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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)

Open to Public

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection FEB 1, 2009 and ending JAN 31, 2010

A 1	For th	e 2009 calendar year, or tax year beginning $$ FEB 1 , $$ 2009 $$ and ending	JAN 31, 2010							
В	Check if applicab	le Please Use IRS C Name of organization	D Employer identification number							
	Addre chanç	print or THEODORE ROOSEVELT MEDORA FOUNDATION	45-0397662							
F	Lichange 700 Doing Business As 45 – U.									
	return Termi ated	(Page 6)	Ite E Telephone number (701)623-4444							
	Amen	City or town, state or country, and ZIP + 4	G Gross receipts \$ 12,203,610.							
	Application	MEDORA, ND 58645-0198	H(a) is this a group return							
	F Name and address of principal officer:RANDY HATZENBUHLER for affiliates?									
	Tay.ey	empt status: X 501(c) (3) ◀ (insert no)	H(b) Are all affiliates included? Yes No If "No," attach a list. (see instructions)							
		te: WWW.MEDORA.COM	H(c) Group exemption number							
			ear of formation: 1986 M State of legal domicile: ND							
	art I	Summary								
	1	Briefly describe the organization's mission or most significant activities: OPERATIO	N AND PRESERVATION OF							
Activities & Governance		HISTORICAL BUILDINGS WITHIN THE CITY OF MEDO	RA, ND AND PUBLIC							
Ē	2	Check this box If the organization discontinued its operations or disposed of n	nore than 25% of its net assets.							
ove	3	Number of voting members of the governing body (Part VI, line 1a)	3 23							
<u>ග</u> ~*	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 22							
es &	j.	Total number of employees (Part V, line 2a)	5 343							
Ş.		Total number of volunteers (estimate if necessary)	6 461							
Çţ	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 3,412,294.							
٩		Net unrelated business taxable income from Form 990-T, line 34	7b 0.							
			Prior Year Current Year							
0	8	Contributions and grants (Part VIII, June 171)	2,129,347. 2,185,282.							
Š		Program service revenue (Par VIII) (6 2g)	7,330,201. 7,504,089.							
Revenue	10	Investment income (PartiVII) column (A), lines 3, 4, and 7d)	1,337,604. <339,030.>							
Œ	11	Other revenue (Part VIII, column (A), lines \$, 6d, 8c, 9d, 10c, and 11e)	<92,587.> <87,421.>							
	12	Total revenue - add Mas 8 through #1 (must equal Part VIII, column (A), line 12)	10,704,565. 9,262,920.							
		Grants and similar arriounts paid (Part-IX, colonia) (A), lines 1-3)	37,450. 55,879.							
	14	Benefits paid to or for members (Partly Hoolump (A), line 4)								
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,990,761. 3,112,822.							
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)								
×	b	Total fundraising expenses (Part IX, column (D), line 25) 345,906.								
Ü	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,212,812. 4,528,051.							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,241,023. 7,696,752.							
	19	Revenue less expenses. Subtract line 18 from line 12	3,463,542. 1,566,168.							
Ses] _		Beginning of Current Year End of Year							
sets	20	Total assets (Part X, line 16)	28,259,537. 30,094,937.							
t As	21	Total liabilities (Part X, line 26)	5,471,167. 5,426,678.							
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	22,788,370. 24,668,259.							
P	art II	Signature Block								
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Destration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowledge and belief, it is true, correct, dge							
		6.11400								
Sig	n	I find Hely wonter	8/17//2							
Here Signature of officer Date										
		RANDY HATZENBUHLER, PRESIDENT								
		Type or print name and title								
Paid	i	Preparer's Date	Check if Preparer's identifying number (see instructions)							
_ `	parer's	signature LISA CHAFFEE, CPA 08/13/12	employed							
Use Only vours if EIDE BAILLY LLP										
		self-employed), address, and PO BOX 1914								
		ZIP+4 BISMARCK, ND 58502	Phone no. ► 701-255-1091							
May	the II	RS discuss this return with the preparer shown above? (see instructions)	X Yes No							
9320	01 02-0	14-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions. Form 990 (2009)							

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		gram Service Accompli	Shments	TON 43-03	9/002 Page 2					
1	Briefly describe the organizat	<u> </u>	orimento .							
•	SEÉ SCHEDULE O FOR ORGANIZATION'S MISSION STATEMENT.									
2	the prior Form 990 or 990-EZ	?	ices during the year which were	not listed on	Yes X No					
3	If "Yes," describe these new		changes in how it conducts, any	program services?	Yes X No					
3	If "Yes," describe these chan		changes in now it conducts, any	program services?						
4	Section 501(c)(3) and 501(c)(4) organizations and section 49	organization's three largest prog 947(a)(1) trusts are required to re	port the amount of grants and						
	allocations to others, the tota	il expenses, and revenue, if any	y, for each program service repoi	rtea.						
4a	THE ORGANIZATION THE MEDORA AREA	A THROUGH THE OF	o including grants of \$ TORS ABOUT THE HERATION OF MUSEU TAL HISTORICAL AN	MS, SHOWS, AND	TANCE OF A MUSICAL.					
	ARTS PROGRAM AN	ND IS THE SINGLE	LARGEST PROGRAM	I IN SUPPORT OF	THE					
			DATION'S PRIMARY							
		ER 93,000 GUESTS	OORA MUSICAL EDUC	ATED, INFORMED A	AND					
	BNIBKIAINED OVI	3K 75,000 GOEDIC	, •							
4b	(Code) (E	expenses \$	including grants of \$) (Revenue \$)					
										
	· ·									
		· · · · · · · · · · · · · · · · · · ·								
		······································	·							
4c	(Code:) (E	Expenses \$	including grants of \$) (Revenue \$)					
			····							
										
				-						
			\ \							
7~	Other program convect (Dec	scribe in Schodule (1)								
4d	Other program services. (Des (Expenses \$	including grants of \$) (Revenue	e \$)						
40	Total program service expe									

