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Form 991

Department of the Treasury Internal Revenue Service

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)

2009

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For the	2009 calendar year,	or tax year beginning		and end	ling					
В	Check if applicable	Please use IRS	organization				D Employer iden	tificat	ion number		
Г	Addres	s label or MINOT	CONVENTION &	VISITORS BURE	AU IN	C.					
	Name change	type Doing Bus	siness As						35926		
L	Initial return	Coecific	•	il is not delivered to street add	Iress) Roo	m/suite	E Telephone num				
L	Termin ated	Instruc- PO BOX					(70	1)	857-8206		
L	Amend	City or tov	vn, state or country, and	ZIP + 4			G Gross receipts \$		691,98	<u>1.</u>	
L	Application	TITIOI,					H(a) Is this a group	p retui			
	pendin	F Name and addre	ss of principal officer WE				for affiliates?		Yes X	No	
			66, MINOT, NI	58702			H(b) Are all affiliates	ınclud	ed?Yes	No	
1	Tax∙exe	mpt status X 501(c) (6) ◀ (insert no) 4947(a)(1) or	527		If "No," attacl	h a list	(see instructions)		
		e: ► WWW.VISI'					H(c) Group exemp	$\overline{}$			
		organization: X Corpo	oration Trust	Association Other		L Year	of formation: 1986	M S	tate of legal domicile:	<u>ND</u>	
	art I	Summary			O DEO	MOME	MOID TON 1	- NT - II	THE MINOR		
မွ		-		ost significant activities. ${f T}$	O PRO	MOTE	TOURISM	. N .	HE MINOT,		
Governance		ND TRADE ARI					Maria 0504 - 4 da - 2 d		.		
ēr		Check this box ▶ L	-	continued its operations or	r aisposea	of more	than 25% of its ne		is	0	
õ	Į.	-	bers of the governing bo		413		}	3		<u>9</u>	
ಷ			•	governing body (Part VI, Iin	16 1b)		-	4		9	
ies		Total number of emplo	•				1	5		<u>8</u> 5	
Activities &			eers (estimate if necessa					6			
Act				rt VIII; column (C), line 12				7a		0.	
	b	Net unrelated business	taxable income from Fo	m 990-T, line-34. / \	(2/1)	7		7b		0.	
	_			, ,	- L	/ ├─	Prior Year	,	Current Year	0	
ne	1	Contributions and gran	•	& JUL 1 9 20	18	<i>¶</i> —	34,738		34,70		
Revenue		Program service reveni		1, 2 3 21	010 8	/ ⊢	596,001		620,66		
Ŗ.			art VIII, column (A), lines 3	, 4; and 7d)	183	' -	13,968		12,20		
_			I, column (A), lines 5, 6d,		J.S.	-	1,277		24,41		
				ual Part VIII; eolumn (A), lin	e 12)		645,984	* •	691,98	<u> </u>	
	1		ounts paid (Part IX, colum			-		_		—	
		· ·	nefits paid to or for members (Part IX, column (A), line 4) aries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 120, 8								
es	15			120,813	•	172,21	<u> </u>				
Expenses	16a		g fees (Part IX, column (A			-		-			
2	b	-	nses (Part IX, column (D),			_	271 440	, 	400 17	_	
ш	17	•	X, column (A), lines 11a-1			-	371,448		402,17		
			nes 13-17 (must equal Pa				492,261		<u>574,38</u>		
	19	Revenue less expense	s Subtract line 18 from li	ne 12			153,723		117,59	<u>o.</u>	
Net Assets or I						Be	ginning of Current Ye		End of Year	<u></u>	
SSE	20	Total assets (Part X, lin	•				601,079		743,02		
et A	21	Total liabilities (Part X, I	·			-	20,591		44,94		
	22	Net assets or fund bala Signature Block	ances Subtract line 21 fr	om line 20			580,488	•	698,08	4.	
<u> </u>	art II			eturn, including accompanying sche	edules and sta	atements a	and to the best of my know	vledae a	nd belief, it is true, correc		
		and complete Peclaration of	preparer (other than officer) is ba	sed on all information of which prepare	arer has any ki	nowledge				•	
_		~ No. ol. 0	-A Lhie				1V71-	9-1	O		
Sig		Signature of officer	This Duc				Date	, .			
He	re	P MENDY HO) We evectori	ם משתים מדת י							
		WENDY HON		DIRECTOR							
_			. 00		Date ,	, Che			identifying number	—	
Pai	d	Preparer's signature	5m 111:00	CPH	6/21	/, self		e instruc			
Pre	parer's		ADY, MARTZ AM	D ASSOCIATES,	6 0	/ CA cill	EIN >				
Use	Only	vours if	D. BOX 848	IN WOOOCIVIES'	I . C/.		EIN P				
		address, and	NOT, ND 58702	0-0848			Phone no.	(70	01)852-019	6	
N40	v tha If		with the preparer shown a				Tritono no.			No	
	<u>y tne ir</u> 001 02-0			Reduction Act Notice, see	the separ	rate inst	ructions.		Form 990 (20		
032	JU 1 UZ-U	7-10 - ("' 1 - 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-, upo: 1101 N /		pui					,	

