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Form 990-E7

Short Form Return of Organization Exempt From Income Tax

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

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

OMB No 1545-1150

Department of the Treasury

25

26

Total assets

Total liabilities (describe TENANT DEPOSITS

Net assets or fund balances (line 27 of column (B) must agree with line 21)

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

Open to Public Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection For the 2009 calendar year, or tax year beginning and ending Check if applicable D Employer identification number C Name of organization Please Address use IRS label or Name Change print or MORTHERN VALLEY HOME 45-0308763 type Number and street (or P.O. box, if mail is not delivered to street address) Initiat Room/suite E Telephone number Specific PO BOX 246 Termin-ated 701-265-8852 Instruc-City or town, state or country, and ZIP + 4 Amended F Group Exemption tions Application pending CAVALIER, ND 58220-0246 Number > G Accounting method: X Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► N/A H Check X if the organization is not Tax-exempt status (check only one) - \times 501(c) (3) \triangleleft (insert no.) \longrightarrow 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990 EZ, or 990-PF) 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. 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.) Contributions, gifts, grants, and similar amounts received 1 118182. 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments 9120. Investment income 4 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 6a 6b b Less: direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 7a Gross sales of inventory, less returns and allowances 7a 7b b Less' cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe 8 S 127302. Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 stämlt 3 10000. Grants and similar amounts paid (attach schedule) 10 10 AUG 1 6 2010 382 11 Benefits paid to or for members 13611. Salaries, other compensation, and employee benefits \iii 12 12 490. 13 Professional fees and other payments to independent contri 13 See Statement 2 14 83776. 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 961. Other expenses (describe See Statement 1) 16 16 108838. 17 Total expenses Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18464. Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 611898. (must agree with end-of-year figure reported on prior year's return) 20 20 Other changes in net assets or fund balances (attach explanation) 630362. 21 21 Net assets or fund balances at end of year. Combine lines 18 through 20 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.) (B) End of year (A) Beginning of year 409327. 420237. 22 Cash, savings, and investments 22 155713. 23 165199. 23 Land and buildings Other assets (describe Depreciable Assets 50083. 24 47751. 24 615123. 25 633187.

Form **990-EZ** (2009)

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or	m 990-EZ (2009) NORTHERN VALLEY HOME			45-	03087	63 Page 2
	art III Statement of Program Service Accomplishmen		Part III.)		E>	cpenses .
Wh	at is the organization's primary exempt purpose? See Statement	. 6			1	or section 501(c)(3)
De:	scribe what was achieved in carrying out the organization's exempt pur	poses In a clear and conc	ise manner, descri	be		i) organizations and 7(a)(1) trusts, optional
the	services provided, the number of persons benefited, and other relevan	t information for each prog	gram title		for others)	
28	See Statement 5					
	(Grants \$) If this amount includes foreign of	grants, check here	> _		28a	108838.
29						
	(Grants \$) If this amount includes foreign of	rants, check here	•		29a	
30						
	(Grants \$) If this amount includes foreign of	grants, check here			30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount includes foreign of	rants, check here			31a	
32	Total program service expenses (add lines 28a through 31a)	··			32	108838.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated ((See the	instructions f	for Part IV)
		(h) Title and average hours	(a) Companyation		ntributions	(a) Evpanca
	(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter		employee fit plans &	(e) Expense account and
	(4)	position	-0-)		eferred	other allowances
			, , , , , , , , , , , , , , , , , , ,	com	pensation	
ĹZ	AVERNE SOMMER	DIRECTOR				
BC	OX 491, CAVALIER, ND 58220	1.00	600.		0.	0.
DE	ENNIS JOHNSON, 200 VALLEY ST. EAST,	DIRECTOR				
CP	AVALIER, ND 58220	1.00	600.		0.	0.
GE	ERALD BURT	SECRETARY/TRE	ASURER			
BC	OX 246, CAVALIER, ND 58220	8.00	2600.		0.	0.
ΗZ	AROLD KOPF	VICE PRESIDEN	r			
BC	OX 100, CAVALIER, ND 58220	1.00	600.		0.	_0.
J <i>I</i>	ACK HILLIS, 411 THOMPSON COURT,	DIRECTOR				
CZ	AVALIER, ND 58220	1.00	600.		0.	0.
RC	OGER JASTER, 307 BOUNDARY ROAD	DIRECTOR		ļ		
	AST, CAVALIER, ND 58220	1.00	600.		0.	0.
R)	ICHARD TIMIAN	PRESIDENT				
	00 MAPLE AVE, CAVALIER, ND 58220	1.00	600.	ļ	0.	0.
		DIRECTOR				
E <i>I</i>	AST, CAVALIER, ND 58220	1.00	600.		<u>0.</u>	0.
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Form **990-EZ** (2009)

