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- 990-EZ

Department of the Treasury Internal Revenue Service

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)

▶ Sponsoning 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 asserts less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A	For the	e 2009 calend	ar year,	or tax year beginning	January 1	, 2009,	and ending	Dec	embe	r 31	, 20	09
B	Check if a	applicable	Please	C Name of organization				D Empl	oyer id	entificati	on numbe	ır
	Address	change	use IRS label or	MESSIAH FOUNDATION	FOR CHRISTIAN COMMUN	ICATIONS			4	5-0307€	61	
Ц	Name ch	-	print or	Number and street (or P.O. bo	ox, if mail is not delivered to stre	et address)	Room/suite	E Telep	hone n	umber		
닖	Initial ret Terminat		type. See	PO BOX 1562				•	70	1-237-6	770	
H			Specific	City or town, state or country,	and ZIP + 4			F Grou	ın Eve	motion		
H	Amende	id return ion pending	Instruc- tions.	FARGO, ND 58107-1562					iber J	-		
_			.	<u> </u>		4 .44	10.4000				sh 🗹 Ad	
	• Sec	:tion 501(c)(3)		zations and 4947(a)(1) none mpleted Schedule A (Form		ust attach		(specify		LJ Ca	SII L AC	
							H Chec	k ▶ 🔲 i	if the c	organiza	tion is no	t
1.	Websi	ite: ►					requii	red to att	ach S	chedule	B (Form 9	3 90,
J	Гах-ех	empt status (check o	nly one) - 🗸 501(c) (3)	◄ (insert no.)) or 52	27 990-E	Z, or 99	0-PF).			
	Check			zation is not a section 509(a)	-						\$25,000.	A
_				turn is not required, but if the					01010	un.		
	art I			e 9 to determine gross receipt benses, and Changes					otion	for D	ort ! \	
						u balanc	es (See the	i i iSti ui		SIULE		7.400
	1		_	ts, grants, and similar am					1			27,100
	2	•		revenue including govern	ment fees and contracts				2			
	3	Membersh	ip dues	s and assessments					3			
	4	Investment	t incom	ie					4		1	10,057
	5a	Gross amo	unt fro	m sale of assets other the	an inventory	. <u>5a</u>		102,815				
	b	Less: cost	or othe	er basis and sales expens	ses	. 5b		116,816				
	C	Gain or (los	ss) fron	n sale of assets other tha	n inventory (Subtrắct line	5b from I	ne 5a)		5c		(14	4,001)
9	6			tivities (complete applicable part								
Revenue	а			ot including \$	of contribution		.	_				
<u> </u>	-	reported o		- T		. 6a						
Œ				()		-						
b Less direct expenses of loss) from special events and activities (Subtract line 6b from line 6a) 6c												
	۱ _٩					I	ine ba)	٠.	ъс			
	7a			entoly, less returns and	allowances	. <u>7a</u>						
	þ	1 1 101-11				. <u>7b</u>	L					
	C			ss) from sales of inventor	ry (Subtract line 7b from I	line 7a) .			7c			
	8	Other reve)	8			
_	9	Total reve	nué. A	dd lines 1, 2, 3, 4, 5c, 6c,	,7c, and 8	<u></u>	<u> </u>	. ▶	9		2	23,156
	10			r amounts paid (attach so					10			
	111	Benefits pa	aid to o	or for members					11			
စ္ဆ	12	Salaries, o	ther co	mpeneatio n, a nd employ	ee benefits Messial	3, < 8, ca	eb		12		1	12,977
နို	13			and other payments to ir					13			64,850
ē	14			utilities, and maintenane			·	•	14			1,180
Expenses	15			ons, postage, and shippi	•			• •	15			2,283
	16	Other expe	nece (describe ► 2000	L LOOS				16			3,698
	17	Total expe	31 13C3 (1	Add lines 10 through 16	r. re25			:	17			34,988
	140	Evenes or	/dafa:t\) for the year (Subtract lin			-:	•				1,832)
Net Assets	18								18		(0	1,032)
SS	13			nd balances at beginning					ا ۔ ا		_	44.040
Ž	l	=	-	e reported on prior year's					19			11,248
ě	20		_	net assets or fund balance					20			
	<u> 121</u>	Net assets	or fund	d balances at end of year	. Combine lines 18 throu	gh 20 .	<u> </u>	. ▶	21			79,416
	art II	Balance	Shee	ets. If Total assets on line		50,000 or						
				(See the instructions for	or Part II.)		(A) Be	ginning of			End of yea	r
2	2 C	ash, savings,	, and in	nvestments			. L	74	5,148	22	68	34,568
2										23		
24				De ▶					$\neg \neg$	24		
2	5 T	otal assets .						74	5,148		68	34,568
2				cribe DECEMBER/09			,		,900)			5,152)
2			•	palances (line 27 of colum			'		1.248			79.416

