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Form **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)

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

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization: NORTHERN VALLEY HOME

Number and street (or P.O. box, if mail is not delivered to street address): PO BOX 246

Room/suite:

City or town, state or country, and ZIP + 4: CAVALIER, ND 58220-0246

D Employer identification number: 45-0308763

E Telephone number: 701-265-8852

F Group Exemption Number ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ N/A

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — ☒ 501(c)(3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 127302.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received		1	
2	Program service revenue including government fees and contracts		2	118182.
3	Membership dues and assessments		3	
4	Investment income		4	9120.
5a	Gross amount from sale of assets other than inventory	5a		
b	Less: cost or other basis and sales expenses	5b		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
b	Less: direct expenses other than fundraising expenses	6b		
c	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		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
8	Other revenue (describe ▶)		8	
9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	127302.
10	Grants and similar amounts paid (attach schedule) See Statement 3		10	10000.
11	Benefits paid to or for members		11	
12	Salaries, other compensation, and employee benefits		12	13611.
13	Professional fees and other payments to independent contractors		13	490.
14	Occupancy, rent, utilities, and maintenance See Statement 2		14	83776.
15	Printing, publications, postage, and shipping		15	
16	Other expenses (describe ▶ See Statement 1)		16	961.
17	**Total expenses** Add lines 10 through 16 ▶		17	108838.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	18464.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (*must agree with end-of-year figure reported on prior year's return*)		19	611898.
20	Other changes in net assets or fund balances (attach explanation)		20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	630362.

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	409327.	22	420237.
23	Land and buildings	155713.	23	165199.
24	Other assets (describe ▶ Other Depreciable Assets)	50083.	24	47751.
25	**Total assets**	615123.	25	633187.
26	**Total liabilities** (describe ▶ TENANT DEPOSITS)	3225.	26	2825.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	611898.	27	630362.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? See Statement 6

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 See Statement 5

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 108838.

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 108838.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LAVERNE SOMMER BOX 491, CAVALIER, ND 58220	DIRECTOR 1.00	600.	0.	0.
DENNIS JOHNSON, 200 VALLEY ST. EAST, CAVALIER, ND 58220	DIRECTOR 1.00	600.	0.	0.
GERALD BURT BOX 246, CAVALIER, ND 58220	SECRETARY/TREASURER 8.00	2600.	0.	0.
HAROLD KOPF BOX 100, CAVALIER, ND 58220	VICE PRESIDENT 1.00	600.	0.	0.
JACK HILLIS, 411 THOMPSON COURT, CAVALIER, ND 58220	DIRECTOR 1.00	600.	0.	0.
ROGER JASTER, 307 BOUNDARY ROAD EAST, CAVALIER, ND 58220	DIRECTOR 1.00	600.	0.	0.
RICHARD TIMIAN 200 MAPLE AVE, CAVALIER, ND 58220	PRESIDENT 1.00	600.	0.	0.
MELVIN STARK, 302 VALLEY STREET EAST, CAVALIER, ND 58220	DIRECTOR 1.00	600.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
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.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
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		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
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 ▶ 0.			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	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		X
41	List the states with which a copy of this return is filed. ▶ None			
42a	The organization's books are in care of ▶ GERALD BURT Telephone no. ▶ 701-265-8852			
	Located at ▶ PO BOX 246, CAVALIER, ND ZIP + 4 ▶ 58220			
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 (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

			Yes	No
46	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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

NONE

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ Gerald M. Burt — Date ▶ 8/9/10
Signature of officer

▶ Gerald M. Burt Sec + Trus
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Peggy E Olson	Date 08/09/10	Check if self-employed ▶ X	Preparer's identifying number (See instr.) P00735505
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ PEGGY E. OLSON, CPA Box 754 Cavalier, ND 58220			EIN ▶ Phone no. ▶ 701-265-8449

May the IRS discuss this return with the preparer shown above? See instructions ▶ X Yes ☐ No

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
NORTHERN VALLEY HOME	45-0308763

Part I 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)

1 ☐ 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)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ 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)

9 ☒ An organization 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 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).**

11 ☐ 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 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)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g 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) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 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 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)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

13 **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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

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 organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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 ▶ ☐

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 organization's tax-exempt purpose	131584.	128599.	125788.	126896.	118182.	631049.
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						
6 **Total.** Add lines 1 through 5	131584.	128599.	125788.	126896.	118182.	631049.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year	53035.	55403.	53966.	50103.	34436.	246943.
c Add lines 7a and 7b	53035.	55403.	53966.	50103.	34436.	246943.
8 **Public support** (Subtract line 7c from line 6)						384106.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	131584.	128599.	125788.	126896.	118182.	631049.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5779.	9988.	11453.	15261.	9120.	51601.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	5779.	9988.	11453.	15261.	9120.	51601.
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)						
13 **Total support** (Add lines 9, 10c, 11, and 12)	137363.	138587.	137241.	142157.	127302.	682650.

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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	56.27 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	54.52 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	7.56 %
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 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	250.
MISCELLANEOUS	711.
Total to Form 990-EZ, line 16	961.

Form 990-EZ Occupancy, Rent, Utilities and Maintenance Statement 2

Description	Amount
Depreciation	12066.
Other Expenses	71710.
Total to Form 990-EZ, line 14	83776.

Form 990-EZ Cash Grants and Allocations Statement 3

Class of Activity/Grantee's Name and Address	Grantee's Relationship	Amount
AMBULANCE SERVICE CAVALIER AMBULANCE SERVICE PO BOX 231 CAVALIER, ND 58220	NONE	10000.
Total Included on Form 990-EZ, Line 10		10000.