932172 02-08-10

34 Were any changes made to the organizing or governing documents? If Yes,* attach a conformed copy of the changes If the organization had income from business activities, such as those reported on lines 2, 6, and 7a (among others), but not reported on form 990-T, fatch a statement explaining why the organization did not report the income on Form 990-T. 3 bit 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? 3 bit if yes, *has it field a tax return on Form 990-T for this year? 3 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* complete applicable parts of Sch. N 37 at Enter amount of political expenditures, direct or indirect, as described in the instructions. 3 bit the organization file Form 1120-PDL for this year? 3 bit the organization form form, 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? 3 bit 'if yes, *complete Schedule, L. Part II and enter the total amount involved 3 section 501(c)(7) organizations. Enter 3 in intation fees and capital contributions included on line 9 3 b Gross receipts, included on line 9, for public use of club facilities 4 or section 501(c)(3) and 501(c)(4) organizations. Dut the organization engage in any section 4956 excess benefit transaction 4 as Section 501(c)(3) and 501(c)(4) organizations. Dut the organization engage in any section 4956 excess benefit transaction 4 as ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction 5 bection 501(c)(3) and 501(c)(4) organizations by rior Form 990 org9-E72 If Yes, "complete Schodule, L. Part I 6 section 501(c)(3) and 501(c)(4) organizations by rior Form 990 org9-E72 If Yes, "complete Schodule, L. Part I 6 section 501(c)(3) an				T
34 Were any changes made to the organization or governing documents? If Yes, Statisch a conformed copy of the changes 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. 2 bill 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? 3 bill Yes, has it filed a tax return on Form 990-T for this year? 3 bill the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Sch. N 37a 57a			Yes	
11 the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-1, attach a statement explaining why the organization of not report the income on Form 990-1. 1 bill the organization undergo, 1 attach as statement explaining why the organization of not report the income on Form 990-1. 2 bill five organization undergo a liquidation, dissolution, terrimation, or significant disposition of net assets during the year? If Yes, complete applicable parts of Sch. N 3 at Enter amount of political expenditures, direct or indirect, as described in the instructions. 3 bill the organization file Form 120-POL for this year? 3 bill the organization file Form 120-POL for this year? 3 complete applicable parts of Sch. N 3 fall and the organization file Form 120-POL for this year? 3 bill the organization file Form 120-POL for this year? 3 complete special parts of Sch. N 4 complete Schedule L, Part II and enter the total amount involved 4 complete Schedule L, Part II and enter the total amount involved 5 complete Schedule L, Part II and enter the total amount involved 6 complete Schedule L, Part II and enter the total amount involved 8 complete Schedule L, Part II and enter the total amount involved 9 complete Schedule L, Part II and enter the total amount involved 9 complete Schedule L, Part II and enter the total amount involved 9 complete Schedule L, Part II and enter the total amount involved 9 complete Schedule L, Part II and enter the total amount of the part of t		33	↓	X
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In a prior year and still outstanding at the end of the period covered by this return? b if "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A 39ch N/A 39ch N/A 39b Gross receipts, included on line 9, for public use of club facilities 39ch N/A 39ch		37b	1	X
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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 4956 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 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 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 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 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 imposed on organization managers or disqualified persons during the tax shelter transaction? If Yes," complete Form 886-T 41 List the states with which a copy of this return is filed. ▶ NOne 42 The organization's books are in care of ▶ GERALD BURT Telephone no. ▶ 701-265 Located at ▶ PO BOX 246, CAVALIER, ND ZIP+4 ▶ 58. b 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: ▶ See the instructions for exceptions and filing requirements for Form 70 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 ou	.			
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For		Form 9	990-EZ	(2009)

