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#### **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)

OMB No 1545-0047

Department of the Treasury

Open to Public

$\overline{}$		nue Service   I he organization may have to use a copy of this return	to satisfy st	late rep			Inspection
<u>A</u> _	For th	, , , , , , , , , , , , , , , , , , , ,	2009, and e	nding	Decen	nber 3	
В	Check if	applicable Please C Name of organization Stockton Area Promotional	Group			D Employ	yer identification number
		s change label or Doing Business As				41	1509301
	Name c	print or Number and street (or P O box if mail is not delivered to street address	ess) Roo	m/suite		E Telepho	one number
	initial re	sturn S∞ PO Box 231				(507)	689-2005
	Termina	■ SDecific I					
_		tions. Stockton. MN 55988				G Gross re	eceipts \$ 614697
_		F Name and address of principal officer: Patti Olsen			LL(=) In thus		n for affiliates? Yes No
ш.	нррисан	81290 Cty Rd 23, Stockton, MN 55988			-		included? Tyes No
$\overline{}$	Tax-ex	rempt status					Included 7 Land 1985 Land I list (see instructions)
ij		ite: ► n/a				exemption nu	•
		organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of fo	rmation:			f legal domicile. MN
	art I	Summary	E 1001 01 10	, i i i ation.	1301	in olalo o	rioga dominio. 19114
	T						
		Briefly describe the organization's mission or most significant ac					
9		The promotion of the city of Stockton, MN through sponsorin					
and		public recreational and sporting facilities, supporting the city	turonâu E	oublic !	works, a	na impro	ving public
E		relations.					
Activities & Governance	2	Check this box ► ☐ if the organization discontinued its operations or disposed	l of more than	1 25% of	its net ass		ı
৺	3	Number of voting members of the governing body (Part VI, line	1a)			. 3	
es	4	Number of independent voting members of the governing body	(Part VI, Iın	ie 1b)		. 4	35
ξ	5	Total number of employees (Part V, line 2a)				. 5	4
Ac	6	Total number of volunteers (estimate if necessary)				. 6	
	7a	Total gross unrelated business revenue from Part-VIII. column-(C	line 12.			.   7a	84033
	b	Net unrelated business taxable income from Form 9901, IMe 34	<u>J </u>		<u> </u>	. 7b	
			၂၁	<u> </u>	Prior Ye	ear	Current Year
Revenue	8	Contributions and grants (Part VIII, line 15. MAY .1 .0 .2010	ı löl.			205	195
		Program service revenue (Part VIII, line 2g)	).   O-S			0	0
eve		Investment income (Part VIII, column (A, lines 3, 4, and 70)	]≝[			146	68
Œ		Other revenue (Part VIII, column (A), lines 5, 60 8 9 0 10c, and	1111e) .		_	166706	84033
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column-	( <del>A), line 1</del> 2	)		167057	84296
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				63061	42736
	1	Benefits paid to or for members (Part IX, column (A), line 4) .				0	0
es		Salaries, other compensation, employee benefits (Part IX, column (A),	lines 5–10)			63372	34934
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)				8	0
쏬		Total fundraising expenses (Part IX, column (D), line 25) ▶			•	: . :-	٠.
_						43059	9663
		Total expenses. Add lines 13–17 (must equal Part IX, column (A)		·		169492	87533
		Revenue less expenses. Subtract line 18 from line 12		•		(2435)	(3237)
es		TICTORIDO 1000 CAPOLICOO, GUBLIQUE INTO TO ITORIT INTO TE	• • • •	Bea	ınnina of C	urrent Year	End of Year
Assets or d Balances		T-4-14- (D-4 V line 46)				54879	51642
Asse	20	Total assets (Part X, line 16)		•		0	0
Fig. 7	21	Total liabilities (Part X, line 26)		-		54879	51642
	72	Signature Block	<u> </u>	• 1		<u> </u>	31042
	21 4 11	Under penalties of perjury, I declare that I have examined this return, including ac	companying s	chedules	and stater	ments and t	o the best of my knowledge
		and belief, it is true, correct and complete Declaration of preparer (other than o	fficer) is base	d on all	nformation	of which pr	eparer has any knowledge
C:-		1 2 1011/2			4	1/30	/10
Sig		Signature of officer			l Dat	<del></del>	<u> </u>
He	re		+ 6.	. e .			
			1 yam	bling	Viana	ger	<del></del>
		Type or print name and title	D-4-	Check	· if		
		Preparer's A	Date	self-	_	(see instruction	dentifying number tions)
Paid	1	signature		emplo	yed ▶ ∐		•
	arer's			<u> </u>		L	
-	Only	Firm's name (or yours of self-employed),			EIN	<b>&gt;</b>	<del></del>
		address, and ZIP + 4			Phone n	o <b>&gt;</b> (	)
Ма	y the	IRS discuss this return with the preparer shown above? (see inst	tructions)				. V Yes No