1

2 3 6 5 7 8 5 7 8 6 7 8 6 7 8 6 7 8 6 7 8 6 7 8 6 7 8 7 8	•		Yes	<u>No</u>		
2 1 3 4 5 6 7 8 6 7 8 6 7 8 6 7 8 8 9 10 11 12 12 12 12 12 13 14 15 16 17 18 19 19 19 19 19 19 19	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			
3	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X			
4 \$ \$ \$ 6 \$ 6 \$ 6 \$ 6 \$ 6 \$ 6 \$ 6 \$ 6 \$	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		х		
5 S 7 6 D 7 6 D 7 6 D 7 8 D 7	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X		
6	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				
7 t t 8 C 5 9 C 6 C 6 C 6 C 6 C 6 C 6 C 6 C 6 C 6 C	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to					
8	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X		
8	Did the organization receive or hold a conservation easement, including easements to preserve open space,					
9	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7		<u>X</u>		
10	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_	х			
10	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			x		
11	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV					
12	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	х			
• [Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X					
12	as applicable					
• [] a a a a a a a a a a a a a a a a a a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.]				
12	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	ļ				
• [assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.					
12	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total					
12	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.					
• C t t t t t t t t t t t t t t t t t t	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.			,		
• C t t t t t t t t t t t t t t t t t t	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.					
12	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses					
12A \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X					
12A \ \	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete					
13 14a 15 15 16 17 18 19 19 19	Schedule D, Parts XI, XII, and XIII.	12		X		
13 14a 15 15 16 17 17 18 19 19 19 19 10 19 19 19	Was the organization included in consolidated, independent audited financial statements for the tax year?	-				
14a (b (15 (16 (17 (18 (19 (If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	 		X		
b (a a 15 () () () () () () () () () (Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X		
15 (16 (17 (17 (17 (17 (17 (17 (17 (17 (17 (17	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	^		
15 (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1		X		
16 (17 (18 (18 (18 (18 (18 (18 (18 (18 (18 (18	and program service activities outside the United States? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b	-			
16 (1) 17 (1) 18 (1) 19 (1)	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		х		
17 (c) 18 (c) 18 (c) 19 (c)	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	- ''				
18 t 19 t	located outside the United States? If "Yes," complete Schedule F, Part III	_16	<u> </u>	Х		
18 (1 1 19 (1	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,					
19 (column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х		
19 (Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines					
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X			
~	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	_19		х		
20 [Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X		
		Form	990 (2009)		

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Form 990 (2009) THEODORE ROOSEVELT

Part IV Checklist of Required Schedules (continued)

	•	ĺ	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	X	
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	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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			
	Schedule K If "No", go to line 25	24a	х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	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		X
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 pnor Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	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			
	Schedule L, Part III	27		X
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):			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	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	_ X	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31_		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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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		X
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		<u> </u>
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	
		Form	990 (20091

Form 990 (2009)

Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 27 U.S. Information Returns. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X 1c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 343 2a filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? За 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 X 4a financial account in a foreign country (such as a bank account, secunties account, or other financial account)? **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. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5с Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х 6a any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services X 7a provided to the payor? X 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7с to file Form 8282? d If "Yes." indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e benefit contract? 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 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 8 at any time during the year? Sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? 9b b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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	1a	2	<u> </u>	1	ŀ
þ	Enter the number of voting members that are independent	1b	2	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any	other			
	officer, director, trustee, or key employee?	•		2	X	
3	Did the organization delegate control over management duties customanly performed by or under the	he direct si	pervision			
	of officers, directors or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its organizational documents since the prior Fe	orm 990 w	as filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asse	ets?		5		X
6	Does the organization have members or stockholders?			6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more m	embers of	the	1		٠,,
_	governing body?			7a		X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other pe			7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n during the	year			
	by the following:			1_	٠,	
a	The governing body?			8a	X	<u> </u>
þ	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at th	10			.
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	L	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Co	ode.)		T.,	
				40	Yes	No X
	Does the organization have local chapters, branches, or affiliates?			10a		<u>├</u> ^
þ	If "Yes," does the organization have written policies and procedures governing the activities of such	n chapters,	affiliates,	405	1	
	and branches to ensure their operations are consistent with those of the organization?	61 45 - 6-	0	10b	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before	tiling the to	rm?	11	<u> </u>	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1.0-	x	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	1.0 2.	_	12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co to conflicts?	oula give ns	e	12b	х	
¢	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," des	crıbe			ŀ
	ın 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	<u> </u>	X
15	Did the process for determining compensation of the following persons include a review and approve	al by inde	pendent	1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?		1	}	
a	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	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 arrange	ement with	а			
	taxable entity during the year?			16a	<u> </u>	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evidence of the control of	aluate its p	articipation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization	ganızation':	5	-		1
	exempt status with respect to such arrangements?			16b	<u>L</u>	<u> </u>
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501(c)(3)s only) avaılab	le for		
	public inspection. Indicate how you make these available. Check all that apply.					
	Own website					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflict of	nterest policy,	and fina	ancial	
	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books a	and record	s of the organiz	ation:	`	
	CLARENCE SITTER, CFO - (701) 623-4444					
	C/O TRMF, PO BOX 198, MEDORA, ND 58645					

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

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.

Check this box if the organization did not compensate an			(C)					(D)	(E)	(F)
Name and Title	Average	Position						Reportable	Reportable	Estimated
	hours	(check all that apply)		compensation	compensation	amount of				
	per week	cto]				from the	from related organizations	other compensation
	Week	Individual trustee or director	92			ated		organization	(W-2/1099-MISC)	from the
		rustee	trust	ļ	<u>8</u>	ubeus		(W-2/1099-MISC)	,	organızation
		dual tr	Institutional trustee	_	Key employee	stcor	 			and related
		India	Tage 1	Officer	Keye	Highest compensated employee	Former)		organizations
LARSON, FRANK	- 	-	\vdash		-	Ì	H			
CHAIRMAN OF BOARD	1.00	X	1	Х				0.	0.	0.
LANTERMAN, A. KIRK										_
VICE CHAIRMAN OF BOARD	1.00	X		X				0.	0.	0.
BERK, RICK		Г						1	-	
SECRETARY	1.00	X		X		L		0.	0.	0.
CLEMENT, DON										
TREASURER	1.00	X		X				0.	0.	0.
ANDRIST, JOHN M.]	_	
DIRECTOR	1.00	X			L			0.	0.	0.
ANGERER, JANE			l						_	
DIRECTOR	1.00	X			L			0.	0.	0.
BLOTSKY, TWYLAH		l								
DIRECTOR	1.00	X	<u> </u>	L	_		L	0.	0.	0.
BULLINGER, PEGGY	1 00	l				ļ			_	
DIRECTOR	1.00	X	_			<u> </u>	_	0.	0.	0.
CLAIRMONT, WILLIAM	1 00		1		1	İ	1		_	_
DIRECTOR	1.00	X	ļ	<u> </u>	<u> </u>	┞-	<u> </u>	0.	0.	0.
CLEMENS, JAY	1 1 00				ĺ	ĺ		0.	0.	_
DIRECTOR	1.00	X	ļ	<u> </u>	_	ļ	_	0.	U •	0.
DAVIS, JOHN JR	1 1 00	١,,	l					0.	0.	0.
DIRECTOR	1.00	X	ļ	├	<u> </u>	\vdash	\vdash	·	U •	
DISS, BILL DIRECTOR	1.00	X	ļ			İ	l	0.	0.	0.
HILDEBRAND, JOEY	1.00	12	├-				-	·	· ·	· ·
DIRECTOR	1.00	x	l					0.	0.	0.
HUBBARD, JOANNE	1.00	<u> ^</u>	-			├	\vdash		•	- 0.
DIRECTOR	1.00	X				ļ		0.	0.	0.
KACK, DAVID	1.00	1	┢╌	 	\vdash	╁	\vdash			
DIRECTOR	1.00	X						0.	0.	0.
KINGSBURY, BILL	1.00	+^	┢╌	├	\vdash	╁┈		 		
DIRECTOR	1.00	X	1					0.	0.	0.
KNAPP, JOHN	1.00	 	+-	\vdash	-	\vdash	\vdash			
DIRECTOR	1.00	x						0.	0.	0.
000000										Earn 990 (2000)

