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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 \$51,250,000 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.

2009

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

C Name of organization D Employer identification number D Employer identification D Employer identificati
Second content Seco
Name change intel return Terminated Terminated Po. Box. 314 City or town, state or country, and ZiP + 4 F Group Exemption Number N
Tornwarded the the content of the
Amended return Specific City or town, state or country, and ZIP + 4 F Group Exemption Routen Route
Number Section 501(c)(2) grainizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H Check
e Section 501(e)(5) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Website: ▶
Website: ► H. Check ► If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-FZ). Website: ► H. Check ► If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the 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 to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▼
Website: >
Website: ► required to attach Schedule B (Form 990, J Tax-exempt status (check only one) — [2] 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990-PF).
J Tax-exempt status (check only one) — ☑ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990-PF). K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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. L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ Part □ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, gifts, grants, and similar amounts received . 1 1317 2 Program service revenue including government fees and contracts . 2 944 3 Membership dues and assessments . 3 276 4 Investment income . 4 2 5a Gross amount from sale of assets other than inventory . 5a 0 0 b Less: cost or other basis and sales expenses . 5b 0 0 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c 8 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☑ a Gross revenue (not including \$ 0 of contributions reported on line 1) . 6a 7280 b Less: cost or goods sold . 7b 0 0 c Revenue, Cost of goods sold . 7c cost of good
K Check □ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 99
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. L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, gifts, grants, and similar amounts received . 1 1317 2 Program service revenue including government fees and contracts . 2 944 3 Membership dues and assessments . 3 276 4 Investment income . 4 2 2 5a Gross amount from sale of assets other than inventory . 5a 0 0 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ✓ a Gross revenue (not including \$ 0 of contributions reported on line 1) . 6a 7280 b Less: clirect expenses other than fundraising expenses . 6b 4097 c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . 6c 318 7a Gross sales of inventory, less returns and allowances . 7a 0 b Less: cost of goods sold . 7b 0 0 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c 8 Other revenue (describe ▶) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . 9 9 2858 10 Grants and similar amounts paid (attach schedule) . 10 400 11 Benefits paid to or for members . 11 23 Professional fees and other payments to independent contracts . 12 13 343 14 Occupancy, rent, utilities, and maintenance . 14 1335 15 Printing, publications, postage, and shipping . 15 5 10 16 Other expenses (describe ▶ Event costs and paying MAY 1 8 2010 . 17 Total expenses (describe ▶ Event costs and paying MAY 1 8 2010 . 17 16 Other expenses (describe ▶ Event costs and paying MAY 1 8 2010 . 17 17 Total expenses (describe ▶ Event costs and paying MAY 1 8 2010 . 17
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1 Contributions, gifts, grants, and similar amounts received
Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Special events and activities (complete applicable parts of Schedule 6). If any amount is from gaming, check here ☑ a Gross revenue (not including \$ 0 of contributions reported on line 1). b Less: direct expenses other than fundraising expenses 6b 4097 c Net income or (loss) from sales of inventory, less returns and allowances 7a Gross sales of inventory, less returns and allowances 7a 0 0 b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ►) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractive III 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Membership dues and assessments
Investment income
Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Total revenue. Add lines 1, 2
b Less: cost or other basis and sales expenses
C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ 0 of contributions reported on line 1). b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe ▶) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8
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C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ▶ 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractor 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ▶ Event costs and pathing MAY 1 8 2010 17 Total expenses. Add lines 10 through 16 18 Other expenses. Add lines 10 through 16 19 Other expenses. Add lines 10 through 16
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10 Grants and similar amounts paid (attach schedule) 10 400 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractor 12 13 Professional fees and other payments to independent contractor 14 1335 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 15 510 16 Other expenses (describe ► Event costs and paying MAY 1 8 2010 17 17 16 501 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18
11 Benefits paid to or for members
12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractor 15 13 343 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► Event costs and paying MAY 1 8 2010 7 16 501 17 Total expenses. Add lines 10 through 16 ► 17 3091
Professional fees and other payments to independent contractor VED. 13 343 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe Event costs and paying MAY 1 8 2010) 17 Total expenses. Add lines 10 through 16
16 Other expenses (describe ► Event costs and planning MAY 1 8 2010) 16 501 17 Total expenses. Add lines 10 through 16
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17 Total expenses. Add lines 10 through 16
17 Total expenses. Add lines 10 through 16
10 5 10 10 10 10 10 10 10 10 10 10 10 10 10
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (myst agree with
end-of-year figure reported on prior year's return)
20 Other changes in net assets or fund balances (attach explanation)
21 Net assets or fund balances at end of year. Combine lines 18 through 20
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 ► Equipment) 479 24 47
25 Total assets
26 Total liabilities (describe ►) 0 26
I van nasmas (UCSCING F) VIZO
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

