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Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$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

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Demployer identification number	A For the 2009 calendar year, or tax year beginning and ending										
Section Sec		B C	neck if	ole Please C Name of organization		DI	Employer iden	tification number			
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Second		\vdash	1 Name	liaber of	FESSIONALS		32-013	14204			
Section 501 (c) 10 years and activates (continue) and 2/P + 4 F. Group			Initial	type Number and street (or P.O. boy if mail is not delivered to street		om/suite E					
City or fown, state or country, and ZP+ 4 Forup Exemption PORKS ND 582.03 Power		F	Termin- Specific 202 N 3RD CT				218-77	19-9369			
* Section 50 to(s)3 organizations and 4947(s)1 onexempt chariable treats must attach a completed Schedule A (Form 980 or 990-E2). Website:			Amer	city or town, state or country, and ZIP + 4		F					
- Section 501c(s)(3) organizations and 4947(s)(1) nonexempt chainfable treats must attach a completed Schedule A (Form 990 or 990-E2) Website:		x	Applic	GRAND FORKS, ND 58203							
Website: ► WWW. GGFYP.COM The common state of the common stat					ust attach a completed (Cash Accrual			
Website: NWW-GGFYP-COM Tavetempt status (cleek only une) = X 501(c) (6)							-				
Tarketempt status (check only one)		ı v	ebsit					organization is not			
K Check ► If the organization is not a section 509(a)(2) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 50, 60, and 75, to line 9 to determine gross receipts; if \$500,000 or more, the Form 990 instead of Form 990-EZ \$ 12, 925. Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, gifts, grants, and sumiar amounts received. 2 Program service revenue including government fees and contracts 3 2, 260. 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less; cost or other bass and sales expenses 6 Gan or (loss) from sale of assets other than inventory (Subtract line 6b from line 5a) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 16 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 16 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 16 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 16 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 16 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 16 6 Special events and administration of the part of Schedule G). If any amount is from gaming, check here ▶ 17 7 Coss sales of fiventory, less returns and allowanges IVED 6 See Screat events of gaministration of the Schedule G). If any amount is from gaming, check here ▶ 12, 92.5. 7 Total revenue (descrebt ▶ MECELLAN BERT 1 2004 7 Total revenue (descrebt ▶ MECELLAN BERT 1 2004 7 Total revenue (descrebt ▶ MECELLAN BERT 1 2004 8 MAR 0								-			
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17 Total expenses. Add lines 10 through 16 17 9 , 675. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 3 , 250 . 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 245 . 20 Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year (Combine lines 18 through 20 21 3 , 495 . 22 Cash, savings, and investments 245 . 22 3 , 495 . 23 Land and buildings 23 24 Other assets (describe) 24 25 Total assets 245 . 25 3 , 495 . 26 Total liabilities (describe) 0 , 26 0 . 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 245 . 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 245 . 27 3 , 495 . 3 495 . 4 495 . 4 495 . 5 7 7 7 7 7 7 7 6 7 7 7 7 7 7 7 7 7			15	· · · · · · · · · · · · · · · · · · ·			15				
18			16	Other expenses (describe >	SEE STATEM	IENT 1) 16				
Other changes in net assets or fund balances (attach explanation) Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe) 25 Total assets 26 Total liabilities (describe) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Data describe (attach explanation) 29 Data describe (attach explanation) 20 Data describe (attach explanation) 21 3,495. (A) Beginning of year (B) End of year 24 Other assets (describe) 24 Other assets (describe) 25 Total assets 26 Total liabilities (describe) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Data describe (attach explanation) 29 Data describe (attach explanation) 20 Data describe (attach explanation) 21 3,495.	~; 5)		17				<u>► 17</u>				
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Other changes in net assets or fund balances (attach explanation) Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe) 25 Total assets 26 Total liabilities (describe) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Data describe (attach explanation) 29 Data describe (attach explanation) 20 Data describe (attach explanation) 21 3,495. (A) Beginning of year (B) End of year 24 Other assets (describe) 24 Other assets (describe) 25 Total assets 26 Total liabilities (describe) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Data describe (attach explanation) 29 Data describe (attach explanation) 20 Data describe (attach explanation) 21 3,495.	~ 3		19								
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ Cash, savings, and investments (A) Beginning of year (B) End of year	€ ₹	As					19	245.			
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ Cash, savings, and investments (A) Beginning of year (B) End of year		Net									
(See the instructions for Part II.) 22	A		_					3, <u>495.</u>			
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26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 245. 27 3, 495.	Z				ļ <u></u>	24		3,495.			
26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 245. 27 3, 495.	3										
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27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 245. 27 3,495.	Ø				.	24					
27 Net assets of fund datances (life 27 of column (b) must agree with line 21) 932171) 						
			<u> Net</u>		arata instructions		± O • 27				

