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Department of the Treasury

## **Short Form Return of Organization Exempt From Income Tax**

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

➤ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

		or the 2009 calendar year, or tax year beginning , 2009, and ending								, 20
	_		pplicable Please							
	Address change use IRS Turtle Mountain Cancer Support Inc.									-5265832
		Name cha	- Illabel or	~~~						
	=	nitial retu	m type.	303 Sinclair Street	,	,				-228-2178
	=	Terminate	Specific		nd 7IP + 4			<b>5</b> 0		
	_	Amended Analysis		•	310 Ell 4 4			F Grou	•	iption
	_			Bottineau, ND 58318			T = 1		ber ▶	<del></del>
		• Sect		izations and 4947(a)(1) nonex Impleted Schedule A (Form 9		ists must attach	l l	-		☑ Cash ☐ Accrual
		<del></del>	acc		(specify)		<del></del>			
			_				į.		•	ganization is not
		Vebsit					-			nedule B (Form 990,
~				only one) — 🗹 501(c) ( )				Z, or 990		
2010		heck		nization is not a section 509(a)(3						
7				eturn is not required, but if the						m.
~─-				ne 9 to determine gross receipts;					\$	
<del>9-1</del>		art I		penses, and Changes i				-	tions	
0	•	1	_	fts, grants, and similar amo				r	1	16,301.14
MAR	:	2	Program service	revenue including government	nent fees and contr	racts		[	2	
	,	3	Membership due	es and assessments				[	3	
		4	Investment incor	ne				[	4	
<u>(U</u> ) '		5a	Gross amount fro	om sale of assets other that	n inventory	<b>5a</b>				
Z		b	Less: cost or oth	er basis and sales expense	s	5b			`	
CANNED	_	С	Gain or (loss) fro	m sale of assets other than	inventory (Subtract	t line 5b from lin	e 5a)		5c	
583	Ę	6	Special events and a	ctivities (complete applicable parts	of Schedule G). If any a	mount is from gamir	ng, check here	▶ 🗆 「	,	
	Revenue	а		not including \$				ļ	. 1	
Carp	Ð			1)					``	
	-	b		enses other than fundraising						
		c		oss) from special events and	•		ne 6a)		6c	
		7a		ventory, less returns and al	•		,	`		
		b	Less: cost of god							
		C	_	oss) from sales of inventory		· · · · · · · · · · · · · · · · · · ·			7c	
		8	Other revenue (d		(Oublidot iiilo 75 i	· · · · · · · · · · · · · · · · · · ·		· ;	8	
		9	·	Add lines 1, 2, 3, 4, 5c, 6c, 7	7c and 8			=;	9	16,301.14
		10		ar amounts paid (attach sch				<del>- 1</del> +	10	,
		11	Benefits paid to	or for members	ledule)		, V-1-1	الن	11	
	ဖ	12		ompensation, and employed				ligi i	12	
	Expenses	13	Drofessional foor	s and other payments to inc	lopendent centres	SI FFB 1	\$ 2010.	0-5	13	10.00
	<u> </u>	14	Occupancy ront	utilities and maintenance	ependent contract	10[5 . 1.29 .			14	
	Ä	15	Printing publicat	, utilities, and maintenance		6005	-21 117	╌╌┧├	15	<del></del>
		16	Other expenses	tions, postage, and shipping	y		IV, Ui	: <u>1</u>	16	5794.75
			Other expenses	(describe > Bisbaisemen	io, oupplies			<b>=</b> "		5804.75
		17	Total expenses.	Add lines 10 through 16 .	47.6 (10)	<u> </u>	· · · ·	•	17 18	10,496.39
	Net Assets	18		t) for the year (Subtract line					18	10,490.39
	SS	19		nd balances at beginning of					40	024 44
	Ţ.			e reported on prior year's r				-	19	831.44
	Ž	20		net assets or fund balance					20	44.007.00
		21		d balances at end of year.					21	11,327.83
	76	art II	Balance She	ets. If Total assets on line 2		\$1,250,000 or m				
				(See the instructions for	•		<u> </u>	inning of y		(B) End of year
	22       Cash, savings, and investments							83	1.44 2	
									23	
	24	Otl	her assets (descril	be ►			_)		24	<del></del>
	25	To	tal assets					83	1.44 25	
	26		<b>tal liabilities</b> (des				_)		26	
	27	Ne	t assets or fund	balances (line 27 of column	n (B) must agree w	rith line 21) .	.	83	1.44 27	7 11,327.83

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

Cat No. 106421

Form 990-EZ (2009)



Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	1.)	-	Expenses		
	t is the organization's primary exempt purpose?					ired for section		
Desc		(3) and 501(c)(4)						
	ribe what was achieved in carrying out the org ner, describe the services provided, the number of					izations and section a)(1) trusts, optional		
	program title.	<b>F</b>			for otl			
28	Fund raising and accepting funds resulting in distrib	utions to 14 individuals to he	elp with cancer exp	enses		<del>-,i</del>		
	***************************************							
	/Crosto #	maludas faraiga granta ah			28a	5547.60		
00	(Grants \$ ) If this amount				20a	3347.00		
29				<del>-</del>				
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	. ▶ ⊔	29a			
30								
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	30a			
31	Other program services (attach schedule)							
	(Grants \$ ) If this amount	includes foreign grants, chi	eck here	. ▶□	31a			
32	Total program service expenses (add lines 28a t				32	5547.60		
Par					nstruc	tions for Part IV.)		
		(b) Title and average	(c) Compensation	(d) Contribution	ns to	(e) Expense		
	(a) Name and address	hours per week devoted to position	(if not paid, enter -0)	employee benefit deferred comper	plans & l sation	account and other allowances		
Roni	nie Martin, Chairman							
	Sinclair Street, Bottineau ND 58318	N/A			N/A	N/A		
	ce Ketterling, Vice Chairman	· · · · · · · · · · · · · · · · · · ·	-					
	West 5th Street, Bottineau ND 58318	N/A			N/A	N/A		
					- 11/2			
	een Brudwick, Secretary/Treasurer	N/A			N/A	N/A		
	101 St NE, Bottineau ND 58318				17/6			
	beth Miller, Board Member	N/A			AL.	N/A		
	Hwy 43, Bottineau ND 58318				N/A	N/A		
	e Olson, Board Member	N/A				A1/A		
	irchwood Heights Rd N, Bottineau ND 58318				N/A	N/A		
	Wondrasek-Lane, Board Member	N/A						
9989	Lake Rd, Bottineau ND 58318				N/A	N/A		
					ļ			
		_						
						_ <del></del> _		
_								
<del>-</del>								
					1			
		<u> </u>						
		<del>_</del>			Form	990-EZ (2009)		

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	`	·	
b	Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	•	<u>,</u>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	٧,		
39	Section 501(c)(7) organizations. Enter.	ı,	,	;
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	-		*
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		*	,
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		4	
е	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.	40e	<u>.</u>	<b>/</b>
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			<del></del>
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		<b>-</b> ✓-,
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
•	If "Yes," enter the name of the foreign country: ►			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> – Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. I	<b>▶</b> ⊔ ——
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
77	Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		✓
	For	m <b>99</b> 0	)-EZ	(2009)

Part VI	Section 501(c)(3) organizations an 501(c)(3) organizations and section 4 and complete the tables for lines 50	d section 4947(a)(1) nor 1947(a)(1) nonexempt cha	nexemp aritable	t charita	ble trusts only. A	All section	) 9b
							_
	old the organization engage in direct or indirect andidates for public office? If "Yes," complete					46 Yes	s N
	od the organization engage in lobbying activi	•				47	+
	s the organization a school as described in sec					48	١,
	old the organization make any transfers to an					49a	
	"Yes," was the related organization a sectio					49b	<u></u>
<b>50</b> C	complete this table for the organization's five	highest compensated emp	loyees (	other than	officers, directors,	trustees a	nd k
er	mployees) who each received more than \$10	(b) Title and average		ompensation		(e) Expe	
(a	a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	``		employee benefit plans & deferred compensation	account	and
	than \$100,000	devoted to position		<del></del>	- Colones Components	Other dilov	· anoc
						<u> </u>	
						ļ <u> </u>	
••••							
					<del></del>	<del>                                     </del>	
51 C	otal number of other employees paid over \$1 complete this table for the organization's five 100,000 of compensation from the organiza	re highest compensated inc		nt contra	— ctors who each rec	eived mor	e tl
<b>51</b> C	complete this table for the organization's five	re highest compensated incition. If there is none, enter '			otors who each rec	eived mor	
51 C	complete this table for the organization's five 100,000 of compensation from the organization from the organiz	re highest compensated incition. If there is none, enter '			<del>-</del>		
51 C	complete this table for the organization's five 100,000 of compensation from the organization from the organiz	re highest compensated incition. If there is none, enter '			<del>-</del>		
51 C	complete this table for the organization's five 100,000 of compensation from the organization from the organiz	re highest compensated incition. If there is none, enter '			<del>-</del>		
51 C \$	complete this table for the organization's five 100,000 of compensation from the organization from the organiz	re highest compensated incition. If there is none, enter 'stor paid more than \$100,000	'None."		<del>-</del>		
51 C \$	Complete this table for the organization's five 100,000 of compensation from the organization (a) Name and address of each independent contractions.	re highest compensated incition. If there is none, enter 'stor paid more than \$100,000	None."	(b) 1	type of service	(c) Compen	sation
51 C \$	Complete this table for the organization's five 100,000 of compensation from the organization (a) Name and address of each independent contract or the contract of the contract of the contract of the contract organization (b) and the contract of the contr	re highest compensated incition. If there is none, enter 'stor paid more than \$100,000	None."	(b) 1	type of service	(c) Compen	satio
d To	Complete this table for the organization's five 100,000 of compensation from the organization (a) Name and address of each independent contract or the contract of the contrac	re highest compensated incition. If there is none, enter 'stor paid more than \$100,000  The seach receiving over \$100, and this return, including accomption of preparer (other than officer) in the seach s	None."	(b) 1	tatements, and to the bean of which preparer has	(c) Compen	satio
d To	Complete this table for the organization's five 100,000 of compensation from the organization (a) Name and address of each independent contract or the contract of the contrac	re highest compensated incition. If there is none, enter 'stor paid more than \$100,000  The seach receiving over \$100, and this return, including accomption of preparer (other than officer) in the seach s	None."	(b) 1	tatements, and to the bean of which preparer has	(c) Compen	vledge.
51 C \$	Complete this table for the organization's five 100,000 of compensation from the organization (a) Name and address of each independent contract of the contrac	re highest compensated incition. If there is none, enter 'stor paid more than \$100,000  The seach receiving over \$100, and this return, including accomption of preparer (other than officer) is the seach receiving over \$100.	None."	(b) The control of th	tatements, and to the been of which preparer has	(c) Compen	vledge.

