

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ** 

OMB No 1545-1150

Open to Public Inspection

Department of the TreassTry 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.

A 1	-or u	ne 2009 Calendar year, or tax year beginning and ending					
B	Check of	ble: Please O Name of Organization	oyer i	dentification number			
	Addr	use IRS   label or   label or					
	Name Chan	ge print of FORX BUILDERS ASSOCIATION 45		355339			
	Initia	"   <b>366</b>		number			
<u> </u>	Tern	Instruc-	01	<u>)746-4536                                    </u>			
L	Ame	reded trons City or town, state or country, and ZIP + 4	p Exe	mption			
L	Appli pend		Number >				
	• Se	ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting me		X Cash Accrual			
		Schedule A (Form 990 or 990-EZ). Other (specify)					
				the organization is <b>not</b>			
				dule B (Form 990, 990-EZ, or 990-PF)			
K	Check		an \$2	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.		450,349.			
	art I	nes 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ  Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions f	or Pa				
(F	$\overline{}$		1				
	1 2	Contributions, gifts, grants, and similar amounts received  Program service revenue including government fees and contracts	2				
	3	Membership dues and assessments	3	97,362.			
	4	Investment income	4	16,581.			
	5a	Gross amount from sale of assets other than inventory 5a		10,301.			
	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				
Revenue	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 307,056.					
	ь	Less: direct expenses other than fundraising expenses 6b 248,471.					
	С	Net income or (loss) from special events and activities Subtract line 6b from line 6a)	6c	58,585.			
	7a	Gross sales of inventory, less returns anticallowances					
	Ь	Less: cost of goods sold 7b					
	C	Gross profit or (loss) from sales of inventory (Sybtrac Pil) 4 (b) from the 7a)	7c				
	8	Less: cost of goods sold  Gross profit or (loss) from sales of inventory (Subtracollo 10 from line 7a)  Other revenue (describe See Statement 4)	8	29,350.			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7p, and 8	9	201,878.			
<b></b>	10	Grants and similar amounts paid (attice) consultative,	10				
<b>S</b>	11	Benefits paid to or for membels .	11				
Kpe. 1 5 2010	12	Salaries, other compensation, and employee benefits	12	78,263.			
<del>2</del>	13	Professional fees and other payments to independent contractors	13	592.			
<b>3</b>	14	Occupancy, rent, utilities, and maintenance See Statement 5	14	3,898.			
<b>F</b>	15	Printing, publications, postage, and shipping	15	2,734.			
	16	Other expenses (describe See Statement 1)	16	134,391. 219,878.			
SCANNED	17	Total expenses. Add lines 10 through 16	17 18	-18,000.			
\$	18 19	Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A))	10	-10,000.			
SS SS	19	(must agree with end-of-year figure reported on prior year's return)	19	222,683.			
	20	· · · · · · · · · · · · · · · · · · ·	20	222,003.			
<b>4</b>	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	204,683.			
P	art I			20170031			
لــــــــ		(See the instructions for Part II.)  (A) Beginning of year	Ī	(B) End of year			
22	Ca	sh, savings, and investments 156,121.	22	132,263.			
23		nd and buildings 126,640.	+	121,598.			
24		ner assets (describe ► See Statement 2) 68,830.		87,763.			
25		351,591.		341,624.			
26	To	tal liabilities (describe ► See Statement 3) 128,908.		136,941.			
27	Ne	t assets or fund balances (line 27 of column (B) must agree with line 21) 222,683.	27	204,683.			
932 02-	171 08-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990-EZ</b> (2009)			