932007 02-04-10

` (A)	(B)	l		(0	C)			Compensated Employ (D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
•	hours	(cl	neck	all t	that	арр	ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
MOOS, GUY										
DIRECTOR	1.00	X					1	0.	0.	0
ROOSEVELT, SIMON										
DIRECTOR	1.00	X						0.	0.	0
SATROM, KATHERINE										
DIRECTOR	1.00	Х				}		0.	0.	0
SIMMONS, JOHN										
DIRECTOR	1.00	X						0.	0.	0
SWETICH, DAN										
DIRECTOR	1.00	X						0.	0.	0
WEIR, PATRICK										
DIRECTOR	1.00	X						0.	0.	0
HATZENBUHLER, RANDY PRESIDENT	40.00			77				117 474	0.	25 050
ANDERSON, KENT	40.00	_	\vdash	Х		\vdash		117,474.	0.	25,058
ANDERSON, KENT ASST TREASURER/CFO	40.00			x				78,845.	0.	21,887
WESTIN, WADE (DECEASED)										
ASST SECRETARY	40.00			X				62,745.	0.	10,504
								250.064		E7 440
1b Total								259,064.	0.	57,449

compensation from the organization

Yes No

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

X

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

5

X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
CAPITAL CITY CONSTRUCTION		
PO BOX 7337, BISMARCK, ND 58502	GENERAL CONSTRUCTION	3,704,350.
CENTRAL MECHANICAL INC., 4001 33RD AVE NW,	MECHANICAL	
PO BOX 682, MANDAN, ND 58554-0682	CONSTRUCTION	1,439,543.
BERGER ELECTRIC	ELECTRICAL	
265 21 ST E, DICKINSON, ND 58601	CONSTRUCTION	713,275.
STAGEWEST ENTERTAINMENT, INC., 528	PRODUCTION OF	
HENNEPIN AVE SUITE 206, MINNEAPOLIS, MN	MUSICAL	437,117.
RITTERBUSH, ELLIG, HULSING PC		
711 RIVERWOOD DRIVE, BISMARCK, ND 58504	ARCHITECT FEES	150,349.
2 Total number of independent contractors (including but not limited to those lists	ed above) who received more than	
\$100,000 in compensation from the organization	1	

	n 990 (: i rt VII			EVELT ME	DORA FOUND	ATION	45-0397	662 Page 9
		, Statement of Never			(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	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribute All other contributions, gifts, grant similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f	ts, and ve 1f 2,	28,077. 157,205. 161,901.	2,185,282.			
			<u>-</u>	Business Code		4 010 100	50 400	
Program Service Revenue		ACTIVITIES HISTORIC MEDORA		453220 721110	4,962,598. 2,541,491.	4,912,198.	50,400. 2541491.	
Ser	C	HIDIORIC HEDOICA	<u> </u>	721110	2,341,431.		2341431.	
e a	d							
P. B.	е							
-	f	All other program service reve	nue	L	7,504,089.			
\dashv	<u>g</u> 3	Total. Add lines 2a-2f Investment income (including	dividends intere		7,304,009.			
	4	other similar amounts) Income from investment of tax		>	123,866.			123,866.
	5	Royalties		<u> </u>				
	b	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real 304,740. 35,680. 269,060.	(ii) Personal 7,625.	276,685.		211,945.	64,740.
Ì		Gross amount from sales of	(i) Securities	(ii) Other				
		Less: cost or other basis	1019996. 1185652. <165656.	8,565.	>			
		Net gain or (loss)	<u> </u>	>	<462,896.	>	<1,968.	×460,928. >
Other Revenue	8 a	Gross income from fundraising including \$ 28,0 contributions reported on line Part IV, line 18	77 • of	17,500.				
튑		Less direct expenses	b	21,771.	.4 271	-4 271		
		Net income or (loss) from fund Gross income from gaming ac		<u> </u>	<4,4/1.	> <4,271.		0.
		Part IV, line 19 Less: direct expenses	a b					
	С	Net income or (loss) from gam	ing activities					
		Gross sales of inventory, less and allowances Less: cost of goods sold	а	1031947. 1391782.				
		Net income or (loss) from sale:		<u></u>	<359,835.	><970,261.	>610,426.	<u> </u>
Ī		Miscellaneous Revenu		Business Code				
ſ	11 a							ļ
	b							
	C	All other revenue						
		All other revenue Total. Add lines 11a-11d						
	~	Total revenue. See instructions.			9 262 920	3,937,666.	3412294	272 322 >