	990-EZ (2009)	NORTHERN VAL	LEY HOME				45-0308		Page 4
Pa	rt VI Secti organiz and 51	on 501(c)(3) organizat cations and section 4947(a)(ions and sed I) nonexempt ch	ction 494 haritable tru	17(a)(1) nonexempt sts must answer question	charitable truns 46-49b and cor	sts only. All s	section 5 s for lines	01(c)(3) s 50
46	Did the organizat	on engage in direct or indirect o	olitical campaign a	activities on	behalf of or in opposition to o	andidates for public		Ye	s No
	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								X
									X
									X
	_	on make any transfers to an exe						49a	X
b	b If "Yes," was the related organization a section 527 organization?							49b	
	•	le for the organization's five hig compensation from the organiz				s, trustees and key e	mployees) who ea	ch receive	d more
	(a) Na	me and address of each employ than \$100,000 NONE	ee paid more		(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Ex	kpense int and lowances
51	Complete this tab	other employees paid over \$100 le for the organization's five hig lere is none, enter "None." NONE		d independen	►t contractors who each recen	ved more than \$100	,000 of compensa	tion from	the
	(a) Na	ime and address of each indepe	ndent contractor p	paid more tha	an \$100,000	(b) Type of ser	rvice (c) Compen	sation
									
	Total number of	other independent contractors e	ach receiving over	r \$100,000		•			
Sign Here	correct an	alturn of perjury, I declare that I have ed complete. Declaration of preparer to declare the complete of the c	xamined this return, i ther than officer) is ba	including accordance asset on all info	mpanying schedules and statemen mation of which preparer has any	its, and to the best of m knowledge	y knowledge And bel	ef, it is true	,
Paid Prepa Use (arer's (🛶	y y wat	SON, CPA	_	Date Che Che	oloyed X EIN I		mber (See į	DS#Y
	address, and Z	Canaca	, NO	582	720	no.	701-20		
May 1	the IRS discuss th	ns return with the preparer shov	vn above? See ins	tructions	· · · · · · · · · · · · · · · · · · ·			Yes orm 990-	No EZ (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

2009

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2009

NORTHERN VALLEY HOME 45-0308763
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 chospital or a cooperative hospital service organization described in ection 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. A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). (Complete Part II) A norganization 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) A community trust 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) A community trust 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III) A norganization that normally receives. (1) more than 33 1/3% 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 1/3% of its support from gross investmen income and unrelated business taxable moome (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 organization disection 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting
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	endar year (or fiscal year beginning in)	(a) 2005	(ь) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
3	Gifts, grants, contributions, and			ĺ	1	1		
	membership fees received (Do not							
^	Include any "unusual grants.")			 		 		
2	Tax revenues levied for the organ- ization's benefit and either paid to							
	or expended on its behalf		1	1	1			
2	The value of services or facilities			 	 	 		
3	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			1	1	1		
	amount shown on line 11,							
	column (f)							
	.,				 			
Sec	Public support. Subtract line 5 from line 4 Ction B. Total Support	L	L	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
_	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
	Amounts from line 4	(a) 2000	(6) 2000	(0) 2001	(0) 2000	(0)2000		
8	Gross income from interest,			 	 	<u> </u>		
·	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources		1					
9	Net income from unrelated business				+			
9	activities, whether or not the							
	business is regularly carried on			ļ				
10	Other income Do not include gain					 		
.0	or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10			,				
	Gross receipts from related activities,	etc (see instructi	ions)	·	<u> </u>	12		
	First five years. If the Form 990 is for	•	•	rd fourth, or fifth t	tax vear as a secti			
	organization, check this box and stop		•,,	,	,	(-/(-/	ightharpoonup	
Se	ction C. Computation of Publ		rcentage					
14	Public support percentage for 2009 (line 6, column (f) c	livided by line 11,	column (f))		14	%	
	Public support percentage from 2008			- **		15	%	
16a	33 1/3% support test - 2009. If the o	rganization did no	It check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and	
	16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support test - 2008. If the o	organization did no	t check a box on i	ine 13 or 16a, and	d (ine 15 is 33 1/39	6 or more, check th	is box	
	and stop here. The organization qual	lifies as a publicly	supported organiz	ation			▶□	
17a	10% -facts-and-circumstances tes	• •	• •		e 13, 16a, or 16b,	and line 14 is 10%	or more,	
	and if the organization meets the "fac							
	meets the "facts-and-circumstances"					_	▶□	
b	10% -facts-and-circumstances tes	•	•		=	17a, and line 15 is	10% or	
	more, and if the organization meets the	-						
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.							
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							
	Schedule A (Form 990 or 990-EZ) 2009							