FORM 990-EZ Information Regarding Transfers Associated with Personal Benefit Contracts Statement 4

A) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . [ ] Yes [X] No

B) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . [ ] Yes [X] No

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

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.

Form **4562**

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.

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
NORTHERN VALLEY HOME	Form 990-EZ Page 1	45-0308763

Part I **Election To Expense Certain Property Under Section 179** **Note:** *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7		
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8		9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562		10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5		11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	13		

Note: *Do not use Part II or Part III below for listed property Instead, use Part V*

Part II **Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	209.

Part III **MACRS Depreciation (Do not include listed property) (See instructions)**

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	11436.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property		5895.	7 Yrs.	HY	SL	421.
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27 5 yrs.	MM	S/L	
		/		27 5 yrs	MM	S/L	
i	Nonresidential real property	/		39 yrs	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year	/		40 yrs	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	12066.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* **only** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles*)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No 24b If "Yes," is the evidence written? ☐ Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use.								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use.								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

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) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another 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

	Yes	No
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? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as 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 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*

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year					
43 Amortization of costs that began before your 2009 tax year				43	
44 **Total.** Add amounts in column (f) See the instructions for where to report				44	

Account # / Description	Prior Period (Adjusted) 12/31/2008	Unadjusted Balance Dr (Cr)	Ref #	Adjustments Dr (Cr)	Adjusted Balance Dr (Cr)	Workpaper Reference
1000 Cash In Checking	73,958 85	73,958 85	AJE-2	39,436 00	75,749 43	ok
			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	
1015 Savings- Metropolitan						
1500 Land, Bldgs , Equipment	745,769 48	745,769 48	AJE-4	2,942 88	764,988 60	
			AJE-4	1,717 19		
			AJE-4	1,235 30		
			AJE-4	13,323 75		
1510 Accumulated Depr L,B,E	(539,973 00)	(539,973 00)	AJE-5	(12,066 00)	(552,039 00)	
1600 Stock Membership						
2000 Apartment Deposits	(3,225 00)	(3,225 00)	AJE-3	(3,600 00)	(2,825 00)	OK
			AJE-4	900 00		
			AJE-6	3,100 00		
2500 Notes Payable-Beulah						
2600 Payroll Taxes Payable						
3400 Fund Balance	(593,515 15)	(593,515 15)			(593,515 15)	
3409 P&L Summary		(18,382 74)			(18,382 74)	
3410 Stock						
(Profit) Loss	(18,382 74)	0 00		(18,463 24)	(18,463 24)	
	0 00	0 00		0 00	0 00	

Account # / 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	

Account # / Description	Prior Period (Adjusted) 12/31/2008	Unadjusted Balance Dr (Cr)	Ref #	Adjustments 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-3	(20 00)	25 00	
			AJE-4	35 00		
			AJE-4	10 00		
(Profit) Loss	(18,382 74)	0 00		(18,463 24)	(18,463 24)	

Account #	Account Name / Description	Debits	Credits
12/31/2009	AJE 1		
4500	Interest Income		9,119 54
1010	Cash In Savings-First Bnk	9,119 54	
	Record interest earned at United Valley		
12/31/2009	AJE 2		
4005	Income - Gov't Agencies		39,436 00
1000	Cash In Checking	39,436 00	
	Record income from Pembina County		
12/31/2009	AJE 3		
4000	Rental Income		75,576 00
4010	Additional Electric Chgs		884 00
4020	Washer & Dryer Income		2,286 20
5990	Miscellaneous		20 00
2000	Apartment Deposits		3,600 00
1000	Cash In Checking	82,366 20	
	Recordincome		
12/31/2009	AJE 4		
2000	Apartment Deposits	900 00	
5595	Utilities	316 99	
1000	Cash In Checking		120,011 62
5595	Utilities	44,783 06	
5400	Repairs	15,400 82	
5200	Salaries & Wages	8,300 00	
5300	Payroll Tax - Fica	510 72	
5920	Director's Expense	325 53	
5925	Directors Fees	4,800 00	
5990	Miscellaneous	35 00	
5330	Real Estate Tax	9,925 34	
5600	Entertainment	361 04	
5530	Insurance	4,384 00	
5531	Worker's Compensation	250 00	
5425	Legal & Professional	490 00	
1500	Land, Bldgs , Equipment	2,942 88	
1500	Land, Bldgs , Equipment	1,717 19	
1500	Land, Bldgs , Equipment	1,235 30	
5990	Miscellaneous	10 00	
4850	Donations	10,000 00	
1500	Land, Bldgs , Equipment	13,323 75	
	Record current year disbursements		

Account #	Account Name / Description		Debits	Credits
12/31/2009		AJE 5		
1510	Accumulated Depr L,B,E			12,066 00
5900	Depreciation Expense		12,066 00	
	rECORD CURRENT YEAR DEP□			
12/31/2009		AJE 6		
2000	Apartment Deposits		3,100 00	
5400	Repairs			3,100 00
	aDJUST FOR DEPOSITS WITHHELD FOR REPAIRS, ETC			
		Totals	266,099 36	266,099 36

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

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	NORTHERN VALLEY HOME	45-0308763
	Number, street, and room or suite no. If a P O box, see instructions PO BOX 246	
	City, town or post office, state, and ZIP code For a foreign address, see instructions CAVALIER, ND 58220-0246	

Check type of return to be filed (file a separate application for each return)

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ GERALD BURT
  PO BOX 246, CAVALIER, ND - 58220
  Telephone No ▶ 701-265-8852 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole 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 members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until August 15, 2010, to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ [X] calendar year 2009 or
▶ [ ] tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$	
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$	
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.** Form **8868** (Rev. 4-2009)

923831
05-26-09