Form 990-EZ (2009) GREATER GRAND FORKS YOUNG			32-	01342	04 Page 2
Part III Statement of Program Service Accomplishment	nts (See the instructions for	Part III.)		Ex	penses
What is the organization's primary exempt purpose? BUSINESS LEAGU	E			1 ' '	r section 501(c)(3)
Describe what was achieved in carrying out the organization's exempt pur	poses In a clear and conci	se manner, descri	be) organizations and 7(a)(1) trusts, optional
the services provided, the number of persons benefited, and other relevant	It information for each prog	ram title.		for others)	(a) in allies, opilional
28 SEE STATEMENT 3					
(Grants \$) If this amount includes foreign of	grants, check here			28a	
29 SEE STATEMENT 4				1-3-1	
	·				
(Grants \$) If this amount includes foreign of	grants chack hara			29a	
30 ARTSEE - A FREE EVENT THAT SHOWCASE		TE AND		234	
PROVIDES A FUN SOCIAL EVENT THAT BR					
ATTENDEES EACH YEAR.	TINGS IN HONDA	EDD OF			
(Grants \$) If this amount includes foreign of	aranta ahaak hara		$\overline{}$	30a	
31 Other program services (attach schedule)	grants, check here		<u>'</u>	308	
,	and a short base	_			
(Grants \$) If this amount includes foreign of	grants, cneck nere			31a	
32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key E	mnlovees			32	
Part IV List of Officers, Directors, Trustees, and Key L	List each one ev	ren if not compensated	$\overline{}$		
	(b) Title and average hours	(c) Compensation		ontributions employee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
	position	-0-)	l .	eferred	other allowances
TOTAL TIMENT ON A 11 OPP CONTROL	DDBGTDBIM		com	pensation	
TRICIA LINNELL, 202 N 3RD STREET,	PRESIDENT			^	
GRAND FORKS, ND 58203	10.00	0.		0.	0.
AMY ROWAN, 202 N 3RD STREET, GRAND	VICE PRESIDEN			0	
FORKS, ND 58203	5.00	0.	 -	0.	0.
LINDSAY NAYLOR, 202 N 3RD STREET,	SECRETARY		Ì	•	
GRAND FORKS, ND 58203	5.00	0.	<u> </u>	0.	0.
JOEL LARSON, 202 N 3RD STREET, GRAND	TREASURER			_	
FORKS, ND 58203	5.00	0.		0.	0.
CHRIS GRIFFON, 202 N 3RD STREET,	LEGAL ADVISOR	i		_	_
GRAND FORKS, ND 58203	2.00	0.	<u> </u>	0.	0.
SHANNA FIELD, 202 N 3RD STREET,	PROGRAMS CHAI	1			
GRAND FORKS, ND 58203	2.00	0.		0.	0.
AMANDA BENTOW, 202 N 3RD STREET,	PROFESSIONAL	l _	NT		
GRAND FORKS, ND 58203	2.00	0.]	0.	0.
JEFF ERICKSON, 202 N 3RD STREET,	MEMBER AT LAR			_	_
GRAND FORKS, ND 58203	1.00	0.	<u> </u>	0.	0.
JUSTIN JOHNSON, 202 N 3RD STREET,	COMMUNITY INV	OLVEMENT	CHA		_
GRAND FORKS, ND 58203	2.00	0.	<u> </u>	0.	0.
	SOCIAL CHAIR	_			
FORKS, ND 58203	2.00	0.		0.	0.
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932 172 02-08-10				Form	990-EZ (2009)

