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Form **990-EZ** 

SCAMMED NOV I 0 2014

## Short Form Return of Organization Exempt From Income Tax

Under section 601(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 like 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.



Open to Public Inspection

A For the 2000 calendar year, or tark year beginning   20 000   2			iha Trassury ei Sarvice		aaseta lesa ► The organization may i	than \$1,250,000 Nave to use a co	) at the end of the ppy of this return (	o year may use ti to <i>satisfy sta</i> te re	nis torm. Sporting require	menis.		Inspectio	n
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# Section 501fc/30 organizations and 4501fc/11) nonscennpt charitable truste must attach s completed Schedule A (Form 900 or 830-EZ).    Website: ►   Taxt-exempt status (check only one) - (2 501fc) (3 )	_			244					<u> </u>	<u> </u>	701.6	42-2811	
Section 501(c)(3) organizations and 4051(c)(17) nonexempt charitable trusta must attach   Check   Cash   Accounting Method:   Check   Cash   Check   Cash	▣	Amended	return	matruo-		ntry, and ZIP +	4				•	lon	
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Tax-exempt status (check only one)		· · · · · · · · · · · · · · · · · · ·											
K Check ▶												dule B (Form 9	<i>)</i> 90.
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	_										<del>_</del>		
Add lines 50, 65, end 7b, to line 9 to determine gross recipits; if \$500,000 or more, file Form 900-RZ													A
Revenue, Expenses, and Chenges in Net Assets or Fund Balances (See the instructions for Part I.)   Contributions, gifts, grants, and similar amounts received.											retum		
1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and 3 Membership dues and assessments. 4 Investment income 5a Grose amount from sale of assets other than inventory b Less: cost or other basis and sales expenses. 5 Gain or (losa) from sale of assets other than inventory (Subtract line 5b from line 5a). 5 Special events and activities (complete applicable parts of Schedule (5), if any amount is fine gaming, check here ▶ □ a Grose revenue (not including 3 of contributions reported on line 1). b Less: direct expenses other than fundralsing expenses 6 Net income or (lose) from special events and activities (Subtract line 6b from line 6a). 7 Gross sales of inventory, less returns and allowances. 7 A Gross profit or (loss) from sales of Inventory (Subtract line 7b from line 6a). 7 Gross profit or (loss) from sales of Inventory (Subtract line 7b from line 7a). 7 Gross profit or (loss) from sales of Inventory (Subtract line 7b from line 7a). 7 Gross profit or (loss) from sales of Inventory (Subtract line 7b from line 7a). 7 Gross profit or (loss) from sales of Inventory (Subtract line 7b from line 7a). 7 Gross profit or (loss) from sales of Inventory (Subtract line 7b from line 7a). 8 Other revenue (describe) 8 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 8c, 7c, and 8 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 8c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefite paid to or for members 12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractore (O) 0, 5/2614 13 Professional fees and other payments to independent contractore (O) 0, 5/2614 13 Professional fees and other payments to independent contractore (O) 0, 5/2614 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe) 17 Total expenses or (Indeficit) for the year (Subtract line 17 from line 9) 18 Excess or (Indeficit) for the year (Subtract line 17			Boyon)	D, 10 line	e vace and Chance	sipis; ir \$500,0	Acete or E	und Balanc	ad of Form ve	a instructi	one fo	r Port IV	
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12   Salaries, other compensation, and employee benefits   12   13   14   15   15   14   15   15   16   17   16   17   17   18   18   19   19   19   19   19   19		1 1			•	•	· · Di		11/	_			
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24 Other easets (describe > 24   25   Total easets (describe > 25   Total elabilities (describe > 26   Total elabilities					nvestmente	<b></b>	/	. , , <i>,</i> ,	· ·				
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26 Total liabilities (describe > FASI (TALL) 28			•		ne ▶	1,010	10 2011		<del></del> -)		_		
						/E.V	AST ·		· ·	<del></del>			
27 Net assets or fund balances (line 27 of Column 18 m safety e- with line 21) [27]						A SHOPLE	THE STATE OF THE S	ALL 21)	<del></del> '				
27 Net assets or fund balances (line 27 of Commission and Paperwork Reduction Act Notice, see the separate instructions.  Cat No. 106421  Form 990-EZ (2009)	_						<u> </u>		Cat Ma	106421		990-F7	