Schedule A (Form 990 or 990-EZ) 2009 NORTHERN VALLEY HOME 45-0308763 Page 3 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) Section A. Public Support Calendar 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 131584. 128599. 125788. 126896. 118182. 631049. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or busmess 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 118182 131584 128599. 125788. 126896. 631049. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 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 53966. <u>344</u>36 246943. 53035 55403 50103 amount on line 13 for the year 53966. 50103. 34436. 246943. 53035. 55403. c Add lines 7a and 7b 384106. 8 Public support (Subtract line 7c from line 6) Section B. Total Support (e) 2009 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total 118182. 631049. 131584 128599. 125788. 126896 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 11453 15261 9120 51601. 5779 9988. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 5779 9988. 11453. 15261. 9120 51601. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 138587. 137241. 142157. 127302 137363. 682650. 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 56.27 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 54.52 16 16 Public support percentage from 2008 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage 7.56 17 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 6.91 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not $\triangleright X$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Form 990-EZ	Other Expenses	Statement 1
Description		Amount
WORKERS COMPENSATION MISCELLANEOUS		250. 711.
Total to Form 990-EZ, line 16		961.
Form 990-EZ Occupancy, Ren	at, Utilities and Maintenance	Statement 2
Description		Amount
Depreciation Other Expenses		12066. 71710.
Total to Form 990-EZ, line 14		83776.

Form 990-EZ Cash Grants and A	Statement	3	
Class of Activity/Grantee's Name and Addre	Grantee's ss Relationship	Amount	
AMBULANCE SERVICE CAVALIER AMBULANCE SERVICE PO BOX 231 CAVALIER, ND 58220	NONE	1000	0.
Total Included on Form 990-EZ, Line 10		1000	0.

 990-EZ Pg 2

Statement

5

THE ORGANIZATION PROVIDES HOUSING FACILITIES FOR SENIOR CITIZENS. TOTAL OF 32 UNITS-24 ONE BEDROOM AND 8 TWO BEDROOM. 22 UNITS WERE SUBSIDIZED BY HUD FOR 12 MONTHS. TOTAL SUBSIDY RECEIVED IN 2009 WAS \$39436

990-EZ Þg 2

Statement

6

THE PURPOSES FOR WHICH NORTHERN VALLEY HOME WAS ORGANIZED ARE: ON A CHARITABLE BASIS TO ESTABLISH AND OPERATE A HOME FOR THE ELDERLY, REGARDLESS OF SEX, RACE, RELIGION OR CREED, AND TO PERFORM ALL NECESSARY OR CONVENIENT FUNCTIONS IN CONNECTION THEREWITH; TO BUY, ACQUIRE BY GIFT, OWN, LEASE, RENT OR OTHERWISE HOLD REAL ESTATE AND PERSONAL PROPERTY; AND TO DO AND PERFORM ANY AND ALL THINGS DEEMED REASONABLE, NECESSARY OR DESIRABLE FOR THE ACCOMPLISHMENT OF THE FOREGOING, ALL TO THE END THAT LODGING AND ESSENTIAL SERVICES FOR SUCH ELDERLY PERSONS AS SHALL RESIDE IN THE "HOME" MAY BE PROVIDED AT THE LOWEST POSSIBLE COST AND TO MAKE CONTRIBUTIONS AND DONATIONS TO SUCH ORGANIZATION OR ORGANIZATIONS WHICH ARE OPERATED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, RELIGIOUS OR SCIENTIFIC PURPOSES AS SHALL AT THE TIME QUALIFY AS AN EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization 990-EZ (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

Attachment Sequence No. 67

Identifying number

OMB No 1545-0172

Name(s) shown on return

Business or activity to which this form relates

_	RTHERN VALLEY HOME			For	m 9	90-E	Z Page	1	45-0308763
Pa	rt Election To Expense Certain Propert	y Under Section 1	79 Note: If you	ı have any lıs	ted pr	operty, c	omplete Part	V before y	ou complete Part I.
1 1	Maximum amount See the instructions	for a higher limit	for certain bu	sinesses				1	250000.
2 1	otal cost of section 179 property place	d in service (see	instructions)					2	
3 7	Threshold cost of section 179 property I	before reduction	ın lımıtatıon					3	800000.
4 F	Reduction in limitation Subtract line 3 fr	om line 2 If zero	or less, enter	-0-				4	
5 c	ollar limitation for tax year Subtract line 4 from line	1 If zero or less, enter	-0- If married filin	g separately, see	instruc	tions		5	
6	(a) Description of proj	perty		(b) Cost (busin	ess use	only)	(c) Elected	f cost	
									j
									