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. ations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
<u>-</u>	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	24 070	24 070		
_	organizations in the U.S. See Part IV, line 21	34,879.	34,879.		
2	Grants and other assistance to individuals in	21,000.	21,000.	[
2	the U.S. See Part IV, line 22	21,000.	21,000.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S.]	
	See Part IV, lines 15 and 16			<u> </u>	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	284,920.	43,333.	170,173.	71,414
6	Compensation not included above, to disqualified				<u>-</u>
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,386,276.	2,067,242.	227,079.	91,955
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	74,585.	50 <u>,</u> 437.	16,351.	7,797
9	Other employee benefits	175,784.	136,296.	24,742.	14,746
10	Payroll taxes	191,257.	154,815.	25,662.	10,780
11	Fees for services (non-employees):				
а	Management	11,290.		11,290.	
b	Legal	3,300.		1,148.	2,152
C	Accounting	31,325.	····	30,315.	1,010
ď	Lobbying				
е	Professional fundraising services. See Part IV, line 17	4 605			1 (2)
f	Investment management fees	1,625.	21 250	0 010	1,625
9	 	60,392.	31,258.	9,018. 2,595.	20,116
12	Advertising and promotion	581,277.	578,074. 317,854.	62,625.	33,598
13	Office expenses	414,077.	317,834.	02,023.	33,336
14	Information technology				
15	Royalties	839,618.	787,343.	19,215.	33,060
16 17	Occupancy	159,765.	101,563.	36,067.	22,135
17 18	Travel		101/3031	30,0011	
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,289.	8,496.	6,499.	2,294
20	Interest	162,316.	38,772.	100,383.	23,161
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,207,364.	1,163,171.	39,019.	5,174
23	Insurance	96,735.	74,034.	22,011.	690
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.)				
а	ENTERTAINMENT CONTRACTS	575,112.	575,039.	73.	
b	BANK FEES	161,410.	159,570.	1,840.	
С	LICENSES & TAXES	52,237.	30,942.	20,965.	330
d	THEATRICAL PROPS	46,435.	46,435.		
ө	FEED FOR LIVESTOCK	31,458.	31,458.		
f	All other expenses	75,026.	41,608.	30,157.	3,261
25	Total functional expenses. Add lines 1 through 24f	7,696,752.	6,493,619.	857,227.	345,906
26	Joint costs. Check here				
	SOP 98-2. Complete this line only if the organization	ļ			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				Farm 990 (2000

Part X **Balance Sheet** (B) (A) Beginning of year End of year 1 1 Cash - non-interest-bearing 1,012,127. 3,978,280. 2 2 Savings and temporary cash investments 1,869,300. 2,545,598. 3 3 Pledges and grants receivable, net 103,403. 32.708. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 Part II of Schedule L 7 Notes and loans receivable, net 369,439. 373,916. 8 Inventories for sale or use 44,034. 36,332. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 37,463,336. 10a basis Complete Part VI of Schedule D 13,496,713. 18,039,760. 23,966,623. 10c 10b b Less: accumulated depreciation 2,701,015. 2,306,435. 11 Investments - publicly traded securities 11 210,021. <121,165·> 12 Investments - other securities, See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 341,907. 544,741. 15 15 Other assets. See Part IV, line 11 30,094,937. 28,259,537. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 251,494. 1,290,240. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 214,314. 118,411. 19 19 Deferred revenue 2,998,688. 2,562,336. 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D iabilities. Pavables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 1,562,827. 757,164. 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 743,016. 399,355. 25 Other liabilities. Complete Part X of Schedule D 25 5,426,678. 5,471,167. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 22,094,571. 20,153,587 27 Unrestricted net assets 506,795. 413,925. 28 28 Temporanly restricted net assets 2,159,763. 2,127,988. 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 22,788,370. 24,668,259. 33 33 Total net assets or fund balances 28,259,537. 30,094,937. Total liabilities and net assets/fund balances

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2009

45-0397662 THEODORE ROOSEVELT MEDORA FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 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.) X 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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d ___ Type III - Other c ____ Type III - Functionally integrated b Type II 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (vi) is the organization in col (iii) Type of (iv) is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organization organization in col. in col. (i) listed in your support organization (i) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes Nο

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009 Part II Support Schedule for C	rganizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(vi) Page
(Complete only if you checked	•			_		
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 any "unusual grants ")						
2 Tax revenues levied for the organ-						
ızatıon's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						ļ
the organization without charge		1				
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly			1			
supported organization) included						
on line 1 that exceeds 2% of the]	j		ļ
amount shown on line 11,						
column (f)						1
6 Public support. Subtract line 5 from line 4						
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		<u> </u>				
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties]		
and income from similar sources			}	l		ł
9 Net income from unrelated business		· · · · · · · · · · · · · · · · · · ·				
activities, whether or not the		;				1
business is regularly carried on						
10 Other income. Do not include gain			<u></u> _			
or loss from the sale of capital						
assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, e	tc (see instructi	ons)	<u> </u>		12	·
13 First five years. If the Form 990 is for t	·	•	ed fourth or fifth t	av vear as a sectio		
organization, check this box and stop I	•	3 m3t, 3000ma, triii	a, rourer, or mare	ax your as a soon	311 00 1 (0)(0)	▶□
Section C. Computation of Public		rcentage				
14 Public support percentage for 2009 (lin			column (fl)		14	
15 Public support percentage from 2008 S			Soldinii (i,)		15	
16a 33 1/3% support test - 2009.If the org	•	· ·	line 13, and line	14 is 33 1/3% or n		x and
stop here. The organization qualifies as				14 13 00 17070 07 11	nord, driddik kriib be	u □
b 33 1/3% support test - 2008.If the org		-		lina 15 is 33 1/3%	or more check th	us boy
and stop here. The organization qualifi				mie 10 is 00 1/3/0	, o. moro, oneck tr	▶□
	•			13 16a or 16h	and line 1/1 is 1004	or more
17a 10% -facts-and-circumstances test and if the organization meets the "facts"	_					
and it the organization meets the Tacts	est. The organiza	ices test, check t		iei ei capiaiii iii Fa	ariv now the organ	"Lation

Schedule A (Form 990 or 990-EZ) 2009

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

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

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 (a) 2005 Calendar year (or fiscal year beginning in) (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 316,965 1647450 2026710. 2389997. 2185282 8566404. include any "unusual grants.") 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the 25,541. 4102057 5072262. 4852135. 5126386.19178381. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or busmess under section 513 Tax revenues levied for the organzation'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 5749507. 7098972. 7242132. 7311668.27744785. 342,506. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 310,915. 1428204. 293,020 56,539 648,800 2737478. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the Ο. amount on line 13 for the year 56,539 648,800 310,915 1428204 293.020 2737478. c Add lines 7a and 7b 25007307. 8 Public support (Subtract line 7c from line 6.) Section B. Total Support (a) 2005 (b) 2006 (c) 2007 7098972 (d) 2008 (e) 2009 Calendar year (or fiscal year beginning in) (f) Total 7242132. 7311668. 27744785. 5749507 342,506. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 81,399 250,607 373,798. 377,450. 188,606 1271860. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 373,798. 377,450. 188,606. 1271860. 81,399. 250,607. 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 85,317. 12,680. 173,725. 75.728. assets (Explain in Part IV.) 7500274.29190370. 499,633. 6085431. 7485450. 7619582. 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 Section C. Computation of Public Support Percentage 85.67 % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 84.63 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 4.36 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 4.3718 18 Investment income percentage from 2008 Schedule A, Part III, line 17 % 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 $\triangleright X$ 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 line 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

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

➤ Attach to Form 990. ➤ See separate instructions.