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	The promotion of the city of Stockton. MN through sponsoring community groups, youth programs, improving
	public recreational and sporting facilities, supporting the city through public works, and improving public relations.
	Some of the funds generated by the lawful gambling operation come from within the city limits of both Minnelska and
	St. Charles, MN. As a result, the organization also makes similar grants to these cities as well.
2	Did the organization undertake any significant program services during the year which were not listed on
2	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
_	Did the organization cease conducting, or make significant changes in how it conducts, any program
3	
	services?
	· · · · · · · · · · · · · · · · · · ·
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	allocations to outers, the total expenses, and feverage, if any, for each program service reported.
40	(Code: A-10 ) (Expenses \$ 25217.83 including grants of \$ 25217.83 ) (Revenue \$ )
44	City of Stockton - Grants in the amount of 25000 were given in regards to our mission, an additional 217.83 in gym
	equipment was also given.
4b	(Code: A-10 ) (Expenses \$ 12500 including grants of \$ 12500 ) (Revenue \$ )
4b	(Code: A-10 ) (Expenses \$ 12500 including grants of \$ 12500 ) (Revenue \$ )  City of Minneiska - Grants in the amount of 12500 were given in regards to our mission.
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	City of Minneiska - Grants in the amount of 12500 were given in regards to our mission.  (Code: A-10 ) (Expenses \$ 3632.80 including grants of \$ 3632.80 ) (Revenue \$ )
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4c	City of Minneiska - Grants in the amount of 12500 were given in regards to our mission.  (Code: A-10 ) (Expenses \$ 3632.80 including grants of \$ 3632.80 ) (Revenue \$ )  City of St. Charles - Grants in the amount of 2500 were given in regards to our mission, an additional 1132.80 was given specifically for the public library.
4c	City of Minneiska - Grants in the amount of 12500 were given in regards to our mission.  (Code: A-10 ) (Expenses \$ 3632.80 including grants of \$ 3632.80 ) (Revenue \$ )  City of St. Charles - Grants in the amount of 2500 were given in regards to our mission, an additional 1132.80 was

Ра	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	v	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		~
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		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		·
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		v
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	6		
7	complete Schedule D, Part I	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		v
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," complete Schedule D, Part IV	9		~
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		v
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	: .		;
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	. :		. :
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		~
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	· »		ر : ر: شرنده
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		V
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b		V
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		~
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		V
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III.	19	~	
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		

Ра	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	~	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		,
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
2-7G	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25,	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period 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		V
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization 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	25b		٧
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<b>&gt;</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			7
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		V
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		V
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>~</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
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		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
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		~
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		~
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
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	27		
38	Part VI	37 38		
			للت	