7 L	isted property. Enter the amount from l	ine 29				7			
8 7	otal elected cost of section 179 proper	ty Add amounts	ın column (c)	, lines 6 and	7			8	
9 T	entative deduction. Enter the smaller of	of line 5 or line 8						9	
10 (Carryover of disallowed deduction from	line 13 of your 20	008 Form 456	2				10	
11 E	Business income limitation. Enter the sm	naller of business	income (not	less than zer	o) or l	ne 5		11	
12 5	Section 179 expense deduction Add lin	es 9 and 10, but	do not enter	more than Ir	ie 11			12	
13 (Carryover of disallowed deduction to 20	10 Add lines 9 a	ınd 10, less lir	ne 12		13			
_	: Do not use Part II or Part III below for	listed property li	nstead, use P	art V					
Pa	t II Special Depreciation Allowan	ce and Other D	epreciation (Do not includ	de liste	ed proper	ty)	-	
14 5	Special depreciation allowance for qualit	fied property (oth	er than listed	property) pla	aced i	n service	during		
t	he tax year							14	
15 F	Property subject to section 168(f)(1) elec	ction						15	
16 (Other depreciation (including ACRS)						- 	16	209.
Pa	rt III MACRS Depreciation (Do not	include listed pr	operty) (See	instructions)					
			Sec	tion A					
17 N	MACRS deductions for assets placed in	service in tax ye	ars beginning	before 2009)		_	17	11436.
18 ır	you are electing to group any assets placed in serving						<u> </u>		
	Section B - Assets I				Jsing	the Gene	eral Deprecia	tion Syst	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for (business/involversee in	estment use		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
b	5-year property]							
С	7-year property			<u>5895.</u>	7	Yrs.	HY	SL	421.
d	10-year property]							
е	15-year property								
f	20-year property	[
g	25-year property				2	5 yrs.		S/L	
L	Residential rental property	/			27	5 yrs.	MM	S/L	
h		//			27	5 yrs	MM	S/L	
	Nonresidential real property	/			3	9 yrs	MM	S/L	
_i 		/					MM	S/L	
	Section C - Assets Pl	aced in Service	During 2009	Tax Year Us	ing th	<u>ne Altern</u>	ative Deprec	lation Sy	stem
20a	Class life							S/L_	
b	12-year				1	2 yrs		S/L	
С	40-year	/			4	0 yrs	MM	S/L	
Pa	rt IV Summary (See instructions.)					<u></u>			r
	usted property Enter amount from line							21	
22 1	otal. Add amounts from line 12, lines 1	4 through 17, line	es 19 and 20	ın column (g)	, and	lıne 21.			
E	nter here and on the appropriate lines of	of your return Pa	artnerships ar	d S corporat	ions -	see instr		22_	12066.
23 F	or assets shown above and placed in s	ervice during the	current year	, enter the					
	ortion of the basis attributable to section	on 263A costs				23			