	m 990-EZ (2009) FORX BUILDERS ASSOCIATION			<u>45-</u>	03553	39 Page 2
	art III Statement of Program Service Accomplishmen	•	Part III.)		E)	qenses
Wh	at is the organization's primary exempt purpose? <u>See Statement</u>	. 8				r section 501(c)(3)
Des	scribe what was 'achieved in carrying out the organization's exempt pur	poses. In a clear and conc	se manner, descri	be		i) organizations and 7(a)(1) trusts, optional
	services provided, the number of persons benefited, and other relevan		ram title.		for others)	
28	IMPROVING CONDITIONS IN THE BUILDIN	G INDUSTRY				
		·				
	(Grants \$ ) If this amount includes foreign of	grants, check here	<b>&gt;</b>		28a	
29						
	(Grants \$ ) If this amount includes foreign of	grants, check here			29a	
30						
	(Grants \$ ) If this amount includes foreign of	rants, check here			30a	
31	Other program services (attach schedule)					
	(Grants \$ ) If this amount includes foreign of	rants, check here		$\Box$	31a	
32	Total program service expenses (add lines 28a through 31a)	1		_	32	
	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated	See the		for Part IV)
٠				<del></del>	ontributions	
		(b) Title and average hours	(c) Compensation	toθ	employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)	1	eferred pensation	other allowances
	ATE APPLEGREN	PAST PRESIDEN	m	COIII	pensation	
TAY	ATE APPLIEGREN	0.00	0.		0.	_
	NEW YEAR		0.		0.	0.
<u> </u>	OREN ABEL	PRESIDENT	0		^	
_		0.00	0.		0.	0.
<u>C(</u>	DREY VREELAND	PRESIDENT ELE			•	
_		0.00	0.		0.	0.
<u>SC</u>	ONIA ROBERTON	DIRECTOR	_		_	_
_		0.00	<u> </u>		0.	0.
KI	EN VASEK	SECRETARY/TRE	ASURER			
		0.00	0.		0.	0.
CI	HAD BENSON	DIRECTOR				
		0.00	0.		0.	0.
S	PACEY KEMP	DIRECTOR				
_		0.00	0.		0.	0.
R/	ANDY FOSS	DIRECTOR			· · · · · ·	
		0.00	0.		0.	0.
GI	ENE LILL	DIRECTOR				
_		0.00	0.	L_	0.	0.
BI	ETTY MCDONALD	EXECUTIVE OFF	ICER			
_	<u> </u>	40.00	40,062.		0.	0.
_		17				
		•				
		1				
_				İ		<u> </u>
_		1		1		
				<del> </del> -		<del> </del>
		1				
						<del>                                     </del>
		-				
		-				
	707			ļ		ļ
		i l		i		1

Form **990-EZ** (2009)