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable		1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ì	,	ŕ
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	-	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			Ξ.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	 3a	· · ·	<i>,</i>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	~	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
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.	; \ ; ,		3.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
•	Prohibited Tax Shelter Transaction?	<u>5с</u> 6а		~
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	va		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			·
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		:
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		]	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		- 1	.,
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
a	Did the organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:	-		
10 a	Initiation fees and capital contributions included on Part VIII, line 12			15
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	- :-	- 1	-
11	Section 501(c)(12) organizations. Enter:			•
a	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	40	•	,
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	12a		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ction A. Governing Body and Management		r	
	1 1	<u></u>	Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent	5	``.	252
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		
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		~
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_	~	
6	Does the organization have members or stockholders?	6	~	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	~	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<b>,</b>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			4
	the year by the following:		".	3
а	The governing body?	<u>8a</u>	~	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, 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	9a		~
	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal		
Rev	enue Code.)			
		l	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		,,,,,,,,,,,
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			ئسنسة
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
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		
13	Does the organization have a written whistleblower policy?	13		
14	Does the organization have a written document retention and destruction policy?	14		·····
15	Did the process for determining compensation of the following persons include a review and approval by			n: 4
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			8 3
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		<u>~</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		3	, ,
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			h. : . h
	with a taxable entity during the year?	16a		
b	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	11	·:	. \$
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ n/a			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	)(3)s (	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of	of inte	erest	
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and recording anization: David Johannes 81020 East 9th Street Winona MN 55987 507-410-1029	ds of	the	

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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 co	mpensate	any o	curr	ent	offi	cer, d	lirec	tor, or trustee.		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	র Key employee	Highest compensated employee	Former	Reportable compensation from the crganization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Patti Olsen CEO/President	.5	,		1				0	0	0
Beth Winchester Secretary	.5	,		,				0	0	0
Cheryl Beeman Treasurer	.5	,		~				0	0	0
Lisa Gibbs Board of Directors	.5	v						O	0	0
Angela Johannes Board of Directors	.5	,						0	0	0
Joanie Roberts  Board of Directors	.5	,						0	0	0
	j									

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	loy	ees,	an	d Hig	hest	Compensate	Employees (	continued)
	(A)	(B)			•	C)	414		(D)	(E)	(F)
	Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	Estimated amount of other compensation from the organization and related organizations
										-	
1b	Total			•			•	<b>&gt;</b>	0	(	0
2	Total number of individuals (including but r		to the	ose	liste	ed a	bove	) wh	o received mo	re than \$100,0	000 in
	reportable compensation from the organiza	ation P t	_							· .	Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oyee	e, or highest c	ompensated	3 2
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.	um of repo	ortable	e co	omp	ens	ation				4
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp lete S	pens Sche	· · satic edui	n f le J	rom a for s	any uch	unrelated orga	anization for	5
Se	ction B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization.	ompensated	d inde	epei	nde	nt c	ontra	ctor	s that received	i more than \$	100,000 of
	(A) Name and business add	ress							(B) Description of se	ervices	(C) Compensation
									· · · · · · · · · · · · · · · · · · ·		
2	Total number of independent contractors (iii					to t	hose	liste	d above) who	received	·

Form 9			· · · · · · · · · · · · · · · · · · ·					Page 9
Part	VII	Statement of Re	venue ·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events . Related organizations Government grants (contributions, gifts, gand similar amounts not include total. Add lines 1a-1f	grants, ded above 1f	195				
Program Service Revenue	2a b c d e f	All other program service	ce revenue ,	Business Code	0			
	3 4 5	Investment income (inc other similar amounts) Income from investment o Royalties		▶ d proceeds ▶	68 0 0			
	b d	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (lo	•	1	0	::	, ,	,,,,,
	b	Gross amount from sales of assets other than inventory  Less cost or other basis and sales expenses  Gain or (loss)  Net gain or (loss)	(i) Securities	(ii) Other	Ó			
Other Revenue	b	Gross income from events (not including \$ of contributions reported See Part IV, line 18 Less: direct expenses	on line 1c) a b					
0	9a b	Net income or (loss) fro Gross income from gam See Part IV, line 19 Less: direct expenses. Net income or (loss) fro	ing activities a	614434 530401	84033	* : ,	84033	3
	10a b	Gross sales of inverturns and allowances Less: cost of goods sol Net income or (loss) from	ntory, lessa db		04033		04033	:
	11a b c	Miscellaneous Reve	nue	Busmess Code			. ′ .	
		All other revenue Total. Add lines 11a–11 Total revenue. See inst			0 84296		84033	