Cost of place in property Cost of place	For	m 4562 (2009)		THERN V											<u>763 </u>	
Note: For any vehicle for which you are using the standard milwage rate or deducting lesse expanse, completecity 24a, 24b, columns (a) friendly (i) of Section A, a of Section B, and Section C applications. See the instructions for which for passanger automorbies? 24e) Doy on been determined to support the insussival terminal or (Caution: See the instructions for which for passanger automorbies? 24e) Doy on been determined to support the insussival terminal or (Caution: See the instructions for which for your provided in the passanger automorbies? 24e) Doy on been determined to support the insussival terminal or the passanger automorbies? 25e (1) 10 10 10 10 10 10 10 10 10 10 10 10 10	P			itomobiles, c	ertain oth	ner vehic	cles, cell	ular telep	ohone	s, certain	compute	ers, and	property	y used fo	or enterta	unment
Section A. Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24e, Dit you have evidence is support the business/investment use claimed? Yes No 24b in 1 Vers, is the evidence written? Yes No 25 in 1,				nich vou are u	sina the	standar	d mileaq	e rate or	dedu	cting lease	expens	e. comp	lete only	, 24a, 24	b, colum	nns (a)
249. De you have evidence to support the business/mestment use claime?		through (c) of S	Section A, a l	of Section B,	and Sec	tion C if	applica	ble							·	
(g) (p) (p) (p) (p) (p) (p) (p) (p) (p) (p		_					aution: (See the i	nstruc	tions for l	mits for	passeng	er autoi	mobiles)		-
type of groperty (list stehlicist s) placed in westiment of the start	<u> 24a</u>	Do you have evidence to s	support the bus	siness/investm	ent use cl	aimed?	<u> </u>	es 🖳	_ No	24b If "Y	es," is th	ne evidei	nce writ	ten? L		No
we should be service in placed in service and other base conscionations of the service and other base conscionations of the service during the tax year and used more than 50% in a qualified business use. 25 Special depreciation allowance for qualified isted property placed in service during the tax year and used more than 50% in a qualified business use. 26 Property used more than 50% in a qualified business use. 27 Property used 50% or less in a qualified business use. 28 Add amounts in column (fi), times 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (fi), times 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (fi), times 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (fi), times 25 through 27. Enter here and on line 31, page 1 29 Add amounts in column (fi), times 25 through 27. Enter here and on line 31, page 1 29 Add amounts in column (fi), times 25 through 27. Enter here and on line 31, page 1 29 Add amounts in column (fi), times 25 through 27. Enter here and on line 31, page 1 29 Add amounts in column (fi), times 25 through 27. Enter here and on line 31, page 1 29 Add amounts in column (fi), times 25 through 27. Enter here and on line 31, page 1 29 Add amounts in column (fi), times 25 through 27. Enter here and on line 31, page 1 29 Add amounts in column (fi), times 25 through 27. Enter here and on line 31, page 1 29 Add amounts in column (fi), times 25 through 27. Enter here and on line 31, page 1 29 Add amounts in column (fi), times 25 through 27. Enter here and on line 31, page 1 29 Add amounts in column (fi), times 25 through 27. Enter here and on line 31, page 1 20 Total business/investment miles driven during the year Add lines 30 through 32. The 4 through 32 through 32 through 33. Total commuting miles of times 4 through 34. T					.		Pag		aciation		1					
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Section B - Information on Use of Vehicles SA - SA				·								25	_		L_ <u> </u>	
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27 Property used 50% or less in a qualified business use.			<u> </u>							-			ļ			-
96 S/L S/L			<u> </u>					_		1			l			
96	<u>27</u>	Property used 50% or l	ess in a quali								12		Γ			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole prognetor, pariner, or other "more than 5% owner," or related person if you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for whice vehicles. 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year (and include owner) 32 Total other personal (noncommuting) miles driven during the year (Add ines 30 through 32) 33 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle available for personal use during off-duty hours? 36 Is another vehicle available for personal use at the vehicle available for personal use? 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles 42 Amortization of costs that begins during your 2009 tax year 43 Amortization of costs that begins before your 2009 tax year										 				-	}	
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 7, page 1 29 Add lines 30 through 32 30 Total blusiness/investment miles driven during the year 30 Enter here and on line 7, page 1 30 Enter here and on line 7, page 1 31 Total commuting miles driven during the year 32 Enter here and on line 7, page 1 32 Enter here and on line 7, page 1 33 Enter here and on line 7, page 1 34 Was the vehicle available for personal use 4 35 Was the vehicle available for personal use 4 36 Is another vehicle available for personal use 7 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees? 38 Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees? 39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles to pour employees a personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? 41 Do you meet the requirements concerning qualif		4.								 						
Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, pariner, or other "more than 5% owner," or related person if you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) Vehicle Vehic										<u> </u>	S/L·	1			-	
Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year Add lines 30 through 32 31 Total other personal (noncommuting) miles driven 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle available for personal use during off-duty hours? 36 Was the vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 40 Do you provide more than five vehicles used by corporate officers, directors, or 1% or more owners 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles 42 Amortization of costs that begins during your 2009 tax year				-				, page 1				28	L			
Complete this section for vehicles used by a sole propnetor, partner, or other "more than 5% owner," or related person if you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) Vehicle Veh	<u>29</u>	Add amounts in column	ı (i), line 26 E												<u> </u>	
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Northern Valley Home, Inc.