Form	m 990 (2009) MINOT CONVENTION & VISITORS BUREAU INC. 45-0435926	Page 2
Pa	art III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission TO PROMOTE TOURISM IN THE MINOT, ND TRADE AREA	
		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O	
3	If "Yes," describe these changes on Schedule O	X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 370,927. Including grants of \$) (Revenue \$ TO PROMOTE TOURISM IN THE MINOT, ND TRADE AREA)
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code.) (Expenses \$ including grants of \$) (Revenue \$	
	Other program services. (Describe in Schedule O.)	
-1 u	(Expenses \$ including grants of \$) (Revenue \$)	
4e	270 007	

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	3_		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	ļ
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a_		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			v
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15_		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			₹.
	located outside the United States? If "Yes," complete Schedule F, Part III	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20_	990 /	2009)
		1. OLLII	(~UUJ)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>x</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			7,5
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	_26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			х
00	Schedule L, Part III	27		^
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		- 43
С	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31	1	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			_
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	X	<u> </u>
		Form	990 (2009)

Form 990 (2009) MINOT CONVENTION & VISITORS BUREAU INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		_X_
b	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	7a -		
	provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization flotily the donor of the value of the goods of services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		
U	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
·	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	-	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them) 11b	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		000	

Form 990 (2009) MINOT CONVENTION & VISITORS BUREAU INC. 45-0435926 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	9		
b	Enter the number of voting members that are independent	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		i	
	of officers, directors or trustees, or key employees to a management company or other person?	3	L	<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		_ <u>X</u> _
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_ 5_		<u>X</u>
6	Does the organization have members or stockholders?	6		_X_
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	1_		
	governing body?	7a	77	_X_
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following		v	
а		8a	X	
b	·	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9]	Х
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1	
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		Yes	No
100	Does the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
U	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	 	<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	100		v
	taxable entity during the year?	16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	16b		
202	exempt status with respect to such arrangements?	ַוסט		
	List the states with which a copy of this Form 990 is required to be filed NONE			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availab	e for		
10	public inspection, Indicate how you make these available. Check all that apply	J 101		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ıncıal	
	statements available to the public	<u>_</u> •		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:	-	
	WENDY HOWE - 701-857-8206			
	PO BOX 2066, MINOT, ND 58702			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Y Check this box if the organization did not companies any current officer, director, or trustee

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees, and former such persons.