Other Information (Note the statement requirements in the instructions for Part V) Part V Yes No Х Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes X 34 34 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. a 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 b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 35b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," 36 complete applicable parts of Sch. N 36 0. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. Х b Did the organization file Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made X in a prior year and still outstanding at the end of the period covered by this return? 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved N/A 38b Section 501(c)(7) organizations. Enter-39 N/A a Initiation fees and capital contributions included on line 9 39a **b** Gross receipts, included on line 9, for public use of club facilities 39b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under N/A ; section 4912 N/Asection 4911 ► ; section 4955 **>** 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 N/A 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 N/A d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the N/A organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T X 40e List the states with which a copy of this return is filed. **NONE** 42a The organization's books are in care of ► THE ORGANIZATION Telephone no. $\triangleright 218-779-9369$ Located at ▶ 202 N 3RD ST., GRAND FORKS, ND ZIP+4 ► 58203 b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c X If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 ▶ 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Did the organization maintain any donor advised funds? If "Yes." Form 990 must be completed instead of Form 990-EZ 44 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be 45 completed instead of Form 990-EZ

	organizations and section 4947(a)(1) nonexempt charitate and 51.	ole trusts must answer question	ns 46-49b and con	npiete the table	s tor I	ines 5	00
46 Did	the organization engage in direct or indirect political campaign activity	es on behalf of or in opposition to	candidates for public			Yes	No
	ce? If "Yes," complete Schedule C, Part I	(1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	, , , ,		46		
47 Did							
48 lst							
49a Did	9a Did the organization make any transfers to an exempt non-charitable related organization?						
b If "\	a Did the organization make any transfers to an exempt non-charitable related organization? b If "Yes," was the related organization a section 527 organization?						<u> </u>
	mplete this table for the organization's five highest compensated emplor in \$100,000 of compensation from the organization. If there is none, er	- ·	s, trustees and key er	nployees) who ea	ich rec	eived	more
	(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	(e	e) Expe count r allow	
					-		
	mplete this table for the organization's five highest compensated indeplanization. If there is none, enter "None." N/A (a) Name and address of each independent contractor paid might		(b) Type of ser		ation fr		
d Tot	al number of other independent contractors each receiving over \$100,	•	>				
Sign Here	Under penalty of per unal declare that I have examined this return, includin correct, and penalty declaration of preparer (other than officer) is based on Signature of officer STACEY HEGGEN, EXECUTIVE DI		nts, and to the best of my knowledge	knowledge and be	ef, it is	true,	
	Type or print name and title						
Paid Preparei Use Only	T. CONTINUE CO. COLC CO.	A 12-17-12 emi	eck if self- ployed Prep	arer's identifying nu	ımber (S	See inst	r)
Gae Only	Firm's name (or yours of self-employed) P.O. BOX 14296	SOCIATES, P.C.	EIN D	e ▶			
	address, and ZIP+4 GRAND FORKS, ND 58208		no	701-7			\neg
May the	IRS discuss this return with the preparer shown above? See instruction	ins	· · · · · · · · · · · · · · · · · · ·	<u>} </u>	Ye		No
				- t	auti 9	au-EZ	(2009)

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
MISCELLANEOUS EXPENSES CHILI CHALLENGE EXPENSES ARTSEE EXPENSES TRAVEL AND BUSINESS EXPENSES PROGRAM EXPENSES SOCIAL EXPENSES		1,058. 2,925. 680. 1,710. 54. 3,248.
TOTAL TO FORM 990-EZ, LINE 16		9,675.

FO		NFORMATION REGARDING TRANSFERS STAT ATED WITH PERSONAL BENEFIT CONTRACTS	rement 2
A)	DIRECTLY OR INDIREC	ON, DURING THE YEAR, RECEIVE ANY FUNDS, TLY, TO PAY PREMIUMS ON A PERSONAL	ES [X] NO
B)		N, DURING THE YEAR, PAY PREMIUMS, TLY, ON A PERSONAL BENEFIT CONTRACT? [] YE	S [X] NO

3

990-EZ PG 2

STATEMENT

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

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STATEMENT 4

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