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

SCANNED JUN 0 1 JULI

	200 21 (2003)					Page Z
Par	III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	1.)		Expenses
What	t is the organization's primary exempt purpose?	Television broadcast of Lutl	heran worship serv	ice.		ured for section
	ribe what was achieved in carrying out the org)(3) and 501(c)(4)
	ner, describe the services provided, the number of					nizations and section
	program title.	,				(a)(1) trusts, optional hers.)
	A weekly Sunday morning worship service is aired f	rom Mossiah Luthoran Churc	h via WDAY-6 and i	ite affiliato	10.00	
20			II VIA VVDA I -O aliu i	its airillate		
	reaching all of ND, NW MN, NE SD, and a small part	Ji Southern Manitoba.				
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 📙	28a	84,988.
29						

				·		
	(Grants \$) If this amount	includes foreign grants, che	eck here	, ▶ 📙	29a	
30						
	(Grants \$) If this amount	includes foreign grants, chi	eck here	. ▶ 🗆	30a	
31	······································					
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	31a	
32	Total program service expenses (add lines 28a				32	
Part						tions for Part IV.)
		(b) Title and average	(c) Compensation	(d) Contribution	ns to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	plans & sation	account and other allowances
Don	Ommodt		uno. 0 1/	doioned dompor	1001011	olitor dilottations
	Oak Street, Fargo, ND 58102	President - 1	-0-		-0-	-0-
	Kennedy					
	Birchwood, West Fargo, ND 58078	Vice President - 1/2	-0-		-0-	-0-
	y Vick				-0-	-0-
	<u> </u>	Secretary - 1/2				
	2nd Ave. N., Fargo, ND 58102		-0-		-0-	-0-
	a Monge	Treasurer - 1			_	_
	Evergreen Rd., Fargo, ND 58102		-0-	· · · · · · · · · · · · · · · · · · ·	-0-	-0-
	n Danielson 	Director				
	Brooktree Park, Harwood, ND 58042		-0-		-0-	-0-
	rne Sansted	Director		•		
	8th Ave. N., Fargo, ND 58102		-0-		-0-	-0-
	ill Piepkorn	Director				
1321	3rd St. N., Fargo,ND 58102	Director	-0-		-0-	4
			•			
				· · · · · · · · · · · · · · · · · · ·		
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-						
-						

	0-EZ (2009)		Р	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No ✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
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		✓
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
07-	during the year? If "Yes," complete applicable parts of Schedule N	36_		✓
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a -0- 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		√
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b -0- Section 501(c)(7) organizations. Enter:	ļ		
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	}		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	l	-	
	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		•
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	:		
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		7
41	List the states with which a copy of this return is filed. ▶			
42a	D. A. D. C.		3-986	<u></u>
h	Located at ► 2309 Evergreen Rd., Fargo, ND ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority	58	102	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		1
	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.	ĺ		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		, 1	□
	and enter the amount of tax-exempt interest received or accrued during the tax year			
	·		Yes	Nο
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
45	Form 990-EZ	44_		√
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		

Form **990-EZ** (2009)