hours per	(C) Position (check all that apply)					Iv)	Reportable compensation	Reportable compensation	(F) Estimated amount of	
week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	<u> </u>	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
1.00	x						0.	0.	0.	
1.00	х		x				0.	0.	0.	
1.00	x						0.	0.	0.	
1.00	х						0.	0.	0.	
1.00	х						0.	0.	0.	
1.00	x						0.	0.	0.	
1.00	X.						0.	0.	0.	
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	1 990 (MINOT CO	NVENTIO	<u> 7</u>	۲ ع	JIS	SI	<u> FOI</u>	RS	BUREAU INC.	45-043	<u> 5926</u>	<u>; F</u>	age 8
Pai	rt VII	Section A.	Officers, Directors, T	rustees, Key Er	nplo	yee	s, a	nd I	High	est		ees (continued)			
	•		(A)	(B)				C)			(D)	(E)		(F)	
		Name	and title	Average	/_		Pos				Reportable compensation	Reportable	i i	stimat mount	
				hours per	H	neck	an	mai	app	עניי	from	compensation from related	a	other	
				week	먈						the	organizations	cor	npens	
					ŏ	ste			nsated		organization	(W-2/1099-MISC)		from th	
					fust	lal tre		a) e	ompe		(W·2/1099·MISC)		1 '	ganıza nd rela	
					Individual trustee or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				anızat	
					르	Ē	통	5	₹5	Ē					
													<u> </u>		
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				-			_	_	-						
		<u> </u>		1.	L	L	L		_		0.	0	-		0.
<u>1b</u> 2	Total		ndividuals (including but	not limited to th	0000	liete	nd al	hove	9) w/				•[
2			om the organization	not minted to tr	1030	11310	Ju a	0000	o, **		bedived more than \$100	,,ooo iir toportable			0
		DOI TOUR TOUR TIE	Sili tilo organization								······································			Yes	
3	Did t	he organizat	ion list any former office	r, director or tru	stee	, ke	y em	nplo	yee,	or h	nighest compensated er	nployee on			
		=	complete Schedule J for						-				3		X
4	For a	ıny individua	Il listed on line 1a, is the	sum of reportab	le co	omp	ensa	atior	n and	d otl	ner compensation from	the organization			
	and i	related orgai	nizations greater than \$1	50,000? If "Yes,	" co	mple	ete S	Sche	edule	e <i>J f</i>	or such individual		4		X
5			sted on line 1a receive or	•			rom	any	unr/	elat	ed organization for serv	ices rendered to			l
_		_	If "Yes," complete Sche	dule J for such	pers	on							5		X
			ent Contractors								b = 4	#100 000 of name			
1			ble for your five highest on NONE	ompensated ind	jebe	enae	ent c	onti	racto	ors t	nat received more than	\$100,000 of compe	nsauon	IIOIII	
	1110	organization	(A)								(B)			C)	
			Name and busines	s address							Description of s	ervices	Compe	ensatio	on
		- 		-											
										\downarrow					
										\dashv					
									_	\dashv					
2	Total	number of i	ndependent contractors	(including but n	ot li	mite	d to	tho	se lis	sted	above) who received m	ore than			
-			nensation from the organ		***				n						

	990 rt V I			ION & VI	SITORS BUR	EAU INC.	45-0435	926 Page 9
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	o e f	a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributi f All other contributions, gifts, grant similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f	ts, and ve 1f	34,708.	34,708.			
Program Service Revenue	2 a	a LODGING TAX b GIFT SHOP c CAR RENTAL TAX d CONTRIBUTED REN e f All other program service reve		Business Code 900099 453220 900099 900099	535,453. 29,211. 28,998. 27,000.	535,453. 29,211. 28,998. 27,000.		
	3 4 5	q Total, Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tax Royalties	x-exempt bond p	proceeds	12,200.			12,200.
	t c	a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) a Gross amount from sales of	(i) Real	(ii) Personal				
	c	assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)						
Other Revenue		a Gross income from fundraising including \$ contributions reported on line Part IV, line 18 b Less direct expenses	of					
	9 a	c Net income or (loss) from fund a Gross income from gaming ac Part IV, line 19 b Less: direct expenses c Net income or (loss) from gam	tivities See a b		:			
	10 a	a Gross sales of inventory, less and allowances b Less cost of goods sold c Net income or (loss) from sale:				,		
	t	Miscellaneous Revenue MISCELLANEOUS D C All other revenue		Business Code 900099	24,411.	24,411.		
93200 02-04-	12	e Total. Add lines 11a-11d Total revenue See instructions.		>	24,411. 691,981.	645,073.	0.	12,200. Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl	ete column (A) but are			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				<u></u>
7	Other salaries and wages	139,350.	110,402.	28,948.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				····
9	Other employee benefits	21,579.		21,579.	
10	Payroll taxes	11,286.		11,286.	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				·
d	Lobbying .				
е	Professional fundraising services. See Part IV, line 17		-		
f	Investment management fees	45 604	16 674	21 020	
g	Other	47,694.	16,674.	31,020.	
12	Advertising and promotion	120,603.	120,603.	12 007	
13	Office expenses	35,865.	23,778.	12,087.	· -
14	Information technology				
15	Royalties	38,081.	1,020.	37,061.	
16	Occupancy	13,599.	9,949.	3,650.	
17	Travel	13,3990	3,343.	3,030.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40		53,976.	48,735.	5,241.	
19	Conferences, conventions, and meetings Interest	33,370.	<u> </u>	3,211.	
20 21	Payments to affiliates		- -		
22	Depreciation, depletion, and amortization	13,826.	· · · · · · · · · · · · · · · · · · ·	13,826.	
23	Insurance	1,463.		1,463.	
24	Other expenses. Itemize expenses not covered	/			
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)	23,413.		23,413.	
a	GIFT SHOP	22,851.	22,851.	23,413.	
b	COMMUNITY ACTIVITIES EQUIPMENT AND MAINTENAN	11,303.	22,631.	11,303.	
۲ 0	DUES AND REGISTRATION	9,871.	8,376.	1,495.	
d	ENTERTAINMENT	8,539.	8,539.	1,400.	
e f	All other expenses	1,086.	0,333.	1,086.	
25	Total functional expenses. Add lines 1 through 24f	574,385.	370,927.	203,458.	0.
26	Joint costs. Check here J if following	3, 1, 303.	3,0,3276		
20	SOP 98-2. Complete this line only if the organization		İ		
	reported in column (B) joint costs from a combined	ļ			
	educational campaign and fundraising solicitation				
					- 000

