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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

- 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 For the 2009 calendar year, or tax year beginning**, 2009, and ending****B** 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

City or town, state or country, and ZIP + 4

CAVALIER**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) ►**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**I** Website: ► **N/A****J** Tax-exempt status (check only one) — ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ► \$ **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	
5b	Less: cost or other basis and sales expenses	5b	
5c	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	Gross revenue (not including \$ of contributions reported on line 1)	6a	1,953.
6b	Less: direct expenses other than fundraising expenses	6b	2,055.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-102.
7a	Gross sales of inventory, less returns and allowances	7a	3,849.
7b	Less: cost of goods sold	7b	4,061.
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-212.
8	Other revenue (describe ►)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	14,210.
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	275.
14	Occupancy, rent, utilities, and maintenance	14	810.
15	Printing, publications, postage, and shipping	15	727.
16	Other expenses (describe ► See Other Expenses Statement)	16	1,660.
17	Total expenses. Add lines 10 through 16	17	3,472.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,738.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	134,710.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	145,448.

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	71,144.	48,018.
23 Land and buildings	39,732.	74,227.
24 Other assets (describe ► See L-24 Stmt)	23,834.	23,203.
25 Total assets	134,710.	145,448.
26 Total liabilities (describe ►)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	134,710.	145,448.

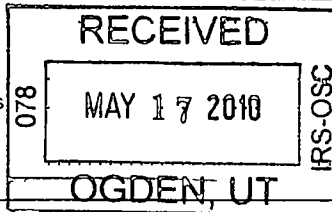
BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.Form **990-EZ** (2009)

SCANNED JUN 25 2010

RECEIVED

EXPENSES

ASSETS



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)	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 CAVALIER ND 58220	DIRECTOR 2.00	0.	0.	
ALFRED BYRON 12994 HWY 5 CAVALIER ND 58220	DIRECTOR 6.00	0.	0.	
TIM HORGAN PO BOX 58 CAVALIER ND 58220	VICE PRESIDENT 1.00	0.	0.	
RONALD BAKER BOX 442 CAVALIER, ND 58220	DIRECTOR 1.00	0.	0.	
VERNICE DEMARS 102 E OAK ST CAVALIER, ND 58220	DIRECTOR 1.00	0.	0.	
MAY GUNDERSON P.O. BOX 282 CAVALIER ND 58220	DIRECTOR 2.00	0.	0.	
BETTY EINARSON 305 E 2ND AVE S CAVALIER, ND 58220	DIRECTOR 2.00	0.	0.	
LYNETTE ERMER 204 MAPLE ST E CAVALIER ND 58220	SECRETARY 4.00	0.	0.	
LESLIE GEIR 8517 HWY 32 EDINBURG, ND 58227	DIRECTOR 5.00	0.	0.	
NORMA NASON P.O. BOX 1 MOUNTAIN ND 58262	DIRECTOR 1.00	0.	0.	
MARY ELLEN KIRKING P.O. BOX 102 CAVALIER, ND 58220	DIRECTOR 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		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		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?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
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 **▶** BRENDA RINDE SAMSON Telephone no **▶** (701) 265-8644
 Located at **▶** P.O. BOX 51 CAVALIER ND ZIP + 4 **▶** 58220

	Yes	No
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: ▶ _____		X
See the instructions for exceptions and filing requirements for Form TDF 90-22.1, Report of a 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: ▶ _____		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** ☐

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

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

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

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

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

49a		X
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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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 ▶

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	<p><i>Corene Vaughn</i> Signature of officer</p> <p>CORENE VAUGHN Type or print name and title</p>	<p><i>5.11.10</i> Date</p>		
Paid Preparer's Use Only	<p>Preparer's signature <i>Shanda J. Johnson, CPA</i></p> <p>Firm's name (or yours if self-employed), address, and ZIP + 4 Mortenson & Rygh PO Box 33 Cavalier ND 58220</p>	<p>Date 05/11/10</p>	<p>Check if self-employed <input type="checkbox"/></p> <p>EIN 20-153919</p> <p>Phone no (701) 265-8644</p>	<p>Preparer's Identifying Number (See instructions) P00585757</p>

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

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

NORTHEASTERN NORTH DAKOTA HERITAGE ASSOCIATION

Employer Identification number

45-0397159

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions
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The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III – Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organizations

[illegible]

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

Schedule A (Form 990 or 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"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2009

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) ▶	(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'.)						
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.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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)						
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 <input type="checkbox"/>						

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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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 10

Description: MISC REVENUE

2005: 0.

2006: 0.

2007: 0.

2008: 0.

2009: 0.

Description: GAIN ON SALE OF MERCH

2005: -1724.

2006: 673.

2007: 3622.

2008: 486.

2009: -212.

**Form 990-EZ
Part II**

Other Assets and Liabilities

2009

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
<u>INVENTORY</u>	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 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input type="checkbox"/> KEITHA O'TOOLE 8126 CTY 12 CRYSTAL ND 58222 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input type="checkbox"/> M MAGNUS OLAFSON P.O. BOX 32 EDINBURG ND 58227 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 8.00	0.	0.	
Business <input type="checkbox"/> Person <input type="checkbox"/> ALDEAN NEWELL LOCAL CAVALIER ND 58220 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 3.00	0.	0.	
Business <input type="checkbox"/> Person <input type="checkbox"/> JERRY SCHEFLO PO BOX 155 CAVALIER ND 58220 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input type="checkbox"/> CLEONE WHELAN 14155 84TH ST NE CRYSTAL ND 58222 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input type="checkbox"/> LORRAINE SCHROEDER P.O. BOX 461 CAVALIER ND 58220 Foreign city _____ Foreign country _____	Title DIRECTOR 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"/> <u>ROSEMARIE MYRDAL</u> <u>12985 80TH ST NE</u> <u>EDINBURG, ND 58227</u> Foreign city _____ Foreign country _____	Title <u>PRESIDENT</u> Hours/Week <u>2.00</u>	0.	0.	
Business <input type="checkbox"/> Person <input type="checkbox"/> <u>CORENE VAUGHN</u> <u>306 BOUNDARY RD E</u> <u>CAVALIER ND 58220</u> Foreign city _____ Foreign country _____	Title <u>TREASURER</u> Hours/Week <u>2.00</u>	0.	0.	
Business <input type="checkbox"/> Person <input type="checkbox"/> <u>JOYCE VOORHEES</u> <u>P.O. BOX 652</u> <u>CAVALIER ND 58220</u> Foreign city _____ Foreign country _____	Title <u>DIRECTOR</u> Hours/Week <u>1.00</u>	0.	0.	
Business <input type="checkbox"/> Person <input type="checkbox"/> <u>KAREN ABRAHAMSON</u> <u>LOCAL</u> <u>CAVALIER ND 58220</u> Foreign city _____ Foreign country _____	Title <u>DIRECTOR</u> Hours/Week <u>2.00</u>	0.	0.	
Business <input type="checkbox"/> Person <input type="checkbox"/> <u>JEAN WIMPFHEIMER</u> <u>212 E 3RD AVE S</u> <u>CAVALIER ND 58220</u> Foreign city _____ Foreign country _____	Title <u>DIRECTOR</u> Hours/Week <u>2.00</u>	0.	0.	
Business <input type="checkbox"/> Person <input type="checkbox"/> <u>JANET WERVEN</u> <u>13337 98TH ST NE</u> <u>CAVALIER ND 58220</u> Foreign city _____ Foreign country _____	Title <u>DIRECTOR</u> Hours/Week <u>2.00</u>	0.	0.	

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>