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Form 990-EZ (	(2009)
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Form (	990-EZ (2009)						Page 2	
Part III Statement of Program Service Accomplishments (See the Instructions for Part III.)								
Wha	is the organization's primary exempt purifies what was achieved in carrying or	rpose?	Long-term zoo endowment.		ما مصمامه		ired for section (3) and 501(c)(4)	
Desc	organ	zebone and section						
	ner, describe the services provided, the program title.	number o	i persona denanted, and c	Migi relevant mici	TIALION IOI	4947( for oti	a)(1) irusie, optional	
	program tito.					10: 00	1013.1	
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	(Grants \$ ) If th	le amount	includes foreign grante, che	ack here	▶ []	29a		
30								
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	(Grants \$ ) If th	ls amount	includes foreign grants, ch	eck here	. ▶ 🗓	30a		
31	Other program services (attach schedul							
			includes foreign grants, ch		. ▶ 🗆	31a		
32	Total program service expenses (add	lines 28a f	hrough 31a)		>	32		
Par	List of Officers, Directors, Trustee	s, and Key	Employees. List each one e		led. (See the	nstruc	tions for Part IV.)	
	(a) Name and eddress		(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contribution employee benefit		(e) Expense account and	
	(8) 110119 (1) 2001433		devoted to position	anter -0-1)	deterred comper	nolisar	other ellowances	
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Form §	Form 990-EZ (2009)										
Par	١V	Other	Informati	on (Note t	he statement r	equirements in	the instructions for Part V	'.)			
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			Y68	No
33	Did the organization engage in any activity not previously reported to the IRS7 if "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		<b>\</b>
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		✓
36	If "Yes," has it filed a tax return on Form 990-T for this year?	36b 36		✓
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions.   27a  Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		
b	If "Yee," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations, Enter:			
8	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶;			
b	Section 501(c)(3) and 501(c)(4) organizations. Old 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 "Yee," complete Schedule L, Part I	40b		<b>₩</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			
8	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		
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Wayne Beyer Telephone no. ▶	701-64	2-2811	1
	Located at ► 304 South 5th Street, Wahpeton, ND 58075 ZIP + 4 ►	50075	-4625	
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	Yes	No.
	If "Yee," 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:	42c		<b>✓</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	• •	. I	<b>▶</b> □
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	Yes	
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		
	Fo	m 990	)-EZ	(2008)

3	Printed on	recycled p	•
3	Printed on	recycled p	•

Check If

employed ▶ ☐

EIN

Phone no. >

Date

Preparer's Identifying number (See Instructions)

Yes No Form 990-EZ (2009)

Kathy Diekman, Zoo Director Type or print name and title

May the IRS discuss this return with the preparer shown above? See instructions

Preparer's

Firm's name (or

yours if self-employed), address, and ZIP + 4

signature

Pald

Preparer's

Use Only

## **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

OMB No 1545-0047 Open to Public

Department of the Treasury ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection Internal Revenue Service Employer Identification number Name of the organization 45-0392 Chahinkapa Zoo Sustaining Fund Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it ie: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(I). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33/4 % of its support from gross investment income and unrelated business taxable Income (leee section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported 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. c Type III-Functionally Integrated a 🔲 Type I b Type II e 2 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 If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2008, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 110(1) and (ili) below, the governing body of the supported organization? (II) A family member of a person described in (I) above? 11g(III) (III) A 35% controlled entity of a person described in (i) or (ii) above? . Provide the following information about the supported organization(s). (III) Type of organization (iv) is the organization (v) Did you notify (I) Name of supported (II) EIN (M) is the MIT Amount of organization in col. organization (described on lines 1-9 in col. (i) fisted in your the organization in support above or IRC section governing document? col. (1) of your (I) organized in the U.S.7 (eas instructions)) support? No Yes No Yes No Yes Chahinkapa Zoo 51-0188367