•					(A) Beginning of year		(B) End of year
	4	Cook non-interest bearing			498,115.	1	582,061
	1	Cash - non-interest-bearing				2	302,001
	2	Savings and temporary cash investments				3	
		Pledges and grants receivable, net Accounts receivable, net	•		41,392.	4	45,203
ľ	4 =	Receivables from current and former officers, di	ractors	trustage kay	41,552.		43,203
`	5	employees, and highest compensated employe					
		of Schedule L	03 001	inploto r art ii		5	
١,	6	Receivables from other disqualified persons (as	define	d under section	· - · · · · · · · · · · · · · · · · · ·		
`	•	4958(f)(1)) and persons described in section 49:		I			
		Part II of Schedule L		(2). 00		6	
, .	7	Notes and loans receivable, net				7	
ชี	8	Inventories for sale or use			7,309.	8	11,677
Ž	9	Prepaid expenses and deferred charges		5,739.	9	11,677 6,145	
		Land, buildings, and equipment, cost or other	1 3				
'`	- u	basis. Complete Part VI of Schedule D	10a	192,342.			
	h	Less: accumulated depreciation	10b	99,636.	43,265.	10c	92,706
1.	_	Investments - publicly traded securities				11	
1:		Investments - other securities See Part IV, line	5,259.	12	5,232		
13		Investments · program-related. See Part IV, line	- 7	13			
14		Intangible assets		14			
15		Other assets See Part IV, line 11		15	<u> </u>		
10		Total assets. Add lines 1 through 15 (must equ	601,079.	16	743,024		
17		Accounts payable and accrued expenses	20,066.	17	38,963		
18		Grants payable			18		
19		Deferred revenue				19	
20	0	Tax-exempt bond liabilities			_	20	
2 م	1	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
22	2	Payables to current and former officers, directo	rs, trus	tees, key employees,			
		highest compensated employees, and disqualif	ed per	sons Complete Part II			
5		of Schedule L				22	
23	3	Secured mortgages and notes payable to unrela	ated th	rd parties		23	
24	4	Unsecured notes and loans payable to unrelate	d third	parties		24	·
25	5	Other liabilities Complete Part X of Schedule D			<u>525.</u>	25	5,977
2	6	Total liabilities. Add lines 17 through 25			20,591.	26	44,940
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete			
ß		lines 27 through 29, and lines 33 and 34.					
25 25	7	Unrestricted net assets			580,488.	27	698,0 <u>84</u>
28	8	Temporarily restricted net assets				28	
29	9	Permanently restricted net assets				29	
5		Organizations that do not follow SFAS 117, c	heck h	ere 🕨 📖 and			
5		complete lines 30 through 34.					
30	0	Capital stock or trust principal, or current funds		1		30	
3	1	Paid-in or capital surplus, or land, building, or ed				31	
30 30 31 32	2	Retained earnings, endowment, accumulated in	come,	or other funds	500 100	32	600 001
[:] 3:	3	Total net assets or fund balances		ļ	580,488.	33	698,084
34	4	Total liabilities and net assets/fund balances			601,079.	34	743, <u>024</u>

743,024. Form **990** (2009)

-orm	1990 (2009) MINOT CONVENTION & VISITORS BUREAU INC. 45-04359	<u> 20</u>	Pag	ge 12
Pa	rt XI Financial Statements and Reporting			
	· ·		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
	F	orm	990 (2009)

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes." to Form 990. Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

MINOT CONVENTION & VISITORS BUREAU INC.