33 Dut the organization engage in any activity not previously reported to the IRS? If Yes, attach a detailed description of each activity  34 Were any changes made to the organization of governing documents? If Yes, attach a comformed copy of the changes  35 If the organization had income from business activities, such as those reported on inne 3, 6s, and 7a (among others), but not reported on Form 990-1, attach a statement explaining why the organization did not report the income on Form 990-1.  36 Dut the organization have unrelated business gross concerned of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  35 Diff the organization have unrelated business gross concerned \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  36 Diff the organization have unrelated business gross concerned \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  36 Diff the organization hore or was reported on the report of the section, or significant disposition of net assets during the year? If Yes, complete applicability and the organization of the organization	Pa	art V Other Information (Note the statement requirements in the instructions for Part V.)				
34 Were any changes made to the organization or governing documents? If *res,* statish 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 but 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?  35				Yes	+	
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?  b If Yes, is all filled a tax return on Form 990-T for this year?  35 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 If the amount of political expenditures, direct or indirect, as described in the instructions.  37 Interpret and still outstanding at the end of the period covered by this return?  38 If Yes, complete Schedule I, Part II and enter the total amount movived  38 If Yes, complete Schedule I, Part II and enter the total amount movived  38 If Yes, complete Schedule I, Part II and enter the total amount movived  39 Section 50 (Ic(X) organizations. Enter amount of tax imposed on the organization during the year under:  39 Interpret and still outstanding at the end of the period covered by this return?  40 Cross receipts, included on the 9 (for public use of club facilities  41 Section 50 (Ic(X)) organizations. Enter amount of tax imposed on the organization during the year under:  42 Section 50 (Ic(X)) and 50 (Ic(X) organizations. Bither amount of tax imposed on the organization during the year under:  43 Section 50 (Ic(X)) and 50 (Ic(X) organizations. Bither amount of tax or line 40 reministed by the organization of It organizations. Enter amount of tax or line 40 reministed by the organization of It organizations. Enter amount of tax or line 40 reministed by the organization of It Yes, complete form 8866 The Amount of It Yes, complete form 8866 The Amount of It Yes, complete form 8866 The Amount of It Yes, to other financial Accounts.  40 If Yes, enter the name of the fore						
reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.  and 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 fax requirements?  b if "Yes," has if filed a fax return on Form 990-T for this year?  35a \ X \ 35b \			34	<u> </u>	X	
a Dut 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?  5 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete spincial parts of Sch. N  36	35	- · · · · · · · · · · · · · · · · · · ·		l '		
and proxy tax requirements?  bit "Yes," has it filed a tax return on Form 990-T for this year?  bit de organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Sch. N  35b	_					
b If Yes, 'nast filled a fax return on Form 990-T for this year?  5 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, 'somplete applicable parks of Sch. N  37a	a		25-	v		
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  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.  ▶ 37 a 17,304.  ▶ Did the organization file Form 1120-POL for this year?  a Did the organization for from file Form 1120-POL for this year?  ■ Did the organization for from 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?  ▶ If Yes, complete Schedule IL, Part II and enter the total amount involved  38 B N/A  38 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ▶ N/A is section 4912 ▶ N/A is section 4912 ▶ N/A  ▶ Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization 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 organizations organization engage in any section 4958 excess benefit transaction has not been reported on any of the 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 year.  List the states with which a copy of this return is filed. ▶ ND  At any time during the calendar ye		· · · · ·				
complete applicable parts of Sch. N  1 certar amount of political expenditures, direct or indirect, as described in the instructions.  1 7, 304  1 7, 304  1 7, 304  1			330		-	
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  ▶ 37a	30	·	36		¥	
b Did the organization file Form 1120-POL for this year?  38 a 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?  b If Yes, complete Schedule L, Part II and enter the total amount involved  38 Exction 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  b Gross recepts, included on line 9, for public use of club facilities  39 N/A  40 N/A  5 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A  39 N/A  5 Section 501(c)(3) and 501(c)(4) organizations. Drift enganization with a disqualified person in a prior year, and the transaction has not been reported on any of the organization is prior Forms 990 or 990-E27 if Yes, complete Schedule L, Part II  40 N/A  40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax inposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40 cembursed by the organization and 501(c)(4) organizations. Enter amount of tax on line 40 cembursed by the organization and 501(c)(4) organizations. Enter amount of tax on line 40 cembursed by the organization and 501(c)(4) organizations. Enter amount of tax on line 40 cembursed by the organization shooks are marked to grain and 501(c)(4) organizations. Enter amount of tax on line 40 cembursed by the organization shooks are marked to grain and 501(c)(4) organizations. Enter amount of tax on line 40 cembursed by the organization shooks are marked by the organization shooks are marked by the organization shooks	<b>37</b> 2		- 30			
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?  38b N/A  39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39a N/A 39b N/A 39b N/A 39c Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A 39a N/A 39b N/A 39b N/A 39b N/A 39c N/A 39b N/A 39c N/A 39b N/A 39c N/A 39c Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A 39b N/A 39c N/A 39b N/A 39c N/A 39b N/A 39c N/A 39c N/A 39b N/A 39c N/A 39c N/A 39c N/A 39b N/A 39c N/A 39b N/A 39c N/A 39c N/A 39b N/A 39c N/A 39b N/A 39c N/A 30c N/A			37h		Y	
b if Yes,* complete Schedule L, Part II and enter the total amount involved  Section 50 (Ic(Y) or opanizations. Enter:  a initiation fees and capital contributions included on line 9  B Gross receipts, included on line 9 (or public use of club facilities)  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A  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  S 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  N/A  1 List the states with which a copy of this return is filed. ► ND  List the states with which a copy of this return is filed. ► ND  1 List the states with which a copy of this return is filed. ► ND  1 Located at ► 51.9 DEMBERS AVE., SUITE A GRAND FORKS, ND, GRAND ZIP+4 ► 58201  1 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 10F 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.?  If Yes, enter the name of the foreign country; ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the namount of tax-exempt interest		· · · · · · · · · · · · · · · · · · ·	- 0, 0			
b If Yes, complete Schedule L, Part II and enter the total amount involved  39 Section 501(c)(7) organizations. Enter:  a Innitation fees and caphat contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A  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 manager in any section 4958 excess benefit transaction during the year or is a taware 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 organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization at any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T  1 List the states with which a copy of this return is filed. ► ND  1 The organization shooks are in care of ► BETTY MCDONALD, EXECUTIVE OF Telephone no. ► 701 – 746 – 4536  1 Located at ► 519 DEMERS AVE. , SUITE A GRAND FORKS, ND, GRAND ZIP+4 ► 58201  40e X  1 The organization is a foreign country (such as a bank account, securities account, or other financial accounts.  c At any time during the calendary year, did the organization maintain an office outside of the U.S.?  11 "Yes, enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of the foreign country: ►  Section 4947(a)(1	004		38a		x	
Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A; section 4912 ▶ N/A  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) 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 uniforming the year under:  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:  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:  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:  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the tax year, was the organization a party to a prohibited tax shelter transaction?  If Yes, complete Form 8886-T  40e	h		- 000			
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 30 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A b Section 501(c)(3) and 501(c)(4) organizations. But 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 priory year, and that the transaction has not been reported on any of the organization's prior forms 990 or 990-F27 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 on line 40c reimbursed by the organization 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 8865-T  Located at ▶ 519 DEMERS AVE., SUITE A GRAND FORKS, ND, GRAND  21P + 4 ▶ 58201  b At any time during the calendar year, did the organization have an interest in or a signature or other fundancial account in a 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.?  If Yes, enter the name of the foreign country; 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  40 Did the organization maintain any donor advised funds? If Yes, Form 990 must be completed instead of Form 990-EZ  42 is any related organization a controlled entity of the organization within the meaning of section 512(					1	
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 ▶ N/A  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-E2? 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 on line 40c reimbursed by the organization 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 8866-T  List the states with which a copy of this return is filled. ▶ ND  21 The organization's books are in care of ▶ BETTY MCDONALD, EXECUTIVE OF Telephone no. ▶ 701-746-4536 Located at ▶ 519 DEMERS AVE., SUITE A GRAND FORKS, ND, GRAND  21P + 4 ▶ 58201  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 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.?  If Yes, enter the name of the foreign country: ▶  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  40 Did the organization maintain any donor advised funds? If Yes, Form 990 must be completed instead of Form 990-EZ is an						