Par	III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses
	is the organization's primary exempt purpose?					ired for section
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise						(3) and 501(c)(4)
manner, describe the services provided, the number of persons benefited, and other relevant information for 4947(a)(1) trusts; (
each	program title.					hers.)
28	City owned school building and gym maintainted fo	r community use. Major uses	are large communi	ty		
	gatherings, funerals, fitness center, library, compute	er center and meeting rooms.	This facility serves	;		
	approximately 6000 people per year.					
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	28a	11,693
29	The Bowdon community museum is an all volunteer	group maintaining a small to	wn museum conta	ining		
	exibits of Bowdon in the early years. This museum	serves 3000 visitors per year.				
	(Grants \$ 4002) If this amount	includes foreign grants, ch	eck here	. ▶ □	29a	4002
30	Ductfest a three day fall community celebration. Mai	n events are ethinic foods, a	rt show,craft sale, a	nd		
	other forms of entertainment. We have about 500 pa	rticipants at the celebration				
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	30a	3906
31	Other program services (attach schedule)					
		includes foreign grants, ch	eck here	. ▶ 🗆	31a	11317
	Total program service expenses (add lines 28a	· · · · · · · · · · · · · · · · · · · 		▶	32	30918
Part	V List of Officers, Directors, Trustees, and Ke	· · · · · · · · · · · · · · · · · · ·				
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit		(e) Expense account and
		devoted to position	enter -0)	deferred comper		other allowances
Patri	cia Patrie, 4520 2nd St Ne	President 5				
	lon, ND 58418		0		0	0
Wayı	e Fuhrman, 219 Chester Ave W	Vice President 2			0	
	lon, ND 58418		0			0
	Stewart, PO Box 49	Board Member 2				
	ion, ND 58418		0		0	0
	a Tebelius, 228 Grey Ave E	Treasurer 5				
	lon, ND 58418		0		0	0
	Heintz, 191 1st Ave NW	Board Member 2				
	eley, ND 58423				0	0
	el Jones, 419 Chester Ave W	Secretary 5				
	lon, ND 58418		0		0	0
	Jones, 191 40th Ave W	Board Member 2				_
	lon, ND 58418		0		0	0
	Laporte jr, PO Box 66	Board Member 2			_	
	ion, ND 58418		0		0	0
	Thormodsgard, 679 38th Ave Ne	Board Member 2				
Bow	lon, ND 58418		0		0	0
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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 not 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		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		✓
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 0			
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 in a prior year and still outstanding at the end of the period covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			İ
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	ļ ļ		
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 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
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	40ъ		_
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			ŀ
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			i '
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		1
41	List the states with which a copy of this return is filed. ▶ ND			
42a	The organization's books are in care of ▶ Freida Tebelius Telephone no. ▶	70196	23080	,
	Located at ▶ 228 Grey Ave E, Bowdon ND ZIP + 4 ▶	584	418	
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority		I	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	Tac:	Yes	No
	account)?	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	İ	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 Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	••	. 1	▶ □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	F		
	Form 990-EZ	44		✓
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		1
	For	m 99 0)-EZ	(2009)

Form **990-EZ** (2009)

							· ago ·	
Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	17(a)(1) nonexem	I) nonexen pt charitabl	n pt charit a le trusts mi	able trusts only. A ust answer question	ll sections 46–4	n 19b	
46	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete \$					_	s No	
	•	•				46		
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
	•	•		-		49a	1	
	If "Yes," was the related organization a section 5					49b		
50	Complete this table for the organization's five his							
	employees) who each received more than \$100,0	(b) Title and ave						
	(a) Name and address of each employee paid more than \$100,000	(b) Title and ave hours per wed devoted to posi	k i	Compensatio	n (d) Contributions to employee benefit plans & deferred compensation		nt and	
N/A								
			_					
	***************************************						_	
	Total number of other employees paid over \$100					_	•	
	\$100,000 of compensation from the organization (a) Name and address of each independent contractor				Type of service	(c) Compe	ensation	
N/A				-				
								
d	Total number of other independent contractors e	each receiving over	\$100,000	▶				
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including of preparer (other than	accompanying : officer) is based	schedules and on all informat	statements, and to the beston of which preparer has	any knowle	owledge edge.	
Sign Here	Wenttell				5/12/	20	10	
	Signature of officer Wayne Fuhrman Vice President				Date ,			
Paid	Preparer's signature		Date	Check if self- employed ▶	Preparer's identifying num	nber (See ins	structions)	
Prepare	I FIRM S NAME OF L				EIN ►			
Use On	yours if self-employed), address, and ZIP + 4				Phone no ►			
	address, and ZIP + 4	1 00				Voc [¬	

SCHEDULE A (Form 990 or 990-EZ)