Employer identification number

Pa	THEODORE ROOSEVELT M		e or Accounts Complete if the
_ ra		-unus or Other Similar Fund	S OF ACCOUNTS. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	(a) Danar advised finds	(b) Funds and other accounts
	Total control and of an	(a) Donor advised funds	(b) runus and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)	·	
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	=	
_	are the organization's property, subject to the organization's exc		Yes L No
6	Did the organization inform all grantees, donors, and donor advis	• •	•
	for charitable purposes and not for the benefit of the donor or do	onor advisor, or for any other purpose	
Dai	mpermissible private benefit? † II Conservation Easements. Complete if the organization	ention anguaged "Vas" to Form 000	Port IV line 7
			Part IV, IIIIe 7.
1	Purpose(s) of conservation easements held by the organization (stariasily important land over
	Preservation of land for public use (e.g., recreation or please		storically important land area tified historic structure
	Protection of natural habitat	Preservation of a cer	tined historic structure
•	Preservation of open space		of a consequence assessment on the last
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	or a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
	Total number of concentation concents		2a
a	Total number of conservation easements		2b
b	Total acreage restricted by conservation easements	ura maliudad ia (a)	2c
C	Number of conservation easements on a certified historic structu	• •	2d
d 3	Number of conservation easements included in (c) acquired after		
3	Number of conservation easements modified, transferred, releas year	ed, extinguished, or terminated by the	e organization during the tax
4	Number of states where property subject to conservation easem	nest is located	
5	Does the organization have a written policy regarding the periodi		
•	violations, and enforcement of the conservation easements it ho	• •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and		
7	Amount of expenses incurred in monitoring, inspecting, and enfo		
8	Does each conservation easement reported on line 2(d) above sa		<u> </u>
Ū	and section 170(h)(4)(B)(ii)?	andly the requirements of section 177	Yes No
9	In Part XIV, describe how the organization reports conservation	easements in its revenue and expens	
•	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Pai	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990		
1a	If the organization elected, as permitted under SFAS 116, not to	report in its revenue statement and t	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educa-	ation, or research in furtherance of pu	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these item		
b	If the organization elected, as permitted under SFAS 116, to repo	ort in its revenue statement and balai	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, or re-		
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$ 0.
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasur	res, or other similar assets for financi	
	the following amounts required to be reported under SFAS 116 r		- •
а	Revenues included in Form 990, Part VIII, line 1	-	▶ \$
h	Assets included in Form 990. Part V		•

		E ROOSEVEL								Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Oth	er Simi	ar Ass	ets (conti	nued)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	at are a s	significant	use of its	s collection	ıtems
	(check all that apply):									
а	Public exhibition	d	ıЩ	Loan or exc	hange progr	ams				
b	Scholarly research	е	X	Other ST	ORAGE					
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizat	ion's exe	empt purp	ose in Pa	art XIV.	
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or oth	er simıla	ır assets	_		
	to be sold to raise funds rather than to be m	aintained as part of t	the orga	nızatıon's ço	ollection?				Yes	X No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if org	ganization ar	nswered "Ye	s" to Fo	m 990, P	art IV, line	e 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other as	sets no	t included	_		
	on Form 990, Part X?							L	Yes	L No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table:						
								<u>.</u> .	Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1е			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	217						Yes	∟ No
b	If "Yes," explain the arrangement in Part XIV.									
Par	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	years bacl	k (e) Four	years back_
1a	Beginning of year balance	1,910,325.								
b	Contributions	31,875.		6,565.						
С	Net investment earnings, gains, and losses	369,127.	<40	8,448.	>					
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
		2,311,327.	1,91	0,325.						
2	Provide the estimated percentage of the year	r end balance held a	as:	· · · · · · · · · · · · · · · · · · ·						
а	Board designated or quasi-endowment	1.50	%							
	Permanent endowment ► 5.00	%	_							
С	Term endowment ▶ 93.50									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ınd administ	ered for	the organ	ization		
	by:	.					J			Yes No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations								3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the	•								
Par					, Part X, line	10.				
	Description of investment	(a) Cost or o			or other		ccumulat	ed	(d) Book	value
		basis (investr			(other)		preciation		• •	
1a	Land			2,08	1,353.				2,083	L,353.
	Buildings				1,719.	7.	941,0	85.		0,634.
	Leasehold improvements						•		· · ·	
d	Equipment			7,05	8,019.	4.	858,4	93.	2,199	7,526.
	Other				2,245.		697,1			5,110.
	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur							5,623.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities.	See Form 990, Part X, lin	e 12.		
(a) Description of security or category (including name of security)	(b) Book value	Со	(c) Method of valua st or end-of-year mar	
Financial derivatives				
Closely-held equity interests				
Other		****		
		 -		
				
		-		
		 		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 990, Part X, III	ne 13		
(a) Description of investment type	(b) Book value	Co	(c) Method of valua st or end-of-year mar	
	· · · · · · · · · · · · · · · · · · ·			
				
				
				
				· · · · · · · · · · · · · · · · · · ·
				
				
T				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	<u> </u>			
Part IX Other Assets. See Form 990, Part X, I		· · · · · · · · · · · · · · · · · · ·		(h) Dealesselve
	(a) Description			(b) Book value
		···		
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15.)			
Part X Other Liabilities. See Form 990, Part	X. line 25.			
(a) Description of liability	7,	(b) Amount		
Federal income taxes			1	
ANNUITY & CHARITABLE UNITRUS	2m		1	
OBLIGATIONS	7-	369,023.	1	
DEFERRED COMPENSATION	·	30,332.	1	
DEFERRED COMPENSATION		30,332,		
			4	
			4	
]	
]	
Total. (Column (b) must equal Form 990, Part X, col (B)	line 25)	399,355.		
2. FIN 48 Footnote. In Part XIV, provide the text of the f		on's financial statement	s that reports the ord	ganization's liability for

