



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

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
InspectionDepartment of the Treasury
Internal Revenue Service**A For the 2009 calendar year, or tax year beginning**

, 2009, and ending

	Check if applicable
	Address change
	Name change
	Initial return
	Termination
	Amended return
	Application pending

Please use IRS label or print or type.
See Specific Instructions.

	C Name of organization
NORTHEASTERN NORTH DAKOTA HERITAGE ASSOCIATION	
	Number and street (or P O box, if mail is not delivered to street address)
13571 HIGHWAY 5	
	Room/suite
CAVALIER	
	City or town, state or country, and ZIP + 4
ND 58220-9545	

	D Employer identification number
45-0397159	
	E Telephone number
(701) 265-8484	
	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**J Tax-exempt status (check only one)** — 501(c) (3) ▶ (insert no) 4947(a)(1) or 527

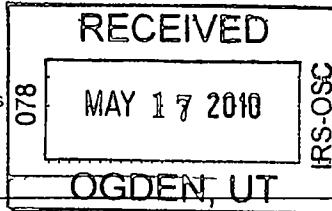
H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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 ► \$ 20,326.

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 13,430.
2 Program service revenue including government fees and contracts			2
3 Membership dues and assessments			3 927.
4 Investment income			4 167.
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 ► <input type="checkbox"/>			6a 1,953.
a Gross revenue (not including \$ _____ of contributions reported on line 1)			6b 2,055.
b Less: direct expenses other than fundraising expenses			6c -102.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			7a 3,849.
7a Gross sales of inventory, less returns and allowances			7b 4,061.
b Less: cost of goods sold			7c -212.
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			8)
8 Other revenue (describe ►)			9 14,210.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			10
10 Grants and similar amounts paid (attach schedule)			11
11 Benefits paid to or for members			12
12 Salaries, other compensation, and employee benefits			13 275.
13 Professional fees and other payments to independent contractors			14 810.
14 Occupancy, rent, utilities, and maintenance			15 727.
15 Printing, publications, postage, and shipping			16 1,660.
16 Other expenses (describe ► See Other Expenses Statement)			17 3,472.
17 Total expenses. Add lines 10 through 16			18 10,738.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)			19 134,710.
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)			20)
20 Other changes in net assets or fund balances (attach explanation)			21 145,448.
21 Net assets or fund balances at end of year. Combine lines 18 through 20			22
22 Cash, savings, and investments			23 48,018.
23 Land and buildings			24 74,227.
24 Other assets (describe ► See L-24 Stmt)			25 23,203.
25 Total assets			26 145,448.
26 Total liabilities (describe ►)			27 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)			28 0.

**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			22 71,144.
23 Land and buildings			23 39,732.
24 Other assets (describe ► See L-24 Stmt)			24 23,834.
25 Total assets			25 134,710.
26 Total liabilities (describe ►)			26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)			27 134,710.

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

Form 990-EZ (2009)

X

Part III Statement of Program Service Accomplishments (See the instructions.)What is the organization's primary exempt purpose? **INTERPRETIVE EXHIBITS & PROGRAMS**

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, or other relevant information for each program title.

Expenses

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

28	INTERPRETIVE EXHIBITS & PROGRAMS AT THE PIONEER HERITAGE CENTER AT ICELANDIC STATE PARK, CAVALIER, ND		
	(Grants \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	1,660.
29			
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	► <input type="checkbox"/>	32 1,660.