Part VI

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) nor 17(a)(1) nonexempt chard 51.	nexempt charital aritable trusts mu	ole trusts only. A st answer questio	ll sec ns 46	tion 3-49t)
46	Did the organization engage in direct or indirect					Yes	
•	candidates for public office? If "Yes," complete	Schedule C, Part I			46		✓
	Did the organization engage in lobbying activities				47		1
	Is the organization a school as described in section		•		48		1
	Did the organization make any transfers to an ex	•	ted organization?	. 	49a		✓
	If "Yes," was the related organization a section 5				49b		<u>√</u>
	Complete this table for the organization's five his						d key
	employees) who each received more than \$100,	(b) Title and average	(c) Compensation			Expen	80
	(a) Name and address of each employee paid more	hours per week	(o) companion	employee benefit plans &	aç	count a	nd
NONE	than \$100,000	devoted to position		deferred compensation	otne	allowa	nces
NONE							
							-
· 							
		,	ľ	1			
		·				-	
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Ty	/pe of service	(c) Co	npensa	ation
NONE		~					
							
d	Total number of other independent contractors of	each receiving over \$100	,000▶				
 	Under penalties of penury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including accomp of preparer (other than officer)	anying schedules and st s based on all information	atements, and to the bes	any kno	knowle	edge a.
Sign Here	Linda Monge			5/3/10			
	Signature of officer Linda Monge, Treasurer			Date /			
Paid	Type or print name and title Preparer's signature	Date	Check rf self- employed ▶	Preparer's identifying num	nber (Se	 e instruc	tions)
Prepare	Firm's name (or			IN ▶			
Use Onl	yours if self-employed), address, and ZIP + 4			hone no 🕨			
May the	e IRS discuss this return with the preparer show	above? See instruction			Yes		<u> </u>

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

Employer identification number 0307661 **MESSIAH FOUNDATION FOR CHRISTIAN COMMUNICATIONS** 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 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% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🔲 Type I **b** Type II c Type III-Functionally integrated **d** Type III-Other e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, 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? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes Total

	Support Schedule for Org (Complete only if you check	ked the box of	escribed in on line 5, 7, c	or 8 of Part I.)	and 1/U(b)(1)(A)(VI)
	tion A. Public Support				(0 0000		<u> </u>
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.")	26,188	20,640	20,685	27,008	27,100	121,621
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	26,188	20,640	20,685	27,008	27,100	121,621
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)						
6	Public support. Subtract line 5 from line 4.						121,621
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	26,188	20,640	20,685	27,008	27,100	121,621
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	44,115	25,766	34,314	32,012	9,957	146,164
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			267,785
12	Gross receipts from related activities, etc	. (see instructio	ns)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	<u>re</u>	<u> </u>	d, third, fourth,			n 501(c)(3) \blacktriangleright \Box
14	Public support percentage for 2009 (line			L column (fl)	I	14	45 %
15	Public support percentage for 2009 (inter-	•	•	• • • • • • • • • • • • • • • • • • • •		15	42 %
16a	331/3 % support test—2009. If the organizand stop here. The organization qualifies	zation did not c	heck the box o		ine 14 is 331/3 9	6 or more, chec	k this box
þ	33% % support test—2008. If the organization qua						
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 meets the organization meets the organization meets and if the organization meets and organization meets and if the organization meets and i	acts-and-circum	stances" test,	check this box a	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circums inces" test. The c	stances" test, c organization qua	heck this box a lifies as a public	and stop here. Iy supported org	Explain in Part I janization	V how the

•	
•	
	orm 990 or 990-EZ) 2009 Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
NONE	





Account Number 10995200

WFD

2009 Form 1099 Tax Reporting Package

MESSIAH FOUNDATION IMA

Account Number: 10995200

Tax ID Number: XX-XXX7661

Payer Wells Fargo Bank, N A, Trust Tax Dept.

Tax Year December 31, 2009

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

MESSIAH FOUNDATION

Letter Type: Final From: 01/01/2009 To: 07/10/2009

HOUR OF WORSHIP

PO BOX 1562

FARGO ND 58107-1562

This tax information package was prepared by PricewaterhouseCoopers. If you have any questions, please call 1-888-730-4933.