THEODORE ROOSEVELT MEDORA FOUNDATION

Schedule D (Form 990) 2009

uncertain tax positions under FIN 48. 932053 02-01-10

45-0397662 Page 3

Sche	dule D (Form 990) 2009 THEODORE ROOSEVELT MEDORA F	INDO	DATTON		45-	039/664	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Finan	cial Stat	emen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		9,262	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		7,696	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		1,566	
4	Net unrealized gains (losses) on investments			4		640	,990.
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8			,269 . :
9	Total adjustments (net). Add lines 4 through 8			9			,721.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9		10		1,879	,889.
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	nts W	th Reve	nue per	Returi	n	
1	Total revenue, gains, and other support per audited financial statements				1	10,557	<u>,070.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a	64	0,990	<u>.</u>		
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d	95	7,654			
е	Add lines 2a through 2d	-			2e	1,598	<u>,644.</u>
3	Subtract line 2e from line 1				3	8,958	<u>,426.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b	30	4,494	•		
С	Add lines 4a and 4b				4c	304 9,262	<u>,494.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5		<u>,920.</u>
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expe	enses pe	r Retu	ırn	
1	Total expenses and losses per audited financial statements				1	8,677	<u>,181.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a			⊣ ∣		
b	Prior year adjustments	2b			4		
C	Other losses	2c					
d	Other (Describe in Part XIV)	2d	99	3,374	<u>-</u>		254
е	Add lines 2a through 2d				2e		<u>,374.</u>
3	Subtract line 2e from line 1				3	7,683	,807.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		0 0 TE	_		
b	Other (Describe in Part XIV.)	4b	1	2,945	-	4.0	0.45
_	Add lines 4a and 4b				4c		<u>,945.</u>
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	7,696	,752.
	t XIV Supplemental Information						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III						4; Part
	e 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete the state of t						
PA	RT III, LINE 4: THE ORGANIZATION HAS A COLI	JECT.	TON OF	NATI	VE A	MEKICAN	
ח כם מ	TIFACTS WHICH ARE DIRECTLY RELATED TO THE C)RCAI	ለተ ፖ ልጥ ፐ	ON'S	PRTM	ARY EXE	мрт
ш.	TIMETO WITCH MAD DIRECTED REDUITED TO THE C	71(011	.,	011 0			
PUI	RPOSE OF EDUCATING VISITORS ABOUT THE HISTO	DRIC	AL IMP	ORTAN	CE O	F THE	
MEI	OORA AREA. THE COLLECTION IS CURRENTLY IN	STO	RAGE U	NTIL	SUCH	TIME T	HAT
AN	APPROPRIATE EXHIBITION VENUE IS ESTABLISHED	ED II	N THE	MEDOR	A AR	EA.	
THI	E ORGANIZATION RECEIVED A DONATION OF HISTO	DRIC	STAIN	ED GL	ASS	WHICH I	S
VOV	ON DISPLAY IN THE RESTORED ROUGH RIDERS F	HOTE:	L DINI	NG RO	OM.		

PART V, LINE 4: THE ORGANIZATION'S INTENDED USE OF ENDOWMENT FUNDS IS
AS SPECIFIED BY DONOR'S INTENT.

PART X: THE FOUNDATION HAS ADOPTED THE PROVISIONS OF FASB

ACCOUNTING STANDARDS CODIFICATION TOPIC ASC 740-10(PREVIOUSLY FINANCIAL INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES), ON FEBRUARY 1, 2009. THE IMPLEMENTATION OF THIS STANDARD HAD NO IMPACT ON THE FINANCIAL STATEMENTS. AS OF BOTH THE DATE OF ADOPTION, AND AS OF JANUARY 31, 2011, THE UNRECOGNIZED TAX BENEFIT ACCRUAL WAS ZERO.

THE FOUNDATION UNDERGOES AN ANNUAL ANALYSIS OF ITS VARIOUS TAX POSITIONS,

ASSESSING THE LIKELIHOOD OF THOSE POSITIONS BEING UPHELD UPON EXAMINATION

WITH RELEVANT TAX AUTHORITIES, AS DEFINED BY FIN NO. 48.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

UNREALIZED LOSS ON INVESTMENT IN SUBSIDIARY

PART XII, LINE 2D - OTHER ADJUSTMENTS:

REVENUE FROM SUBSIDIARY: 921974.

RENT EXPENSES: 35680.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENTS RECEIVED FROM SUBSIDIARY: 240000.

MANAGEMENT FEES RECEIVED FROM SUBSIDIARY: 50400.

RENTAL INCOME: 12945.

IMPUTED INTEREST FROM SUBSIDIARY: 1149.

Schedule D (Form 990) 2009 THEODORE ROOSEVELT MEDORA FOUNDATION	45-0397662 Page 5
Schedule D (Form 990) 2009 THEODORE ROOSEVELT MEDORA FOUNDATION Part XIV Supplemental Information (continued)	
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES FROM SUBSIDIARY: 957694.	
RENT EXPENSES: 35680.	
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
DENUAL THOOME. 120/5	
RENTAL INCOME: 12945.	

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2009

Name of the organization THEODOR	E ROOSEVELT MEDORA	FO	UND	ATION		mployer idei 15-0397	ntification number
Part I Fundraising Activities.	Complete if the organization answet	red "Y	'es" to	Form 990, Part IV, I	ine 17.	Form 990-EZ	filers are not
Indicate whether the organization rais	sed funds through any of the following Solicitates Solicitates Special Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursu	ion of ion of fundra (includ	non-ge governising e ding of ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees o	Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribi	istody trol of	(iv) Gross receipts from activity	to (or fu	mount paid retained by) ndraiser d in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
				-			
					 		
							
	<u></u>	L	<u></u>				
Total 3 List all states in which the organization	on is registered or licensed to solicit	funds (or has	been notified it is ex	empt f	rom registrati	on or licensing.
							
							
					-		
			*				

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

Schedule G (Form 990 or 990-EZ) 2009 THEODORE ROOSEVELT MEDORA FOUNDATION 45-0397662 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000. (c) Other events (b) Event #2 (a) Event #1 (d) Total events 2008 ROD NONE (add col. (a) through TJADEN GOLF col. (c)) (event type) (event type) (total number) 45,577. 45,577. 1 Gross receipts 28,077 28,077. 2 Less: Charitable contributions 17,500. 17,500 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes **Direct Expenses** 6 Rent/facility costs 5,155. 5,155. 7 Food and beverages 5,004. 5,004. 8 Entertainment 11,613. 11,613. 9 Other direct expenses 21,772; 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes 4 Rent/facility costs Other direct expenses Yes Yes Yes % Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a b if "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 11

administer charitable gaming?