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under; section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A    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    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 tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T    List the states with which a copy of this return is filed. ▶ ND    The organization's books are in care of ▶ BETTY MCDONALD, EXECUTIVE OF   Telephone no. ▶ 701-746-4536    Located at ▶ 519 DEMERS AVE., SUITE A GRAND FORKS, ND, GRAND   ZIP +4 ▶ 58201    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 accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?    If 'Yes,' enter the name of the foreign country. ▶    Section 497(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   A3 N/A    Yes No.						
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 man a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 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 year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax view the organization in a 901 to 400 product the sections 4912 product the organization a party to a prohibited tax shelter transaction? If Yes,* enter the states with which a copy of this return is filed. ▶ ND  41 List the states with which a copy of this return is filed. ▶ ND  42 The organization's books are in care of ▶ BETTY MCDONALD, EXECUTIVE OF Telephone no. ▶ 701-746-4536 Located at ▶ 51.9 DEMERS AVE., SUITE A GRAND FORKS, ND, GRAND ZIP+4 ▶ 58.201  b At any time during the calendar year, did the organization have an interest in or a signature or other durinority over a financial account in a foreign country. ▶  See the instructions for exceptions and filing requirements for Form 10 F 90-22.1, Report						
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  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  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 8866-T  11 List the states with which a copy of this return is filed. ► ND  12 The organization's books are in care of ► BETTY MCDONALD, EXECUTIVE OF Telephone no. ► 701-746-4536  13 Located at ► 519 DEMERS AVE., SUITE A GRAND FORKS, ND, GRAND ZIP+4 ► 58201  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 10 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.?  If 'Yes,' enter the name of the foreign country: ►  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  40 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  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						
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-E27 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 on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T  1 List the states with which a copy of this return is filed. In organization is books are in care of BETTY MCDONALD, EXECUTIVE OF Telephone no. 701-746-4536  Located at 519 DEMERS AVE., SUITE A GRAND FORKS, ND, GRAND ZIP+4 58201  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 accounts?  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.  1 At any time during the calendar year, did the organization maintain an office outside of the U.S.?  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.  42b X  Yes No.  42c X  Yes No.  44c X  Did the organization maintain any donor advised funds? If Yes,* Form 990 must be completed instead of Form 990-EZ  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	b					
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  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  List the states with which a copy of this return is filed. ► ND  11 List the states with which a copy of this return is filed. ► ND  12 The organization's books are in care of ► BETTY MCDONALID, EXECUTIVE OF Telephone no. ► 701-746-4536  Located at ► 519 DEMERS AVE., SUITE A GRAND FORKS, ND, GRAND  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 accounts account)?  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.?  If Yes, enter the name of the foreign country: ►  3 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  4 Did the organization maintain any donor advised funds? If Yes, Form 990 must be completed instead of Form 990-EZ  4 Did the organization a controlled entity of the organization within the meaning of section 512(b)(13)? If Yes, Form 990 must be						
or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 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 8866-T  11 List the states with which a copy of this return is filed. ► ND  12 The organization's books are in care of ► BETTY MCDONALD, EXECUTIVE OF Telephone no. ► 701-746-4536 Located at ► 519 DEMERS AVE., SUITE A GRAND FORKS, ND, GRAND  12 A tany 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)?  13 If "Yes," enter the name of the foreign country: ►  24 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  14 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  15 is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			40b	N/	Α	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  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  List the states with which a copy of this return is filed. ▶ ND  12 The organization's books are in care of ▶ BETTY MCDONALD, EXECUTIVE OF Telephone no. ▶ 701-746-4536 Located at ▶ 519 DEMERS AVE., SUITE A GRAND FORKS, ND, GRAND ZIP+4 ▶ 58201  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? 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.? If "Yes," enter the name of the foreign country: ▶  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.  Yes No.  Yes No.  Yes No.  If "Yes," Form 990-EZ In the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers				
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  41 List the states with which a copy of this return is filed. ▶ ND  42a The organization's books are in care of ▶ BETTY MCDONALD, EXECUTIVE OF Telephone no. ▶ 701-746-4536  Located at ▶ 519 DEMERS AVE., SUITE A GRAND FORKS, ND, GRAND ZIP+4 ▶ 58201  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 accounts)?  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.?  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  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  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		or disqualified persons during the year under sections 4912, 4955, and 4958				
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  List the states with which a copy of this return is filed. ▶ ND  The organization's books are in care of ▶ BETTY MCDONALD, EXECUTIVE OF Telephone no. ▶ 701-746-4536 Located at ▶ 519 DEMERS AVE., SUITE A GRAND FORKS, ND, GRAND ZIP+4 ▶ 58201  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?)  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.?  If "Yes," enter the name of the foreign country. ▶  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  Yes Note	d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			ĺ	
transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed.  ND  12  The organization's books are in care of  BETTY MCDONALD, EXECUTIVE OF Telephone no.  701-746-4536  Located at  519 DEMERS AVE., SUITE A GRAND FORKS, ND, GRAND ZIP+4  58201  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)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filling 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.?  If "Yes," enter the name of the foreign country:  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  Yes No.  Yes No.  Yes No.  142		organization N/A			ĺ	
List the states with which a copy of this return is filed. ► ND  12 The organization's books are in care of ► BETTY MCDONALD, EXECUTIVE OF Telephone no. ► 701-746-4536  Located at ► 519 DEMERS AVE., SUITE A GRAND FORKS, ND, GRAND  12 P+4 ► 58201  13 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)?  14 If 'Yes,' enter the name of the foreign country: ►  25 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  26 At any time during the calendar year, did the organization maintain an office outside of the U.S.?  26 If 'Yes,' enter the name of the foreign country: ►  27 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  18 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  19 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes,' Form 990 must be	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
42a The organization's books are in care of ▶ BETTY MCDONALD, EXECUTIVE OF Telephone no. ▶ 701-746-4536  Located at ▶ 519 DEMERS AVE., SUITE A GRAND FORKS, ND, GRAND ZIP+4 ▶ 58201  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)?  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.?  If "Yes," enter the name of the foreign country: ▶  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  Yes No.  Yes No.  Yes No.  Yes No.  Yes No.  If "Yes," Form 990 must be completed instead of Form 990-EZ is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be		transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	X	
Located at > 519 DEMERS AVE., SUITE A GRAND FORKS, ND, GRAND  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)?  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.?  If "Yes," enter the name of the foreign country:  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  Yes No.	41					
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)?  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.?  If "Yes," enter the name of the foreign country:  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  Yes No  Yes No  Yes No  Yes No  If "Yes," Form 990-EZ In the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	42 a					
over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  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.?  If "Yes," enter the name of the foreign country:  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  Yes No  Yes No  Yes No  1			<u>820</u>	<u>1</u>		
account)?  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.?  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  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  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	b		ſ			
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.?  If "Yes," enter the name of the foreign country:  3 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  Yes Note  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  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		r i i i i i i i i i i i i i i i i i i i		res		
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.?  If "Yes," enter the name of the foreign country:  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  Yes No  1		'	42b	<u> </u>	X	
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  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  Yes No  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  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		· — — — — — — — — — — — — — — — — — — —				
If "Yes," enter the name of the foreign country:  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  Yes No  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  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		, , , , , , , , , , , , , , , , , , , ,				
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  Yes No  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  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	C		42c		X	
and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No.  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  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				_		
Yes Note  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  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	43		AT / 7A		ш	
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		and enter the amount of tax-exempt interest received or accrued during the tax year	N/A			
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			ľ	Voc	Na	
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		Did the exceptantion mountain any depart advised funded if "Yee." Form 000 must be completed instead of		162	140	
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	44	· · · · · · · · · · · · · · · · · · ·	44		v	
	45	· · · · · · · · · · · · · · · · · · ·	44		^	
	40	completed instead of Form 990-EZ	45		X	