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col	umn (A) but are no	t required to com	plete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	42736			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				// <sub>w//</sub> /
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members			`; : ,/ ,/	· · · · · · · · · · · · · · · · · · ·
<b>4</b> 5	Compensation of current officers, directors, trustees, and key employees				
6 7	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages	30253			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 10	Other employee benefits	4681			
11 a	Fees for services (non-employees):  Management				
þ	Legal	3565			
d	, ,				
e f	Professional fundraising services See Part IV, line 17 Investment management fees				
g 12	Other	200			
13	Office expenses	400			
14 15	Information technology	673			
16 17	Occupancy				
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings . Interest				
21 22	Payments to affiliates				
23	Insurance	-			
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)		. :		
a b	bonds, licenses, permits gambling tax	1150 3875			
c d	99				
e f	All other expenses				
25 26	Total functional expenses. Add lines 1 through 24f  Joint costs. Check here ▶ ☐ if following	87533			
ZU	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	5959	1	5000
2	Savings and temporary cash investments	47443	2	45720
3	Pledges and grants receivable, net	0	3	0
4	Accounts receivable, net	0	4	0
5	Receivables from current and former officers, directors, trustees, key		1.	7 x
"	employees, and highest compensated employees. Complete Part II of	S 3000	`	
	Schedule L	0	5	· · · · · · · · · · · · · · · · · · ·
6	Receivables from other disqualified persons (as defined under section	`		· .
"	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	_	ĺ	
	Part II of Schedule L	0	6	0
σ <del>-</del>		0	7	0
Assets 8 6	Notes and loans receivable, net	1477	8	922
A SS	Inventories for sale or use	0		0
1 9	Prepaid expenses and deferred charges			
10a	Land, buildings, and equipment. Cost or 1991	: .: `		
	other basis. Complete Part VI of Schedule D		100	1
	Less, accumulated depreciation		10c	0
11	Investments—publicly traded securities	0	_	0
12	Investments—other securities. See Part IV, line 11			0
13	Investments—program-related. See Part IV, line 11		13	0
14	Intangible assets		14	0
15	Other assets. See Part IV, line 11		15	0
16	Total assets. Add lines 1 through 15 (must equal line 34)	54879		51642
17	Accounts payable and accrued expenses	0	<del></del>	0
18	Grants payable	0		0
19	Deferred revenue , , , , , , , , , , , , , , , , , , ,		19	0
20	Tax-exempt bond liabilities		20	0
8 21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Ciabilities 22	Payables to current and former officers, directors, trustees, key		V:	
ap	employees, highest compensated employees, and disqualified		. i	de
<b>=</b>	persons. Complete Part II of Schedule L	0	22	0
23	Secured mortgages and notes payable to unrelated third parties	0	23	
24	Unsecured notes and loans payable to unrelated third parties	0	24	0
25	Other liabilities. Complete Part X of Schedule D	0	25	0
26	Total liabilities. Add lines 17 through 25	0	26	Ó
S	Organizations that follow SFAS 117, check here ▶ ☑ and	: : : :		. 1
	complete lines 27 through 29, and lines 33 and 34.	:		utu .
<u> </u>	Unrestricted net assets	13552		13527
E 28	Temporarily restricted net assets	39850	28	37193
29	Permanently restricted net assets	1477	29	922
or Fund Balance 82 82 65 85	Organizations that do not follow SFAS 117, check here ▶ □		77	
<u> </u>	and complete lines 30 through 34.	. :	: 2	
\$ 30	0 1 1 1 1 1 1 1 monte mate	0	30	0
30 31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
¥ 32	Retained earnings, endowment, accumulated income, or other funds	0	32	0
30 31 32 33	Total net assets or fund balances	54879		51642
Ž 33	Total liabilities and net assets/fund balances	54879		51642
				Form <b>990</b> (2009)

Page	12	
PAUE	14	

Pa	t XI Financial Statements and Reporting							
			Yes	No				
1	Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			,				
	Schedule O.		,					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant? L							
b	b Were the organization's financial statements audited by an independent accountant?							
С	c If "Yes" to line 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?							
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O.							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were							
	issued on a consolidated basis, separate basis, or both:			٠,				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	`						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1					
	the Single Audit Act and OMB Circular A-133?	3a		~				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		~				