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

Schedule G (Form 990 or 990-EZ) 2009 THEODORE ROOSEVELT MEDORA FOUNDATION 45-039	<u> 766</u>	<u>∠ Pa</u>	age 3
•		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility			
b An outside facility			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	.	,	
	.		
Name			
Address ▶			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
of gaming revenue retained by the third party > \$			1
c If "Yes," enter name and address of the third party:			l
Name ▶			
Address ▶			
16 Gaming manager information			
Name			
Gaming manager compensation > \$			
Description of services provided ▶			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year ▶ \$		L	

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. THEODORE ROOSEVELT MEDORA FOUNDATION General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part I

OMB No 1545-0047	5006	Open to Public
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45-0397662

2 Employer identification number Inspection (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed ame and address of organization (bock, if applicable cash grant assistance cash grant or government assistance cash grant assistance cash grant (bock, propose is needed (control of propose is ne Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization Part II

Schedule I (Form 990) 2009

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

THEODORE ROOSEVELT MEDORA FOUNDATION

Page 2

45-0397662

Schedule I (Form 990) 2009 THEODORE ROOSEVELT MEDORA FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS < \$5.000 EACH	18	21.000.	0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	ide the information	n required in Part I,	line 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: TJADEN		ONAL ASSIS	EDUCATIONAL ASSISTANCE PROGRAM:	RAM: EACH	
YEAR, APPROXIMATELY 25 AWARDS OF \$	\$500 EACH	EACH ARE AWARD	AWARDED TO SEASONAL	ONAL	
EMPLOYEES WHO HAVE DEMONSTRATED OUTSTANDING WORK QUALITIES,	JTSTANDIN(G WORK QUA		LEADERSHIP, AND	1
GOOD CHARACTER.					, , , , , , , , , , , , , , , , , , ,

HUBBARD SCHOLARSHIP: UP TO TWO STUDENTS ATTENDING THE UNIVERSITY OF NORTH

DAKOTA WILL BE PRESENTED WITH A \$1,500 DON HUBBARD EDUCATIONAL ASSISTANCE

AWARD.

SCHEDULE K	Supple Supple Supple Somplete if the organization	oplemental In nization answer	emental Information on Tax-Exempt Bonds ation answered "Yes" to Form 990, Part IV, line 24a. Pr	1X-Exempt Bor 0, Part IV, line 24≳	Supplemental Information on Tax-Exempt Bonds ► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,		OMB	OMB No 1545-0047 2009	047
Department of the Treasury Internal Revenue Service	explanati	ons, and any add	explanations, and any additional information on Schedule O (Form 990). ► Attach to Form 990. See separate instructions.	on Schedule O (Fo	ırm 990).		Open t Inspec	Open to Public Inspection	
ation THEODORE	ROOSEVELT MEDO	DORA FOUNDATION	NDATION			Employer identification number 45-0397662	entifica 19766	tion num 2	rèer
Part I Bond Issues SE	SEE SCHEDULE	0	FOR COLUMN (F) C	CONTINUATIONS	SNC				
(a) Issuer name	(b) Issuer EIN	# disno (a)	(d) Date issued	eoud enss (e)	(f) Description of purpose	(a) Defeased		(h) On behalf of issuer	shalf er
						Yes	N _o	Yes	N _o
BILLINGS COUNTY, NORTH A DAKOTA	45-6002200	NONE	01/15/08	2,500,000	CONSTRUCTION OF 2,500,000.MEDORA MUSICAL WELC	ורכ	×		×
BILLINGS COUNTY, NORTH B DAKOTA	45-6002200	NONE	08/26/08	3,000,000	RENOVATION OF ROUGH 3,000,000.RIDER HOTEL DINING	GH IG	×		
၁									
Q									
U									
Part II Proceeds							1		
		4	В		٥			ш	
1 Total proceeds of issue		0	000	98,512.					
2 Gross proceeds in reserve funds									
3 Proceeds in refunding or defeasance escrows	8								
4 Other unspent proceeds								į	
5 Issuance costs from proceeds			7	25,481.					
6 Working capital expenditures from proceeds									
7 Capital expenditures from proceeds				773,031.					
8 Year of substantial completion		2009		2010					
		Yes	No Yes	No X	Yes No Yes	§	Yes	2	
	anssi dulidina	1	•	:				-	
Were the bonds issued as part of an advance refunding inches.	refunding	_	×	×					
44 Los the final allocation of processor house made?	200	×		×				_	
ı	oks and records							_	
		×	X						
Part III Private Business Use				•					1

822121 02-03-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Fold 990. property which may result in private business use?

2 Are there any lease arrangements with respect to the financed

bonds?

Schedule K (Form 990) 2009

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Yes

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Yes

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Yes

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Yes

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt

×

×

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Schedule K (Form 990) 2009 THEODORE ROOSEVELT Part III Private Business Use (Continued)	T MEDORA		FOUNDATION		45-0	45-0397662				Page 2
	,	A	8	3	C		D		E	
3a Are there any management or service contracts with respect	Yes	Ν̈́	Yes	No	Yes	No	Yes	Š	Yes	N _o
to the financed property which may result in private business use?		×		×						•
b Are there any research agreements with respect to the financed property which may result in private business use?		×		×						
c Does the organization routinely engage bond counsel or										
contracts or research agreements relating to the financed		\$,			_;			
		×		×						
Enter the percentage of financed property used in a private business use by enthes other than a section 501(2)(3)				_						
organization or a state or local government		% 000.		% 000.		%		%		%
5 Enter the percentage of financed property used in a private										
business use as a result of unrelated trade or business activity										
carned on by your organization, another section 501(c)(3)										
organization, or a state or local government		% 00.9		% 0.0		%		%		%
6 Total of lines 4 and 5		% 00.9		% 00·	}	%		%		%
7 Has the organization adopted management practices and										
procedures to ensure the post-issuance compliance of its	>		Þ							
ΨI	4		₄ ا							
Part IV Arbitrage										
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and		A	- 1	В	٥				W	
Penalty in Lieu of Arbitrage Rebate, been filed with respect	Yes	No	Yes	No	Yes	Š	Yes	ž	Yes	No
to the bond issue?	×		×							
2 Is the bond issue a variable rate issue?		×		×						
3a Has the organization or the governmental issuer identified										
a hedge with respect to the bond issue on its books and		\$		>						
records?		4		4						
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		×		×						!
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market							-			
value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary penod?		×		×						
6 Did the bond issue qualify for an exception to rebate?		X		×						
932172 02-03-10								Sch	Schedule K (Form 990) 2009	n 990) 2009