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Adjusted Trial Balance for the period ended December 31, 2009

Reviewed by_____ Page 1

Prior Period Unadjusted Adjusted Balance Balance Adjustments Workpaper (Adjusted) Reference Dr (Cr) Ref# Dr (Cr) Dr (Cr) Account # / Description 12/31/2008 73,958 85 AJE-2 39,436 00 75,749 43 ok 73,958 85 1000 Cash In Checking AJE-3 82,366 20 AJE-4 (120,011 62) 1010 Cash in Savings-First Bnk 335,367 56 335,367 56 AJE-1 9,119 54 344,487 10 Savings- Metropolitan 1015 745,769 48 AJE-4 2,942 88 764,988 60 745,769 48 Land, Bldgs , Equipment 1,717 19 AJE-4 AJE-4 1,235 30 AJE-4 13,323 75 (12,06600)(552,039 00) (539,973 00) (539,973 00)AJE-5 1510 Accumulated Depr L,B,E 1600 Stock Membership (3,60000)(2,825 00) OK 2000 Apartment Deposits (3,22500)(3,225 00) AJE-3 AJE-4 900 00 3,100 00 AJE-6 Notes Payable-Beulah 2500 Payroll Taxes Payable 2600 (593,515 15) (593,515 15) 3400 **Fund Balance** (593,515 15) (18,38274)(18,38274)3409 P&L Summary 3410 Stock (18,46324)(18,463 24) (Profit) Loss (18,38274)0 00 0 00 0 00 0 00 0 00

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Northern Valley Home, Inc.

Prepared by____

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Adjusted Trial Balance for the period ended December 31, 2009

Reviewed by____

Page 2

Accou	nt # / Description	Prior Period (Adjusted) 12/31/2008	Unadjusted Balance Dr (Cr)	Ref#	Adjustments Dr (Cr)	Adjusted Balance Dr (Cr)	Workpaper Reference
4000	Rental Income	(68,602 00)		AJE-3	(75,576 00)	(75,576 00)	
4005	Income - Gov't Agencies	(55,103 00)		AJE-2	(39,436 00)	(39,436 00)	
4010	Additional Electric Chgs	(1,045 00)		AJE-3	(884 00)	(884 00)	
4020	Washer & Dryer Income	(2,146 25)		AJE-3	(2,286 20)	(2,286 20)	
4500	Interest Income	(15,261 23)		AJE-1	(9,119 54)	(9,119 54)	
4550	Dividend Income						
4575	Gain on Sale of Assets						
4600	Polar Dividend						
4650	MDU Dividend						
4800	Miscellaneous						
4850	Donations	22,000 00		AJE-4	10,000 00	10,000 00	
4900	Insurance Proceeds						
5200	Salaries & Wages	8,552 00		AJE-4	8,300 00	8,300 00	
5250	Machine Hire						
5300	Payroll Tax - Fica	508 95		AJE-4	510 72	510 72	
5330	Real Estate Tax	9,857 07		AJE-4	9,925 34	9,925 34	
5400	Repairs	11,878 61		AJE-4 AJE-6	15,400 82 (3,100 00)	12,300 82	
5410	Office Supplies						
5425	Legal & Professional	1,514 00		AJE-4	490 00	490 00	
5450	Advertising & Promo	42 00					
5530	Insurance	4,245 00		AJE-4	4,384 00	4,384 00	
5531	Worker's Compensation	250 00		AJE-4	250 00	250 00	
5550	Interest Expense						
5590	Telephone						
5595	Utilities	46,634 68		AJE-4 AJE-4	316 99 44,783 06	45,100 05	
5600	Entertainment	275 84		AJE-4	361 04	361 04	

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Northern Valley Home, Inc

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08/09/2010 . 11 56 AM . Adjusted Trial Balance for the period ended December 31, 2009

Reviewed by____

Page 3

Account # / Description	Prior Period (Adjusted) 12/31/2008	Unadjusted Balance Dr (Cr) Re	Adjustments f # Dr (Cr)	Adjusted Balance Dr (Cr)	Workpaper Reference
5900 Depreciation Expense	13,775 00	AJE-	5 12,066 00	12,066 00	
5920 Director's Expense	252 59	AJE-	4 325 53	325 53	
5925 Directors Fees	3,900 00	AJE	4 4,800 00	4,800 00	
5990 Miscellaneous	89 00	AJE- AJE-	4 35 00	25 00	
(Profit) Loss	(18,382 74)	0 00	(18,463 24)	(18,463 24)	-) -