Account Number 10995200

Page

MESSIAH FOUNDATION IMA

Forms 1099 for 2009

Recipient: MESSIAH FOUNDATION, 45-0307661

Payer: Wells Fargo Bank, N.A., Trust Tax Dept., Tax ID Number 94-3080771

1099-DIV Dividends And Distributions (OMB No. 1545-0110) Box Description		Copy B, For Kecipient
Description		
	Amount	Enter on
Total ordinary dividends	(\$1,903 48)	Form 1040, Schedule B, Part II, line 5
Qualified dividends	\$181 20	Form 1040, line 9b (Amount is in Box 1a)
Total capital gain distributions	(00 0\$)	Form 1040, Schedule D, line 13
Unrecaptured Section 1250 Gain	\$0 00	Amount is included in Box 2a
Section 1202 gain	\$0 00	Amount is included in Box 2a
Nondividend distributions	\$52 01	See Instructions
Federal income tax withheld	\$0.00	Form 1040, line 61
Investment expenses.	\$0.00	Form 1040, Schedule A, Line 23
Foreign tax paid	\$0.00	Form 1116
Cash Inquidation distributions	\$0 00	See Instructions
Noncash liquidation distributions	\$0 00	See Instructions
T Interest Income (OMB No. 1545-0112)		Copy B, For Recipient
Description	Amount	Enter on
Interest income not included in Box 3	\$7,606 26	Form 1040, Schedule B, Part I, line 1
Early withdrawal penalty	\$0.00	Form 1040, line 30
Interest on U.S Savings Bonds and Treasury Obligations	\$0.00	Form 1040, Schedule B, Part I, line 1
Federal income tax withheld	\$0 00	Form 1040, line 61
Foreign tax paid	\$0 00	Form 1116
Tax-exempt interest	\$0 00	Form 1040, line 8b
Specified private activity bond interest (included in Box 8)	\$0 00	Form 6251
	1a Total ordinary dividends 1b Qualified dividends 2a Total capital gain distributions 2b Unrecaptured Section 1250 Gain 2c Section 1202 gain 3 Nondividend distributions 4 Federal income tax withheld 5 Investment expenses. 6 Foreign tax paid 8 Cash liquidation distributions 9 Noncash liquidation distributions 1099-INT Interest Income (OMB No. 1545-0112) 8 Box Description 1 Interest income not included in Box 3 2 Early withdrawal penalty 1 Interest on U.S Savings Bonds and Treasury Obligations 4 Federal income tax withheld 6 Foreign tax paid 7 Federal income tax withheld 8 Foreign tax paid 8 Federal income tax withheld 9 Specified private activity bond interest (included in Box 8)	tributions n 1250 Gain vithheld withheld COMB No. 1545-0112) right Box 3 right Box 3

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MESSIAH FOUNDATION IMA

Account Number 10995200

Forms 1099 for 2009

1099-B Proceeds From Broker and Barter Exchange Transactions (OMB No. 1545-0715)

Copy B, For Recipient

The proceeds from each of the sales shown below in Box 2 are reported to the Internal Revenue Service on Forms 1099-B In addition, we report security description, cusip #, and units We do not report your net gains and losses to the Internal Revenue Service. An asterisk symbol (*) next to the tax cost indicates that the tax cost has been adjusted for the current year's return of capital

A schedule of your net gains and losses is shown below. Please note that if you have sold an asset for which we do not have cost basis information, it is either shown separately in the section entitled Cost Not Available or it may appear with a zero tax cost. Please review these carefully when preparing your return

Short term gains and losses

This category includes all assets held 12 months or less

	Cusip	Onits	Acquisition	Sale date	Gross proceeds less		
Description (Box 7)	(Box 1b)	(Box 5)	Date	(Box 1a)	commissions (Box 2)	Tax cost	Net gain or loss
WELLS FARGO FDS TR LARGE CO GROWTH	94975G561	96 46	96 46 11/24/08	05/15/09	\$3,478 36	\$3,000 00	\$478 36
Total short term gain/loss: Report on Form 1040, Schedule D, line 1, Column d, e and 1	Schedule D, line	1, Column	d, e and f		\$3,478.36	(\$3,000 00	\$478.36

Long term gains and losses

This category includes all assets held more than 12 months.