Form **990** (2009)

#### 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
2009
Open to Public

Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number Stockton Area Promotional Group 1509301 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.) 2 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: 5 ☐ 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). 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 33\% 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 33/3 % 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.) 10 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 D Type I c Type III-Functionally integrated d ☐ Type III-Other **b** Type II 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 I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the 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) Provide the following information about the supported organization(s). h (iii) Type of organization (ii) EIN (i) Name of supported (iv) Is the organization (vi) Is the (v) Did you notify (vii) Amount of organization in col organization (described on lines 1-9) in col (i) listed in your the organization in support governing document? (i) organized in the above or IRC section col (i) of your (see instructions)) support? Yes Yes No Yes No No

	Support Schedule for Org (Complete only if you chec					and 170(b)(	I)(A)(vi) 		
	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.")		ļ						
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								
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)		,			<u> </u>			
6	Public support. Subtract line 5 from line 4.	·	1		: `	1 2 2			
	tion B. Total Support		1	( ) 222		1			
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		<del> </del>						
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 carned on								
10									
11	Total support. Add lines 7 through 10 .			• • •					
12	Gross receipts from related activities, etc	•	•			12			
13 Sec	·								
14	Public support percentage for 2009 (line			column (fl)	<del></del>	14	%		
. <del>.</del> 15	Public support percentage from 2008 Scl		-	1, 00141111 (1))		15	<del></del> %		
6a	33½ % support test—2009. If the organization			n line 13. and	line 14 is 331/49	% or more, che	ck this box		
	and stop here. The organization qualifies						▶ □		
b	331/3 % support test-2008. If the organiz	zation did not d	check a box on	line 13 or 16a,	and line 15 is	331/3 % or more,	check this		
	box and stop here. The organization qua	lifies as a publ	icly supported o	organization .			▶ □		
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the organization mee	acts-and-circur	nstances" test,	check this box	and stop here.	Explain in Part	IV how the		
ь 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstand Private foundation. If the organization did	acts-and-circum inces" test. The	nstances" test, o organization qua	heck this box a lifies 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.)

	(outriplate and the original							
Sec	tion A. Public Support							
Ca	alendar 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.")	532	360	517	(84)	195	1520	
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	673183	815960	844958	742531	614434	3691066	
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		240570	0.45.177	710117	24.000		
6	Total. Add lines 1 through 5	673543	816570	845475	742447	614629	3692586	
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			_				
C	Add lines 7a and 7b	,						
8	Public support (Subtract line 7c from line 6.)	: '、、			? <sup>**</sup>		3692586	
	Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total							
Ca	alendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		
9	Amounts from line 6	673543	816570	845475	742447	614629	3691066	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	607	898	1115	146	68	2834	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	607	898	1115	146	68	2834	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	674150	817468	846590	742593	614697	3693900	
14	First five years. If the Form 990 is for to organization, check this box and stop to					ear as a section	n 501(c)(3) ▶ □	
Sec	tion C. Computation of Public Sup							
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S		•	e 13, column	```	15 16	99.9 %	
	tion D. Computation of Investmen							
17	Investment income percentage for 2009	(line 10c. col	umn (f) divided	by line 13, co	olumn (f)) .	17	.076 %	
18	Investment income percentage from 20	•		=		18	.1 %	
19a	33% % support tests—2009. If the organization is not more than 33% %, check this be	anization did no	ot check the bo	ox on line 14, a				
b	33% % support tests—2008. If the organ line 18 is not more than 33% %, check this	zation did not	check a box on	line 14 or line	19a, and line 1	6 is more than 3	33/3 %, and	
20	Private foundation If the organization							

Schedule A (F	orm 990 or 990-EZ) 2009				Page 4
Part IV		formation. Complete the 17b; and Part III, line	nis part to provide the 12. Provide any other	e explanations required additional information.	by Part II, line 10; See instructions.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	,		•••••		
	, 				