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

(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 and deferred compensation	(e) Expense account and other allowances
KEN SCHWANDT				
LOCAL	DIRECTOR			
CAVALIER ND 58220	2.00	0.	0.	
ALFRED BYRON				
12994 HWY 5	DIRECTOR			
CAVALIER ND 58220	6.00	0.	0.	
TIM HORGAN				
PO BOX 58	VICE PRESIDENT			
CAVALIER ND 58220	1.00	0.	0.	
RONALD BAKER				
BOX 442	DIRECTOR			
CAVALIER, ND 58220	1.00	0.	0.	
VERNICE DEMARS				
102 E OAK ST	DIRECTOR			
CAVALIER, ND 58220	1.00	0.	0.	
MAY GUNDERSON				
P.O. BOX 282	DIRECTOR			
CAVALIER ND 58220	2.00	0.	0.	
BETTY EINARSON				
305 E 2ND AVE S	DIRECTOR			
CAVALIER, ND 58220	2.00	0.	0.	
LYNETTE ERMER				
204 MAPLE ST E	SECRETARY			
CAVALIER ND 58220	4.00	0.	0.	
LESLIE GEIR				
8517 HWY 32	DIRECTOR			
EDINBURG, ND 58227	5.00	0.	0.	
NORMA NASON				
P.O. BOX 1	DIRECTOR			
MOUNTAIN ND 58262	1.00	0.	0.	
MARY ELLEN KIRKING				
P.O. BOX 102	DIRECTOR			
CAVALIER, ND 58220	1.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V. Other Information (Note the statement requirements in the instrs 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	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	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	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____; section 4955 ► _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit 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		
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	40e	X
41 List the states with which a copy of this return is filed ► _____		
42a The organization's books are in care of ► <u>BRENDA RINDE SAMSON</u> Telephone no ► <u>(701) 265-8644</u> Located at ► <u>P.O. BOX 51</u> <u>CAVALIER</u> <u>ND</u> <u>ZIP + 4</u> <u>58220</u>		
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: ► _____	42b	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: ► _____	42c	X
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	□
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.

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

	Yes	No
46		X
47		X
48		X
49a		X
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

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 and 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'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ► _____

<p>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</p> <p>Sign Here</p> <p>► <i>Corene Vaughn</i> Signature of officer</p> <p>► CORENE VAUGHN Type or print name and title</p>		<p>11/5.11/10 Date</p>
Paid Preparer's Use Only	<p>Preparer's signature ► <i>Brandi L. Mortenson, CPA</i></p> <p>Firm's name (or yours if self-employed), address, and ZIP + 4 ► Mortenson & Rygh</p> <p>► PO Box 33</p> <p>Cavalier ND 58220</p>	<p>Date 05/11/10</p> <p>Check if self-employed ► <input type="checkbox"/> Preparer's Identifying Number (See instructions) P00585757</p> <p>EIN 20-1513919</p> <p>Phone no ► (701) 265-8644</p>

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

BAA

► Yes No

Form 990-EZ (2009)

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 'unusual grants')	4,550.	6,206.	24,050.	47,475.	14,357.	96,638.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-through 3	4,550.	6,206.	24,050.	47,475.	14,357.	96,638.
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						96,638.

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	4,550.	6,206.	24,050.	47,475.	14,357.	96,638.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	632.	1,359.	1,929.	835.	167.	4,922.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	-1,724.	673.	3,622.	486.	-212.	2,845.
11 Total support. Add lines 7 through 10						104,405.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
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						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	92.56 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	89.07 %
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.		► <input checked="" type="checkbox"/>
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.		► <input type="checkbox"/>
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.		► <input type="checkbox"/>
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.		► <input type="checkbox"/>
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		► <input type="checkbox"/>

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 yr beginning in) ▶**

1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')
 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose
 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
 7a Amounts included on lines 1, 2, 3 received from disqualified persons
 b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year
 c Add lines 7a and 7b
 8 **Public support** (Subtract line 7c from line 6.)

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						

Section B. Total Support**Calendar year (or fiscal yr beginning in) ▶**

9 Amounts from line 6
 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975
 c Add lines 10a and 10b
 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on
 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)
 13 **Total support.** (add lines 9, 10c, 11, and 12)

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9						
10a						
b						
c						
11						
12						
13						

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 %

16 Public support percentage from 2008 Schedule A, Part III, line 15

16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))

17 %

18 Investment income percentage from 2008 Schedule A, Part III, line 17

18 %

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 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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.Other Income Part II, Line 10Description: MISC REVENUE2005: 0.2006: 0.2007: 0.2008: 0.2009: 0.Description: GAIN ON SALE OF MERCH2005: -1724.2006: 673.2007: 3622.2008: 486.2009: -212.

