00	S	16.18
9/30/2009	GABELLI SM CP GR 443	4.95	0.00	S	4.95
12/1/2008	GABELLI SM CP GR 443	18.67	0.00	S	18.67
9/30/2009	GABELLI SM CP GR 443	5.72	0.00	S	5.72

DEVILS LAKE AREA FOUNDATION PERIOD ENDED 11/30/2009

					Gain/
Posting Date	Security Name	Sale Proceeds	Cost Basis	G/L Term	Loss Amt
12/1/2008	GABELLI SM CP GR 443	3.88	0.00	S	3.88
9/30/2009	GABELLI SM CP GR 443	1.19	0.00	S	1.19
12/1/2008	GABELLI SM CP GR 443	14.45	0.00	S	14.45
9/30/2009	GABELLI SM CP GR 443	4.43	0.00	S	4.43
12/1/2008	GABELLI SM CP GR 443	11.38	0.00	S	11.38
9/30/2009	GABELLI SM CP GR 443	3.48	0.00	S	3.48
12/1/2008	GABELLI SM CP GR 443	4.05	0.00	S	4.05
9/30/2009	GABELLI SM CP GR 443	1.24	0.00	S	1.24
3/6/2009	JANUS ENTERPRISE	11.54	0.00	LG	11.54
1/13/2009	VANG 500 IDX SG 1340	154.51	-150.00	LG	4.51
1/13/2009	VANG 500 IDX SG 1340	322.80	-300.00	LG	22.80
1/13/2009	VANG 500 IDX SG 1340	464.46	-750.00	LL	-285.54
1/13/2009	VANG 500 IDX SG 1340	157.76	-200.00	LL	-42.24
1/13/2009	VANG 500 IDX SG 1340	76.26	-100.00	LL	-23.74
11/24/2009	VANG 500 IDX SG 1340	2000.00	-2436.84	LL	-436.84
1/13/2009	VANG 500 IDX SG 1340	80.23	-100.00	LL	-19.77
1/13/2009	VANG 500 IDX SG 1340	36.61	-50.00	LL	-13.39
1/13/2009	VANG 500 IDX SG 1340	8.41	-11.20	LL	-2.79
1/13/2009	VANG 500 IDX SG 1340	195.42	-250.00	LL	-54.58
1/13/2009	VANG 500 IDX SG 1340	76.59	-100.00	LL	-23.41
1/13/2009	VANG 500 IDX SG 1340	465.98	-500.00	LL	-34.02
12/18/2008	VANG EQ INCOME #65	118.23	0.00	L	118.23
12/18/2008	VANG EQ INCOME #65	121.33	0.00	L	121.33
12/18/2008	VANG EQ INCOME #65	7.14	0.00	L	7.14
12/18/2008	VANG EQ INCOME #65	180.62	0.00	L	180.62
12/18/2008	VANG EQ INCOME #65	63.75	0.00	L	63.75
12/18/2008	VANG EQ INCOME #65	154.03	0.00	L	154.03
12/18/2008	VANG EQ INCOME #65	90.79	0.00	L	90.79
12/18/2008	VANG EQ INCOME #65	22.77	0.00	L	22.77
12/18/2008	VANG EQ INCOME #65	19.18	0.00	L	19.18
12/18/2008	VANG EQ INCOME #65	25.03	0.00	L	25.03
12/18/2008	VANG EQ INCOME #65	151.74	0.00	L	151.74
12/18/2008	VANG EQ INCOME #65	20.77	0.00	L	20.77
12/18/2008	VANG EQ INCOME #65	178.85	0.00	L	178.85
12/18/2008	VANG EQ INCOME #65	42.74	0.00		42.74
12/18/2008	VANG EQ INCOME #65	14.81	0.00		14.81
12/18/2008	VANG EQ INCOME #65	162.78	0.00	L	162.78

DEVILS LAKE AREA FOUNDATION PERIOD ENDED 11/30/2009

					Gain/
Posting Date	Security Name	Sale Proceeds	Cost Basis	G/L Term	Loss Amt
12/18/2008	VANG EQ INCOME #65	12.41	0.00	L	12.41
12/18/2008	VANG EQ INCOME #65	62.05	0.00	L	62.05
12/18/2008	VANG EQ INCOME #65	93.97	0.00	L	93.97
12/18/2008	VANG EQ INCOME #65	48.01	0.00	L	48.01
12/18/2008	VANG EQ INCOME #65	11.06	0.00	L	11.06
12/18/2008	VANG EQ INCOME #65	82.10	0.00	L	82.10
1/13/2009	VANG MID CAP #859	112.27	-100.00	LG	12.27
1/13/2009	VANG MID CAP #859	128.83	-100.00	LG	28.83
1/13/2009	VANG MID CAP #859	615.80	-624.95	LL	-9.15
1/13/2009	VANG MID CAP #859	434.65	-500.00	LL	-65.35
1/13/2009	VANG MID CAP #859	95.89	-100.00	LL	-4.11
1/13/2009	VANG MID CAP #859	95.81	-100.00	LL	-4.19
1/13/2009	VANG MID CAP #859	4.34	-4.47	LL	-0.13
2/10/2009	VANG TOTL BD SIG1351	3000.00	-2877.49	LG	122.51
2/10/2009	VANG TOTL BD SIG1351	4000.00	-3836.65	LG	163.35
2/10/2009	VANG TOTL BD SIG1351	500.00	-479.58	LG	20.42
2/10/2009	VANG TOTL BD SIG1351	6000.00	-6000.00	LG	0.00
2/10/2009	VANG TOTL BD SIG1351	2000.00	-1918.33	LG	81.67
2/10/2009	VANG TOTL BD SIG1351	5000.00	-4795.82	LG	204.18
2/10/2009	VANG TOTL BD SIG1351	600.00	-575.50	LG	24.50
2/12/2009	VANG TOTL BD SIG1351	1200.00	-1138.40	LG	61.60
2/24/2009	VANG TOTL BD SIG1351	6700.00	-6673.39	LG	26.61
8/25/2009	VANG TOTL BD SIG1351	3000.00	-2918.53	LG	81.47
2/12/2009	VANG TOTL BD SIG1351	2000.00	-1998.02	LG	1.98
2/12/2009	VANG TOTL BD SIG1351	500.00	-475.32	LG	24.68
2/12/2009	VANG TOTL BD SIG1351	250.00	-241.11	LG	8.89
2/12/2009	VANG TOTL BD SIG1351	3000.00	-2869.70	LG	130.30
2/12/2009	VANG TOTL BD SIG1351	2000.00	-1978.28	LG	21.72
		92923.69	-88313.47		4610.22