Employer identification number

45-0435926 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 2c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	dule D (Form 990) 2009 MINOT C	ONVENTION	& VI	SITORS	BUREA	<u>U INC</u>				Page 2
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)										
з.	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	at are a sig	gnificant i	use of its	collection	items
	(check all that apply)									
а	Public exhibition	d	· 🖳	Loan or exc	hange progra	ams				
b	Scholarly research	е	, 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	hey further ti	he organizati	on's exen	npt purpo	se in Par	t XIV	
5	During the year, did the organization solicit o	r receive donations	of art, h	istorical trea	sures, or oth	er sımılar	assets		_	
	to be sold to raise funds rather than to be ma					_			Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if org	ganization ar	nswered "Ye	s" to Form	n 990, Pa	rt IV, line	9, or	
	reported an amount on Form 990, Pa	rt X, line 21						_		
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other as	sets not i	ncluded		_	
	on Form 990, Part X?							L_	」Yes	L No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table.						
									Amount	
c	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		_	
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	L No
b	If "Yes," explain the arrangement in Part XIV								_	
Pai	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 10)			
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships		l							
е	Other expenditures for facilities									
	and programs	_								
f	Administrative expenses						_			
g	End of year balance			· · · · · · · · · · · · · · · · · · ·						
2	Provide the estimated percentage of the year	r end balance held a	as							
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
		 %								
	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for th	e organiz	ation		
-	by Yes No									
	(i) unrelated organizations					•			3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the	•								 -
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10										
	Description of investment	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	d	(d) Book	value
		basis (investr		, , ,	(other)	dep	reciation			
	Land	_	· · · · · · · · · · · · · · · · · · ·							
	Buildings									
c	Leasehold improvements				,					
d	Equipment			19	2,342.		99,6	36.	92	2,706.
	Other			· · · · · ·						
	otal. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))									

Schedule D (Form 990) 2009 MINOT CONV Part VII Investments - Other Securities.	VENTION & VISI See Form 990, Part X, line		INC.	45-0435926 Pag	_{је} З
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of st or end-of-yea		
Financial derivatives					
Closely-held equity interests					
Other					
				<u></u>	
	<u> </u>				
	<u>. </u>		 		
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)	<u> </u>			 	
Part VIII Investments - Program Related.	See Form 990, Part X, line	13.			
(a) Description of investment type	(b) Book value	0	(c) Method of		
			st or end-of-yea	r market value	
					
					
					
T + 1 (0-1/h)					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, li			·····		
	(a) Description			(b) Book value	
	(4) 500011511011			(2)	
	- · · · · · · · · · · · · · · · · · · ·				

		-			
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15)			>	
Part X Other Liabilities. See Form 990, Part					
1 (a) Description of liability		(b) Amount			
Federal income taxes					
ACCRUED PAYROLL LIABILITIES		982.			
ACCRUED SALARIES PAYABLE		4,995.			
Total. (Column (b) must equal Form 990, Part X, col (B)	line 25)	5,977.			
2. FIN 48 Footnote In Part XIV, provide the text of the	footnote to the organization	n's financial statements	that reports th	e organization's liability for	•