Description (Box 7)	Cusip (Box 1b)	Units (Box 5)	Acquisition Date	Sale date (Box 1a)	Gross proceeds less commissions (Box 2)	Tax cost	Net gain or loss
AT&T CORP	001957AV1	25000	10/26/07	03/15/09	\$25,000 00	\$25,410 00	\$-410 00
WELLS FARGO FDS TR LARGE CO GROWTH	94975G561	616 52	08/15/01	05/15/09	\$22,231 77	\$30,000 00	\$-7,768 23
WELLS FARGO FDS TR LARGE CO GROWTH	94975G561	109 77	10/15/01	05/15/09	\$3,958 32	\$5,000 00	\$-1,041 68
WELLS FARGO FDS TR LARGE CO GROWTH	94975G561	159 77	05/15/03	05/15/09	\$5,761 32	\$6,250.00	\$-488 68
WELLS FARGO FDS TR LARGE CO GROWTH	94975G561	112 64	02/25/05	05/15/09	\$4,061 81	\$5,000 00	\$-938 19
WELLS FARGO FDS TR LARGE CO GROWTH	94975G561	17 57	04/21/06	05/15/09	\$633 58	\$870 42	\$-236 84
WELLS FARGO FDS TR LARGE CO GROWTH	94975G561	167 96	80/60/90	05/15/09	\$6,056 65	\$8,250.00	\$-2,193.35

2009 Form 1099

Account Number 10995200

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Long term gains and losses

This category includes all assets held more than 12 months

Description (Box 7)	Cusip (Box 1b)	Units (Box 5)	Acquisition Date	Sale date (Box 1a)	Gross proceeds less commissions (Box 2)	Tax cost	Net gain or loss
GOLDMAN SACHS GROUP	38141GAA2	25000	25000 06/20/01	05/15/09	\$25,000 00	\$25,035 50	\$-35.50
WELLS FARGO FDS TR LARGE CO GROWTH 94975G561	94975G561	183 95	183 95 05/21/04	05/15/09	\$6,633 25	\$8,000 00	\$-1,366 75
Total long term gain/loss: Report on Form 1040, Schedule D, line	Schedule D, line	8, Column d, e, and f	d, e, and f		(\$68,336,70	\$113,815.92	\$-14,479 22

102815.06 116815.92

98 00071)



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IRS Circular 230 Disclosure

This document is not intended to provide tax advice of any kind. It is not written to be used, and cannot be used, for the purpose of avoiding tax penalties that may be imposed on a taxpayer.

Summary of Tax Exempt Income, Account Management Fees and Foreign Income

	Subject to	Not Subject to Alternative Minimum Tax	ve Minimum Tax		Total Bonoward Amortization or Adiusted Tax	Adinated Tax
Tax Exempt Income:	Minimum Tax:	Bonds:	Funds:	on Form 1099:	OID:	Exempt Income:
Municipal bond interest for North Dakota	\$0 00	\$0.00	\$0.00	\$0.00	00 0\$	\$0.00
Municipal bond interest for other states.	\$0.00	\$0 00	\$0 00	\$0.00	\$0.00	\$0.00
Totals	\$0.00	00 0\$	\$0.00	\$0.00	\$0.00	\$0 00
Account Management Fees:		<i>[</i>]	,			
Gross Fees paid for account management	. ·	\$3,697 68				
Deductible portion		\$3,697 68				
If applicable, fee allocation only considers income reported on Forms 1099 Please see detail on the next page.	s income reported	on Forms 1099 Pleas	se see detail on th	e next page.		

Total foreign dividends.

Foreign Dividends (included in income reported on Form 1099):

Other

\$887 07

Total:

Non Qualified:

Qualified:

\$879.87 \$879.87

\$7.20

Foreign Interest (included in income reported on Form 1099):

\$1,350 00	\$1,350 00
United Kingdom	Total foreign interest.