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

Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization 2160568 **Bowdon Developement Center Incorporated** Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it ls: (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 5 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 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/2 % 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 33/4 % 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). 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. a 🗌 Type I c Type III-Functionally integrated **b** ☐ Type II e Dy 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (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)| h Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) is the (viii) Amount of in col. (i) listed in your the organization in organization in col. hogaus (described on lines 1-9) organization above or IRC section governing document? col. (i) of your (i) organized in the U.S.? (see instructions)) support? No Yes Yes No Yes No

Total

Pai	Support Schedule for Org (Complete only if you chec	janizations l ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	'O(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) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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	 _	<u> </u>			<u> </u>	
5 6	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) Public support. Subtract line 5 from line 4.						
	tion B. Total Support	L	<u> </u>	L	l	<u> </u>	<u>l</u>
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	(2) 2000	(5, 2000	(0) 2001	(4) 2000	(0) 2003	(i) iolai
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.)						
11	Total support. Add lines 7 through 10 .				l	 	
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for	•	•			12	*** F01(a)(0)
13	organization, check this box and stop he						
Sec	tion C. Computation of Public Su		ntage			······································	
14	Public support percentage for 2009 (line			1, column (f))		14	%
15	Public support percentage from 2008 Sc	•	•			15	%
16a	331/3 % support test-2009. If the organi	-	•			% or more, cl	neck this box
	and stop here. The organization qualifies						
b	33% % support test-2008. If the organi	zation did not	check a box on	line 13 or 16a,	and line 15 is	331/4 % or mo	re, check this
	box and stop here. The organization qua	difies as a publ	licly supported	organization .			▶ 🗆
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum reganization r	acts-and-circu	mstances" test,	check this box	and stop here.	. Explain in Pa	rt IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumsta Private foundation. If the organization did	t. If the organizations and circumances test. The	ntion did not che nstances" test, o organization qua	ck a box on line check this box a alifies as a public	13, 16a, 16b, o and stop here . dy supported or	r 17a, and line Explain in Pa ganization .	15 is 10% or rt 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.)

500	tion A Public Support	d the box of	i iiie 3 Oi i a	11 1.)			
	tion A. Public Support	4 > 0005	71.0000		/ 7 0000		
Ca	dendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11912	11787	10771	70104	15932	120506
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	8786	9275	15798	10254	12626	56739
_							
3	Gross receipts from activities that are not an unrelated trade or business under section 513			0	0	0	0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
•	furnished by a governmental unit to the						_
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	20698	21062	26569	80358	28558	177245
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
	•						
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						
_	Add lines 7a and 7b	0	0	0	10000	0	10000
8	Public support (Subtract line 7c from		_				
0	line 6.)						167245
Sec	tion B. Total Support						
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	20698	21062	26569	80358	28558	177245
_	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources	o	0	21	98	28	147
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	o	o	o	0	0	0
	acquired after June 30, 1975	0	0	21	98	28	147
	Add lines 10a and 10b			- 21	30	20	177
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						•
	carried on	0	0	0	0	0	0
12	Other income. Do not include gain or	į					
-	loss from the sale of capital assets	_	_	_	_		
	(Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	20698	21062	26590	80456	28586	177392
14	First five years. If the Form 990 is for		n's first, secor	nd, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop					· · · · ·	▶ □
Sec	tion C. Computation of Public Su	pport Percer	ntage				
15	Public support percentage for 2009 (lin	ne 8, column (f	divided by lin	e 13, column	(f))	15	94.28 %
16	Public support percentage from 2008 \$	Schedule A, Pa	art III, line 15			16	94.11 %
Sec	tion D. Computation of Investmen	nt Income Pe	ercentage				
17	Investment income percentage for 200	9 (line 10c. col	umn (f) divide	d by line 13. c	olumn (fl)	17	.08 %
18	Investment income percentage from 20	•		•		18	.07 %
	33% % support tests—2009. If the organization				and line 15 is n	ore than 33%	% and line
	17 is not more than 331/3 %, check this b						
ь	33% % support tests-2008. If the organ	-	_	-			
-	line 18 is not more than 331/2 %, check this						
20	Private foundation. If the organization		•	•			_

Chedule A (r	omn 990 or 990-EZ) 2009	rage •	•
Part IV		Complete this part to provide the explanations required by Part II, line 10; Part III, line 12. Provide any other additional information. See instructions.	
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Bowdon Development Center Inc 35-2160568 Form 990-EZ Schedule fo line 10

GANTEE NAME AND ADDRESS	AMOUNT
Bowdon Community Museum Bowdon, ND 58418	\$4,002
Total Grants	\$4,002

Bowdon Development Center Inc 35-2160568 Form 990-EZ Schedule for Line 31

	Expenses
Bowdon Camp Ground	\$3,452
Guardian newsletter	\$2,723
Food Fair	\$81
Library	\$339
Community Promotion	\$2,117
Recycling	505
Art Show	801
Administrative costs	1299
Total	11317