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

20**09** 

Open To Public

Employer identification number Name of the organization 1509301 Stockton Area Promotional Group Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a l Mail solicitations e Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants b Phone solicitations g L Special fundraising events С In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? LI Yes LI No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name of individual (iii) Did fundraiser have (IV) Gross receipts (v) Amount paid to (or retained by) fundraiser listed in (ii) Activity (vi) Amount paid to or entity (fundraiser) custody or control of contributions? from activity (or retained by) organization col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Pa	ırt II	Fundraising Events. Comore than \$15,000 on F					repo	ortec	1	
			(a) Event #1	(b) Event #2	(c) Other events	(d) To		rough	<u> </u>	
			(event type)	(event type)	(total number)	C	ol (c))			
Revenue										
3eve	1	Gross receipts								
ш.	2	Less. Charitable contributions					_			
	3	Gross income (line 1								
_	-	minus line 2)								
	4	Cash prizes								
	5	Noncash prizes					-			
Ses	6	Rent/facility costs								
Direct Expenses	7	Food and beverages								
Direct	8	Entertainment			-					
_	9	Other direct expenses								
	10 11	Direct expense summary. Ad Net income summary. Comb	d lines 4 through 9 in co ine line 3, column (d), a	olumn (d)		(			)	
Pa	Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.									
<u></u>		than \$15,000 on Form	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Tot	al gam	ning (a		
Revenue			(,ge	bingo/progressive bingo	(-,	col (a)				
Rev	1	Gross revenue	73776	540658	0			614	4434	
ses	2	Cash prizes	57107	425277	0			482	2384	
Direct Expenses	3	Noncash prizes	0	0	0.				0	
Direct	4	Rent/facility costs	. 0	24743	0			24	4743	
	5	Other direct expenses .	1642	21632	0	0 23274				
	6	Volunteer labor	✓ Yes50.%  □ No	<ul><li>✓ Yes100 %</li><li>☐ No</li></ul>	☐ Yes% ☐ No	4.1	<u>:</u>			
	7 Direct expense summary. Add lines 2 through 5 in column (d)									
	8	Net gaming income summary	. Combine line 1, colun	nn d, and line 7					1033	
_		Constitution of the Consti		Minn	esota	r		Yes	No	
9 a		ter the state(s) in which the or the organization licensed to o					9a	1	; [	
b		No," explain:	F gg					•	Ţ	
10a	We	re any of the organization's g	amıng licenses revoke	d. suspended or termin	ated during the tax vea	 ar?	I0a		V	
		Yes," explain:	,	, , ,						
								.	-	
11		es the organization operate g				. [	11	<u>~</u>		
12		he organization a grantor, be ned to administer charitable		a trust or a member of			12		V	

Sche	dule G (Form 990 or 990-EZ) 2009			age
		F	Yes	No
13	Indicate the percentage of gaming activity operated in:  The organization's facility  13a  0 %			
a	The organization's facility			1
р 14	An outside facility			
1-4	and records:			
	Name ▶ David Johannes	^	:	
	Address > 81020 E 9th St, Winona, MN 55987			
		,	` .	ļ: ;
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	:	~
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶	:		
	Address ▶			
16	Gaming manager information:		,	: :
	Name Kenneth Oevering	· / :		:::, :::,
	Gaming manager compensation ▶ \$16633	::/		
	Description of services provided ► manages every aspect of gaming for organization			,
	☐ Director/officer	:	, :	;;
17	Mandatory distributions:	, .		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	3		
_	retain the state gaming license?	17a	-	ļ
þ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ min 30% of gross profits	:	۲. I	•

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public OMB No. 1545-0047 2009