9999-01 Northern Valley Home, Inc. 08/09/2010. Adjusting Journal Entries 11 56 AM . for the period ended December 31, 2009 Page Credits Account # Account Name / Description Debits 12/31/2009 AJE 1 9,119 54 4500 Interest Income 1010 Cash In Savings-First Bnk 9,119 54 Record interest earned at United Valley 12/31/2009 AJE 2 39,436 00 4005 Income - Gov't Agencies 39,436 00 1000 Cash In Checking Record income from Pembina County 12/31/2009 AJE 3 75,576 00 4000 Rental Income 884 00 4010 Additional Electric Chgs 2,286 20 4020 Washer & Dryer Income 20 00 5990 Miscellaneous 3,600 00 2000 **Apartment Deposits** 82,366 20 1000 Cash In Checking Recordincome AJE 12/31/2009 900 00 2000 **Apartment Deposits** 316 99 5595 Utilities 120,011 62 1000 Cash In Checking 44,783 06 5595 Utilities 15,400 82 5400 Repairs 5200 Salaries & Wages 8,300 00 Payroll Tax - Fica 510 72 5300 325 53 Director's Expense 5920 4,800 00 5925 **Directors Fees** 35 00 Miscellaneous 5990 9,925 34 Real Estate Tax 5330 361 04 Entertainment 5600 4,384 00 Insurance 5530 250 00 5531 Worker's Compensation 490 00 Legal & Professional 5425 2.942 88 1500 Land, Bldgs, Equipment 1,717 19 1500 Land, Bldgs, Equipment 1500 Land, Bldgs, Equipment 1,235 30 10 00 5990 Miscellaneous 10,000 00 4850 Donations 1500 Land, Bldgs, Equipment 13,323 75

Record current year disbursements

		Page	2
		-	
Debits ————	Credits		
12,066 00	12,066 00		
3,100 00	3,100 00		
266,099 36	266,099 36		
	3,100 00	12,066 00 12,066 00 3,100 00 3,100 00	12,066 00 12,066 00 3,100 00 3,100 00

Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

Form 8868 (Rev. 4-2009)

memai nev	File a separate application for each return			
If you	are filing for an Automatic 3-Month Extension, complete only Part I and check this box are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this omplete Part II unless you have already been granted an automatic 3-month extension on a previously file			
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed)			
	ation required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete	▶ □	
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an ome tax returns	exter	ision of time	
noted be not auto /ou must	to Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension low (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic matic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consubmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file gov/efile and click on e-file for Charities & Nonprofits.	cally r	(1) you want the additional ated Form 990.T Instead,	
Type or	Name of Exempt Organization	Employer identification number		
print	NODWIEDY VALLEY HOME	A	E 0200762	
file by the	NORTHERN VALLEY HOME	45-0308763		
due date for iling your	Number, street, and room or suite no. If a P O box, see instructions PO BOX 246			
eturn See natructions	City, town or post office, state, and ZIP code For a foreign address, see instructions CAVALIER, ND 58220-0246			
Check to	pe of return to be filed (file a separate application for each return)			
	m 990			
	m 990-BL			
	m 990-EZ			
For	m 990-PF	70		
	GERALD BURT			
	poks are in the care of ▶ PO BOX 246, CAVALIER, ND - 58220			
	none No ▶ <u>701-265-8852</u> FAX No ▶			
	organization does not have an office or place of business in the United States, check this box		▶ ∟	
	is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			
ox ► I	If it is for part of the group, check this box If it is for part of the group, check this box and attach a list with the names and EiNs of all it	nemb	ers the extension will cover	
is f	quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unti- August 15, 2010 , to file the exempt organization return for the organization named also the organization's return for X calendar year 2009 or tax year beginning , and ending		The extension	
	tax year beginning, and ending			
	nis tax year is for less than 12 months, check reason Initial return Final return		Change in accounting period	
2 f t	nis application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		Change in accounting period	
2 If the same of t	nis application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any prefundable credits. See instructions		Change in accounting period	
2 If ti 3a If ti nor b If ti	nis application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any arrefundable credits. See instructions application is for Form 990-PF or 990-T, enter any refundable credits and estimated.	3a	\$	
2 If ti 3a If ti nor b If ti tax	nis application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any inrefundable credits. See instructions application is for Form 990-PF or 990-T, enter any refundable credits and estimated payments made. Include any prior year overpayment allowed as a credit.			
2 If the state of	nis application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any inrefundable credits. See instructions. In application is for Form 990-PF or 990-T, enter any refundable credits and estimated payments made. Include any prior year overpayment allowed as a credit. In ance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	3a	\$	
2 If the second of the second	nis application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any inrefundable credits. See instructions application is for Form 990-PF or 990-T, enter any refundable credits and estimated payments made. Include any prior year overpayment allowed as a credit.	3a	\$	

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.