## **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Employer identification number Name of the organization **Turtle Mountain Cancer Support, Inc** 5265832 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 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 in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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 Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 33½ % 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 331/3 % 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. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d ☐ Type III-Other a Type I **b** Type II c Type III-Functionally integrated e 🗌 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 II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No

h Provide the f	following informa	rson described in (i) a of a person described ation about the suppo	orted org	anization(	s).				11g(ii) 11g(iii)	
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	ed on lines 1-9 in col (i) listed in your the org or IRC section governing document? col (		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support	ΣT
			Yes	No	Yes	No	Yes	No		
Total										

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii)

and (iii) below, the governing body of the supported organization?

11g(i)

11a(ii)

_	lule A (Form 990 or 990-EZ) 2009						Page 2
Par	Support Schedule for Org (Complete only if you chec	<b>janizations C</b> ked the box	Described in on line 5, 7, or	Sections 17 or 8 of Part I.	0(b)(1)(A)(iv) .)	and 170(b)(1	)(A)(vi)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")		3943.95	8381.12	7918.01	16,301.14	36,544.32
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	*	3943.95	8381.12	7918.01	16,301.14	36,544.32
5	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)	* * * * *		٠,	*	, ,	
6	Public support. Subtract line 5 from line 4.			*	,	, , ,	
Sec	tion B. Total Support			-			
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		3943.95	8381.12	7918.01	16,301.14	36,544.32
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						20.544.22
11	Total support. Add lines 7 through 10 .	** * * \$ , * > * * * \$ * *			*****		36,544.32
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop he	ere	<u> </u>			ear as a sectio	
	tion C. Computation of Public Su			4		44	<u>~~~~</u>
14	Public support percentage for 2009 (line					15	<del></del>
15	Public support percentage from 2008 Sc	nedule A, Part	II, IINE 14 .			6 or more, chec	
104	33½% support test – 2009. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	33%% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33%% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test — 20 more, and if the organization meets the "facts-and-circum reacts the "facts-and-circum reacts" reacts and the reacts and the reacts are reacted as a second reacts and the reacts are reacted as a second reacts and the reacts are reacted as a second reacts are reacted as a second reacts and the reacts are reacted as a second react and the reacts are reacted as a second react and the reacts are reacted as a second react and the reacts are reacted as a second react and the reacts are reacted as a second react and the reacts are reacted as a second reacted reacted as a second reacted rea	acts-and-circur	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	facts-and-circum ances" test. The	nstances" test, o organization qua	check this box a alifies as a public	and <b>stop here.</b> bly supported or	Explain in Part ganization	IV how the
	_						

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.)

	(Complete only if you checke	ed the box o	n line 9 of Pa	art I.)				
	tion A. Public Support		<del>,</del>	•				
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	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.							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge	· · · · · · · · · · · · · · · · · · ·						
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .							
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							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)	,						
	tion B. Total Support			•				
Ca	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11	Add lines 10a and 10b							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	· · · -						
13	Total support. (Add lines 9, 10c, 11, and 12.)					<u> </u>		
14	organization, check this box and <b>stop here</b>							
Sec	tion C. Computation of Public Su	· · · · · · · · · · · · · · · · · · ·	<del>-</del>		<del> </del>	<del> </del>		
15 <u>16</u>	Public support percentage for 2009 (lin Public support percentage from 2008 S	Schedule A, P	art III, line 15	ne 13, column		15	<u>%</u> %	
Sec	tion D. Computation of Investmer	nt Income P	ercentage					
17	Investment income percentage for 200	•	• • •	-	olumn (f)) .	17	<u>%</u>	
18	Investment income percentage from 20							
19a b	33\% % support tests – 2009. If the organize in the support tests – 2008. If the organize in the support tests – 2008. If the organize in the support tests – 2008. If the organize in the support tests – 2008. If the organize in the support tests – 2008. If the organize in the support tests – 2008. If the organize is not more than 33\% %, check this	ox and <b>stop h</b> eization did not	<b>ere.</b> The organ check a box or	ization qualifies n line 14 or line	s as a publicly: 19a, and line 1	supported orga 6 is more than	anization ► ☐ 33½%, and _	
20	Private foundation. If the organization							

Schedule A (Fo	orm 990 or 990-EZ) 20	009				Page <b>4</b>
			Complete this Part III, line 12	s part to provide the 2. Provide any other	e explanations required additional information.	
		····				
		••••				
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