Name as Shown on Return NORTHEASTERN NORTH DAKOTA HERITAGE ASSOCIATION	Employer Identification No. 45-0397159
--	--

Line 24 - Other Assets:	Beginning of Year	End of Year
INVENTORY	23,834.	23,203.
Totals to Form 990-EZ, Part II, line 24	23,834.	23,203.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 26		

Miscellaneous Statement

LINE 78A PART VI FORM 990

**WE DID NOT FILE A FORM 990 T BECAUSE INCOME ON
LINE 10, PAGE 1, WAS EARNED FROM ACTIVITIES IN
WHICH ALL THE WORK IN CARRYING ON THE ACTIVITIES
WAS PERFORMED FOR THE ORGANIZATION WITHOUT
COMPENSATION.**

Total

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

PROJECT COSTS	480.
EXHIBITS	1,180.
Total	1,660.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(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 and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input type="checkbox"/> PENNY SCHEFLO P.O. BOX 155 CAVALIER, ND 58220	Title DIRECTOR			
Foreign city _____ Foreign country _____	Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input type="checkbox"/> KEITHA O'TOOLE 8126 CTY 12 CRYSTAL ND 58222	Title DIRECTOR			
Foreign city _____ Foreign country _____	Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input type="checkbox"/> M MAGNUS OLAFSON P.O. BOX 32 EDINBURG ND 58227	Title DIRECTOR			
Foreign city _____ Foreign country _____	Hours/Week 8.00	0.	0.	
Business <input type="checkbox"/> Person <input type="checkbox"/> ALDEAN NEWELL LOCAL CAVALIER ND 58220	Title DIRECTOR			
Foreign city _____ Foreign country _____	Hours/Week 3.00	0.	0.	
Business <input type="checkbox"/> Person <input type="checkbox"/> JERRY SCHEFLO PO BOX 155 CAVALIER ND 58220	Title DIRECTOR			
Foreign city _____ Foreign country _____	Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input type="checkbox"/> CLEONE WHELAN 14155 84TH ST NE CRYSTAL ND 58222	Title DIRECTOR			
Foreign city _____ Foreign country _____	Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input type="checkbox"/> LORRAINE SCHROEDER P.O. BOX 461 CAVALIER ND 58220	Title DIRECTOR			
Foreign city _____ Foreign country _____	Hours/Week 10.00	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(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 and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input type="checkbox"/> ROSEMARIE MYRDAL 12985 80TH ST NE EDINBURG, ND 58227	Title PRESIDENT			
Foreign city _____	Hours/Week 2.00	0.	0.	
Foreign country _____				
Business <input type="checkbox"/> Person <input type="checkbox"/> CORENE VAUGHN 306 BOUNDARY RD E CAVALIER ND 58220	Title TREASURER			
Foreign city _____	Hours/Week 2.00	0.	0.	
Foreign country _____				
Business <input type="checkbox"/> Person <input type="checkbox"/> JOYCE VOORHEES P.O. BOX 652 CAVALIER ND 58220	Title DIRECTOR			
Foreign city _____	Hours/Week 1.00	0.	0.	
Foreign country _____				
Business <input type="checkbox"/> Person <input type="checkbox"/> KAREN ABRAHAMSON LOCAL CAVALIER ND 58220	Title DIRECTOR			
Foreign city _____	Hours/Week 2.00	0.	0.	
Foreign country _____				
Business <input type="checkbox"/> Person <input type="checkbox"/> JEAN WIMPFHEIMER 212 E 3RD AVE S CAVALIER ND 58220	Title DIRECTOR			
Foreign city _____	Hours/Week 2.00	0.	0.	
Foreign country _____				
Business <input type="checkbox"/> Person <input type="checkbox"/> JANET WERVEN 13337 98TH ST NE CAVALIER ND 58220	Title DIRECTOR			
Foreign city _____	Hours/Week 2.00	0.	0.	
Foreign country _____				

Schedule A (Form 990 or 990EZ) - Part IV - Supplemental Information (continued)

Schedule A (Form 990 or 990EZ) - Other Income (continued)

Description	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
MISC REVENUE	0.	0.	0.	0.	0.	0.
GAIN ON SALE OF MERCH	-1,724.	673.	3,622.	486.	-212.	2,845.
Total	<u>-1,724.</u>	<u>673.</u>	<u>3,622.</u>	<u>486.</u>	<u>-212.</u>	<u>2,845.</u>

Supporting Statement of:

Form 990-EZ/Line 22, Column (B)

Description	Amount
CASH ON HAND	200.
GEN ACCT CHKG	2,201.
DONATIONS CHKG	40,851.
STORE ACCT CHKG	4,766.
Total	<u>48,018.</u>