Pa	rt VI Section 501(c)(3) organizations and section 4 organizations and section 4947(a)(1) nonexempt charitable and 51.					
46	Did the organization engage in direct or indirect political campaign activities	on behalf of or in opposition t	o candidates for public	;	Y	es No
	office? If "Yes," complete Schedule C, Part I		-	Ļ	46	
	Did the organization engage in lobbying activities? If "Yes," complete Sch				47	
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes		•		48	
	Did the organization make any transfers to an exempt non-charitable related	organization?	•	-	49a	
50	If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employe than \$100,000 of compensation from the organization. If there is none, enter	·	ors, trustees and key e	L mployees) who ea	49b ch receiv	ed more
	(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hour per week devoted to position	s (c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) E	xpense unt and llowances
51	Total number of other employees paid over \$100,000  Complete this table for the organization's five highest compensated independent organization. If there is none, enter "None."  N/A  (a) Name and address of each independent contractor paid more		(b) Type of se		tion from	
	Total number of other independent contractors each receiving over \$100,000	0				
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accorrect, and complete Declaration of preparer (other than officer) is based on all the state of the sta	companying schedules and staten		y knowledge and beling the state of the stat	•	9,
	Stacey Kemp Secretary/Tre	easurer				
Paid Prepa Use C	Only State of the	5-12-10 6	mployed	PDUD 88	mber (See	instr)
	firm's name (or yours of self-employed), address, and ZIP+4  Drees, Riskey & Vallag  1405 Library Circle  Grand Forks, ND 58201	er, LTD.	EIN J Phon no.	<u>► 45-03</u> ne► (701)7	333 46-4	1 <u>466</u>
May t	the IRS discuss this return with the preparer shown above? See instructions			<u>▶</u> 3	Yes	No_
				Fo	rm <b>990</b> -	<b>EZ</b> (2009)