	dule D (Form 990) 2009 MINOT CONVENTION & VISITORS † XI Reconciliation of Change in Net Assets from Form 990 to	BU Audit	REAU ted Fin	INC.	tate	45-04 ments	435926	Page 4
	Total revenue (Form 990, Part VIII, column (A), line 12)		-	1			691	,981.
	Total expenses (Form 990, Part IX, column (A), line 25)			2		<u>.</u>		,385.
2	Excess or (deficit) for the year. Subtract line 2 from line 1			3				,596.
3	• • •			4				, , , , , , .
4	Net unrealized gains (losses) on investments			5				
5	Donated services and use of facilities							
6	Investment expenses			7				
7	Prior period adjustments							
8	Other (Describe in Part XIV)			8			 	0
9	Total adjustments (net). Add lines 4 through 8			9			117	0.
10 Pai	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Re	10 venue p	er R	eturn	11/	,596.
1	Total revenue, gains, and other support per audited financial statements					1	691	,981.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				[
а	Net unrealized gains on investments	2a			}			
b	Donated services and use of facilities	2b		-				
c	Recoveries of prior year grants	2c				1		
d	Other (Describe in Part XIV)	2d				:		
e	Add lines 2a through 2d		!			2e		0.
3	Subtract line 2e from line 1				Ì	3	691	,981.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				ľ			,,,,,,
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a				İ		
a	·	4b						
b	Other (Describe in Part XIV)	40	l			40		0.
C	Add lines 4a and 4b Table was a Add has 2 and 4a. The must save! Form 200. Rest I had 12 h				ł	4c	601	,981.
5 Dai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) † XIII Reconciliation of Expenses per Audited Financial Stateme	nts V	With Fy	nenses	ner	_		, 901.
		1113	VIIII L	репзез	PCI			,385.
1	Total expenses and losses per audited financial statements				ŀ	1	3/4	, 305.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	۱ ـ	l					
а	Donated services and use of facilities	2a						
b	Prior year adjustments	2b				-		
С	Other losses	2c						
d	Other (Describe in Part XIV)	2d						•
е	Add lines 2a through 2d				}	2e		0.
3	Subtract line 2e from line 1					3	5/4	<u>,385.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	ı	,		ŀ			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV)	4b	Ĺ					
С	Add lines 4a and 4b					4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)					5	<u>574</u>	<u>,385.</u>
Pa	t XIV Supplemental Information							
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete							4, Part
								
-								
			-					
		_	.					

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Internal Revenue Service

Name of the organization

MINOT CONVENTION & VISITORS BUREAU INC. Employer identification number 45-0435926

FORM 990, PART VI, SECTION A, LINE 7B: THE BOARD OF DIRECTORS ARE CHOSEN
BY THE CITY OF MINOT
FORM 990, PART VI, SECTION B, LINE 11: THE TAX RETURN IS REVIEWED BY THE
BOARD OF DIRECTORS PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION ENFORCES
COMPLIANCE WITH THE WRITTEN CONFLICT OF INTEREST POLICY.
FORM 990, PART VI, SECTION B, LINE 15A: SALARIES ARE DECIDED BY THE BOARD
OF DIRECTORS AFTER REVIEWS IN DECEMBER.
FORM 990, PART VI, SECTION C, LINE 18: THE INFORMATION IS AVAILABLE UPON
REQUEST
FORM 990, PART VI, SECTION C, LINE 19: ALL INFORMATION IS AVAILABLE UPON
REQUEST
PAGE 12, PART XI, LINE 2C
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Form **8868** (Rev April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

							
● If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box							
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).							
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868							
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)							
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and co	omplete						
Part I only	▶ □						
·							
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request to file income tax returns							
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension and below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electro (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or conjugate on the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic www.irs.gov/efile.and.click.on.e-file.for.Chanties & Nonprofits.	nically if (1) you want the additional consolidated Form 990-T Instead,						
Type or Name of Exempt Organization	Employer identification number						
print							
MINOT CONVENTION & VISITORS BUREAU INC.	45-0435926						
File by the due date for Number, street, and room or suite no. If a P O box, see instructions.							
filing your PO BOX 2066							
return See City, town or post office, state, and ZIP code For a foreign address, see instructions.							
MINOT, ND 58702							
Check type of return to be filed (file a separate application for each return)							
X Form 990 Form 990-T (corporation)	4720						
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form	·· = -						
Form 990-EZ Form 990-T (trust other than above)							
Form 990-PF Form 1041-A Form							
FOULL 990-FL COUNT 1041-X							
WENDY HOWE							
 The books are in the care of ► PO BOX 2066 - MINOT, ND 58702 							
Telephone No ▶ 701-857-8206 FAX No ▶							
If the organization does not have an office or place of business in the United States, check this box							
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	this is for the whole group, check this						
box If it is for part of the group, check this box and attach a list with the names and EINs of a							
This is part of the group chock the series and an arrangement and arrangement and arrangement and arrangement and arrangement are arrangement and arrangement are arrangement and arrangement are arrangement							
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for							
► X calendar year 2009 or							
tax year beginning , and ending							
tax your beginning, and ontaining	 ·						
2 If this tax year is for less than 12 months, check reason	Change in accounting period						
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
nonrefundable credits. See instructions.	3a \$						
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated							
tax payments made. Include any prior year overpayment allowed as a credit.	3b \$						
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,							
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)							
See instructions.	3c \$ N/A						

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)