Total

Par	Support Schedule for Org (Complete only if you chec	anizations i ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	0(b)(1)(A)(lv) .)	and 170(b)(1	I)(A)(vi)
	tion A. Public Support						<del></del> -
Ce	endar year (or fiscal year beginning in) >	(a) 2005	(b) 2008	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grante.")						
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	of the state of th	A lan taka sergi sangangang	SCHOOL SWANNER TO SELECT		i Programania sekaran	<del> </del>
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)						
	Public support. Subtract line 5 from line 4.				[[] [[] [] [] [] [] [] [] [] [] [] [] []	and the second	
	tion B. Total Support		1 - 1 - 1 - 1		1 1 1 2 2 2 2		
Ca	lendar year (or liscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	ļ <u>.</u>	<u> </u>				
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.)			ermandiam siedalis seu		Condition of Clifford 20	
11	Total support. Add lines 7 through 10 .	35.5000000				1	l
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 890 is for organization, check this box and stop he	re	<u> </u>				on 501(c)(3)
<u>Sec</u>	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line		•	1, column (1))		14	0 %
15	Public support percentage from 2008 Sc	hedule A, Part	II, line 14 .			15	0 %
	33%% support test-2009. If the organ and stop here. The organization qualifies	s as a publicly	supported orga	nization			▶ 🛄
	33% % support test-2008, if the organibox and stop here. The organization qui	alifies as a pub	licly supported	organization .			▶ 🛛
178	10%-facts-and-circumstances test—26 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	lacts-and-circu	mstances" test,	check this box	and stop here	. Expiain in Part	IV how the
	10%-facts-end-circumstances test—200 more, and if the organization meets the "facts-and-circumst Private foundation. If the organization did	facts-and-circui ances" test. The	mstances" test, o organization qu	check (his box alifies as a publi	and <b>stop here.</b> cly supported or	Explain in Part ganization ,	IV how the □
18 ——	rivate roundation, it the organization di	not check a b	UK ON HNB 13, 10	ع, ادان, ۱/کا <sub>ب</sub> ۲۵	TAD, CHOCK THE	DOY MIC SOR IUF	TOCHOLIS - WI

Par	Support Schedule for Orga	nizations De	scribed In S	ection 509(	1)(2)				
8	(Complete only if you checke tion A. Public Support	a the box of	I line 9 of Pa	(t I.)					
	tion A. Public Support  lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(6)	2009	(f) Total	
Ca	menden yezh (or tizoet yeer boghamig m)	(8) 2005	(6) 2000	(0) 2001	(4) 2000	10)	2000	1.7 1010	<u>"</u>
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
2	· <del>.</del>								
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 fumished by a governmental unit to the organization without charge								
6	Total Add lines 1 through 5				<b></b>				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .								
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					 			
C	Add lines 7a and 7b	**************************************		Warrish a the Market for	Contraction of the Contraction o	1154 9 202	esse ecorum ad		
8	Public support (Subtract line 7c from line 6.)								
	tion B. Total Support	- 1122-	7.000	4.1.4007	T . n . c . c . c		2222	<b>10</b> = 1	
CE	nlendar year (or tiecal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	( <del>0</del> )	2009	(f) Tota	
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							_	
þ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
С 11	Add lines 10a and 10b  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.)								
14	First five years. If the Form 990 is for organization, check this box and stop	here			h, or fifth tax y				(3) ► □
	tion C. Computation of Public Su				40)	ا تير ا			
15	Public support percentage for 2009 (lir					15		0	<u>%</u>
16	Public support percentage from 2008 stion D. Computation of Investment			<u></u>	<del></del>	16		0	<u>%_</u>
					aluma (A)	17		0	%
17	Investment income percentage for 200				ouumn (T)) .	18		0	<del>%</del>
18 10a	Investment income percentage from 26 33% % support tests — 2009. If the org				and line 15 le r		an 33/4		
19a	17 is not more than 33% %, check this b	anization did n	iot crisck trie b are. The orden	oz on ing 14, Ization qualifia	s as a publicly:	รนอยบูเ เมษายน ()	rted oros	zu, enu iir Anization	<b>~</b> 🗆
b	33% % support tests—2008. If the organine 18 is not more than 33% %, check this	nization did not	check a box or	n line 14 or line	19a, and line 1	8 is m	ore than	33% %, ar	ıd
20	Private foundation. If the organization				b, check this b	ox and	lani eea		<u>▶                                    </u>