## **SCHEDULE G**

(Form 990 or 990-EZ)

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.

Open To Public Inspection

Name of the organization						Employer ide	ntification number
FORX BU	ILDERS ASSOCIATION					45-0355	339
	Complete if the organization answer		'es" to	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais	ed funds through any of the following	ng acti	rties.	Check all that apply.			
a Mail solicitations			-	overnment grants			
b Internet and email solicitations			_	nment grants			
c Phone solicitations	g L Special	fundra	ising (	events			
d In-person solicitations				re			
2 a Did the organization have a written of						or Yes	
key employees listed in Form 990, Pa b If "Yes," list the ten highest paid indiv	·			-			
compensated at least \$5,000 by the		uani it	ayıe	ements under which	uie ii	unulaisei is to i	De
		т					
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribi	istody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Fotal	<u></u>						
3 List all states in which the organization	n is registered or licensed to solicit f	unds (	or has	been notified it is ex	empt	t from registrati	on or licensing.
						<del></del>	
						_	
							<del></del>
		·····					
						<del></del>	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events PROJECT (add col. (a) through HOME SHOW HOUSE col. (c)) (event type) (event type) (total number) Revenue 99,041 205,000. 3,015 307,056. 1 Gross receipts 0 0. 2 Less: Charitable contributions 0 99,041. 205,000. 3,015. Gross income (line 1 minus line 2) 307,056. Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment 248,471. Other direct expenses 183,626. 3,572 10 Direct expense summary. Add lines 4 through 9 in column (d) 248,471 11 Net income summary. Combine line 3, column (d), and line 10 58,585. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column (d), and line 7 No Yes Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

administer charitable gaming?