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

ווונפווומן עפעפוותפ ספועונים				Atlacii to Form 390.	70 III 990.			Inspection
Name of the organization							Employer ident	Employer identification number
Stockton Area Promotional Group	al Group						4	1509301
Part I General Information on Grants and Assistance	nation on	Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	maintain re	cords to subst	antiate the amou	nt of the grants or as	sistance, the grantees	s' eligibility for the gra	ants or assistance, ar	þ
the selection criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	used to awar e organizatic	d the grants or	r assistance? s for monitoring tl	he use of grant funds	in the United States.		States.	Yes No
Part II Grants and Other Assistance to Governments	ther Assist	ance to Gov	ernments and	and Organizations in the United States. Complete if the organization answered "Yes" to	ne United States.	complete if the oras	anization answered	"Yes" to
Form 990, Part	t IV, line 21	, for any reci	pient that received	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule L-1 (Form 990) if additional space is people.	00. Check this box	if no one recipient	received more than	\$5,000. Use
י מוני אווים		1 (000 1110 1)	addition a space	e is liceded				
1 (a) Name and address of organization or government	nization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City of Stockton PO Box 239 Stockton MN 55988		41-6182342		25000	217 83	247 83 actual cost	tuomainno mini	oltv immrowmente
City of Minnelska	1_				20:11	1000	al calculation in the	ony improvincing
330 Taylor Hill Drive, Altura. MN	Ira. MN	n/a		12500	0			city improvments
								:

Enter total number of section 501(c)(3) and government organizations . . . . . . . . . Enter total number of other organizations

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

Cat No 50055P

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Schedule I (Form 990) 2009

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009
Part III Grants au

(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)				and any other additional information.									Schedule I (Form 990) 2009
(e) Method (e) FMV, ap				, line 2,		; ; ; ; ;						* * * * * * * * * * * * * * * * * * *	
(d) Amount of non-cash assistance				on required in Part		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		
(c) Amount of cash grant				ovide the informati	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
(b) Number of recipients				te this part to pr	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	) ) ) )				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(a) Type of grant or assistance				Part IV Supplemental Information. Complete this part to provide the information required in Part I									

#### **SCHEDULE 0** (Form 990)

#### Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. Employer identification number Name of the organization Stockton Area Promotional Group 1509301 Part III, Line 4d Friends of the Winona Public Library (A-1) \$1436.00 to purchase books for the Children's department Rollingstone Snowbankers (A-13) \$1330.95 for chain saw and grooming of snowmobile trails Garvinbrook Disater Relief Fund (A-1) \$500 for flood relief Fool's Five Eagles Cancer Fund (A-1) \$500 for Cancer research Winona Winstars Fast-pitch Softball (A-7F) \$350 to community girls softball program Fighting Saint's Touchdown Club (A-7M) \$100 to community football scholarship program St. Charles High School (A-7B) \$100 to After prom party fund TIP, Inc. (A-13) \$100 to the DNR turn in poachers program Ken Oevering (A-7B) \$40 reimbursement for supplies for "Crafts in the Park" activity sponsored by the SAPG Ken Oevering (A-7B) \$63.66 reimbursement for supplies for a dance for Stockton area kids sponsored by the SAPG Amy Jones (A-7B) \$94.58 reimbursement for candy for an Easter Egg hunt for Stockton kids sponsored by the SAPG Cheryl Beeman (A-7B) \$41.54 reimbursement for eggs for an Easter Egg hunt for Stockton kids sponsored by the SAPG Beth Winchester (A-7B) \$55.70 reimbursement for refreshments for a community baseball game sponsored by the SAPG

Schedule O (Form 990) 2009		Page 2
Name of the organization	Employer identification number	
	•••••	
		****
		<b>-</b>
		<u>-</u>

#### Stockton Area Promotional Group, Inc. EIN: 41-1509301 2008 Form 990EZ Schedule Attachment

#### Part I, Line 10: Grants and Similar amounts paid

Fighting Saint's Touchdown Club	100.00
St. Charles High School	100.00
Garvinbrook Disater Relief Fund	500.00
Rollingstone Snowbankers	1,330.95
Fool's Five Eagles Cancer Fund	500.00
TIP, Inc.	100.00
Winona Winstars Fast-pitch Softball	350.00
Cheryl Beeman (easter eggs)	41.54
Beth Winchester (Baseball)	55.70
Amy Jones (Easter Candy)	94.58
Friends of the Winona Public Library	1,436.00
Ken Oevering (Craft supplies)	40.00
Ken Oevering (Dance Supplies)	63.66

Total: 4,712.43