<u>SCI</u>	edule G (Form 990 of 990-EZ) 2009 FORX BUILDERS ASSOCIATION 45-0	<u> </u>	<u> </u>	<u>9 Pa</u>	age 3
				Yes	No
13	Indicate the percentage of gaming activity operated in:	Γ			
а	The organization's facility	%			
	An outside facility	%	i		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name ►	_			
	Address >	_			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	.	15a		
b	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount				
	of gaming revenue retained by the third party > \$		1		
C	If "Yes," enter name and address of the third party:				
	Name	_			
	Address				
16	Gaming manager information:				
	Name	-			
	Gaming manager compensation ▶ \$				
	Description of services provided				
		_		į	
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state garning license?	. ].	17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the				
	organization's own exempt activities during the tax year ▶ \$				

Schedule G (Form 990 or 990-EZ) 2009

Form 990-EZ	Other Expenses		Statement	1
Description			Amount	
TELEPHONE			2,8	45.
INSURANCE				05.
CONFERENCES & CONVENTIONS			9,7	62.
PROMOTIONS & AWARDS			3	42.
DUES & SUBSCRIPTIONS			67,9	
MISCELLANEOUS			6,9	
FEDERAL AND STATE TAXES			3,5	
TRAVEL			1,0	
INTEREST			2,3	
INSURANCE			1,4	
UTILITIES			2,0	
REAL ESTATE TAX			1,7	
SNOW REMOVAL				59.
MAINTENANCE NEWSLETTER AND DIRECTORY EXPENSE	e c		5,0	43.
MISCELLANEOUS ADMINISTRATIVE	45		5,0 5,4	
EQUIPMENT AND RENTAL MAINTENANCE			10,9	
Depreciation	•		1,9	
INTEREST			2,3	
INSURANCE			1,4	
UTILITIES			2,0	
REAL ESTATE TAX			1,7	
SNOW REMOVAL				59.
MAINTENANCE			3	43.
PROFESSIONAL			5	93.
Total to Form 990-EZ, line 16			134,3	91.
Form 990-EZ	Other Assets		Statement	2
		_		
Description		Beg. of Year	End of Yea	ar —
WORK IN PROGRESS - PROJECT TECH	HOUSE	68,830.	87,7	63.
Total to Form 990-EZ, line 24		68,830.	87,7	63.

Form 990-EZ	Other Liabilities		Statement	3
Description		Beg. of Year	End of Yea	ır
ACCOUNTS PAYABLE - WORK II	N PROGRESS	3,681.	5,95	58.
PAYROLL WITHOLDINGS		1,380.		24.
MORTGAGE  DROJEGE LOAN		76,937 <b>.</b>	71,84	
PROJECT HOUSE LOAN		46,910.	58,91	L / •
Total to Form 990-EZ, line	e 26	128,908.	136,94	11.
Form 990-EZ	Other Revenue		Statement	4
Description			Amount	
SPONSOR BC/BS PROGRAM			18,55	57.
OTHER SPONSORED PROGRAMS				3.
ADVERTISING REVENUES			4,19	8.
MISCELLANEOUS			6,38	32.
Total to Form 990-EZ, line	e 8		29,35	50.
Form 990-EZ Occupancy	, Rent, Utilities and Ma	intenance	Statement	 5
Description			Amount	
Depreciation Other Expenses			3,12	28.
Total to Form 990-EZ, line	e 14		3,89	8.
Form 990-EZ	Rental Income		Statement	6
Kind and Location of Prope	erty	Activity Number	Gross Rental Inco	ome
RENTAL INCOME		2	13,46	6.
Total incuded on Form 990-	-EZ, Part I, line 4		13,46	6.

FO	RM 990-EZ Information Regarding Transfers Associated with Personal Benefit Contracts		Statement	7
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

990-EZ Pg 2

Statement 8

IMPROVING CONDITIONS IN THE BUILDING INDUSTRY