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Open To Public Inspection

Schedule L (Form 990 or 990-EZ) 2009

Name of the	he organization								T I	Employe	r identif	ication r	number
					MEDORA			_		<u>45-03</u>	9766	2	
Part I	Excess Benefit									4/	7h		
1	Complete if the org	anization ans	wered	res on Form	T 990, Part IV,	line 25a oi	250, OF FO	IIII 990-E	z, Pan	. V, IIN O 40	Jb	To Cor	rected?
•	(a) Name of di	squalified per	son			(b) [Description	of transa	ction			Yes	No
					 							163	1,40
					†							 	 -
					 							┼	
				-	 							╁	
					·							├──	<u> </u>
						<u></u>						 	
	the amount of tax imp	osed on the	organiza	ation manage	rs or disqualifi	ed person	s during the	year un	der			<u> </u>	-
	n 4958									> \$			
3 Enter	the amount of tax, if a	iny, on line 2,	above,	reimbursed b	y the organiza	ation				> \$			
Part II	Loans to and/o	r From Int	aract	ad Darson									
- art II						" OC	Farma 000 F	7 0-41		10-			
	Complete if the organe of interested	(b) Loan								188. (f) Apr	proved	(a) \	ntten
	son and purpose	the orga			inal principal i imount	(o) Baia	ance due) in ault?	by bo	ard or		ment?
·		To	Fror					Yes	No	Yes	No	Yes	No
		 	101	"				103	140	163	110	163	110
								 		+	 	 	<u> </u>
		 						 		 	<u> </u>	 	-
		 						f		1	f		
		+	 				•	1	l —		†	 	
					-					 		<u> </u>	
Total					▶ \$					1			
Part III	Grants or Assis	stance Bei	nefitin	g Interest		s.					· · · · · ·		
_	Complete if the orga	anization ansi	wered "	Yes" on Form	990, Part IV,	line 27.							
(a) Name of interested	person	1	(b) Rela	tionship betwe the or	een interes ganızation		and	ļ		nount an assistar	id type o ice	f
		-1											
Part IV	Business Trans	sactions Ir	ivolvir	ng Interest	ted Person	s.							
	Complete if the orga	anization ansv	wered "	Yes" on Form	990, Part IV,	line 28a, 2	8b, or 28c.					T /a\ Cha	was of
(a) Name of interested	person			hip between in nd the organiz		(c) Amo		(d	Descript transact		organiz	aring of cation's nues?
												Yes	No
BERT A	ANDERSON			ROTHER	OF CON	TROLL				. AND			X
TWYLAI	H BLOTSKY			BOARD M				,030	.TW	YLAH	HAD		X
													
_		<u></u>		·									
									T				

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the

Instructions for Form 990 or 990-EZ.

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

THEODORE ROOSEVELT MEDORA FOUNDATION

Employer identification number

45-0397662 Part I Types of Property (d) (a) (b) (c) Check if Number of Revenues reported on Method of determining Form 990, Part VIII, line 1g applicable contributions revenues Art · Works of art 2 Art · Historical treasures 3 Art · Fractional interests 4 Books and publications 10,000. SELLING PRICE OF PRO 5 Clothing and household goods X SELLING PRICE 6 $\bar{\mathbf{X}}$ 44.267. Cars and other vehicles 7 Boats and planes 8 Intellectual property 70,645. SELLING PRICE X 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 40,000. OPINION OF EXPERTS $\overline{\mathbf{x}}$ 18 Collectibles 24,000. SELLING PRICE OF PRO X 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other 26 Other 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 3 for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X 30a the entire holding period? **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II.

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

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2009

SCHEDULE O

Department of the Treasury

(Form 990)

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

Name of the organization

THEODORE ROOSEVELT MEDORA FOUNDATION

Employer identification number 45-0397662

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDUCATION ABOUT THIS HISTORIC AREA.

FORM 990, PART VI, SECTION A, LINE 2: ONE OFFICER AND ONE BOARD MEMBER OF TRMF ALSO SERVE AS BOARD MEMBERS OF STARION BANK.

FORM 990, PART VI, SECTION A, LINE 6: MEMBERSHIP: THE CORPORATION SHALL HAVE MEMBERS WITHOUT VOTING RIGHTS. A MEMBER MAY BE AN INDIVIDUAL, A PARTNERSHIP, A CORPORATION OR AN UNINCORPORATED ASSOCIATION. MEMBERS SHALL BE DIVIDED INTO VARIOUS CLASSES AND SHALL QUALIFY AS SUCH BY PAYMENT OF ANNUAL DUES. THE CLASSES OF MEMBERSHIP AND THE DUES FOR EACH CLASS SHALL BE ESTABLISHED AND FIXED FROM TIME TO TIME BY A RESOLUTION OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF THE FORM 990 WILL BE
REVIEWED BY THE AUDIT COMMITTEE AND A COPY OF THE DRAFT WILL BE PROVIDED TO
THE FULL BOARD PRIOR TO THE FORM 990 BEING FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS, EACH BOARD
MEMBER RECEIVES AND IS ASKED TO SIGN A BOARD MEMBER STATEMENT OF COMMITMENT
AND UNDERSTANDING WHICH INCLUDES REFERENCES TO THE CONFLICT OF INTEREST
POLICY. THIS STATEMENT IS ALSO DISCUSSED AT THE ANNUAL MEETING AS AN AGENDA
ITEM. CONFLICTS ARE REVIEWED AT THE BOARD LEVEL. THE PERSON WITH THE
CONFLICT IS RECUSED FROM THE DISCUSSION AND VOTING PERTAINING TO THE AREA
OF WHICH A CONFLICT EXISTS.

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

Name of the organization

THEODORE ROOSEVELT MEDORA FOUNDATION

Employer identification number 45-0397662

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION HAS A COMPENSATION
COMMITTEE MADE UP OF BETWEEN 4-6 MEMBERS FROM THE BOARD OF DIRECTORS WHOSE
RESPONSIBILITY IS TO ANNUALLY REVIEW COMPENSATION AND BENEFITS FOR ALL
EMPLOYEES, INCLUDING THE PRESIDENT AND CFO. DURING THIS ANNUAL REVIEW
PROCESS, COMPARABILITY DATA IS REVIEWED ALONG WITH OTHER INFORMATION AS MAY
BE REQUESTED BY COMMITTEE MEMBERS AND PROVIDED BY MANAGEMENT. BENEFIT AND
INCENTIVE PLANS ARE ALSO REVIEWED AND APPROVED ANNUALLY BY THE COMPENSATION
COMMITTEE.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.
SCHEDULE K, PART I, BOND ISSUES:
(A) ISSUER NAME: BILLINGS COUNTY, NORTH DAKOTA
(F) DESCRIPTION OF PURPOSE:
CONSTRUCTION OF MEDORA MUSICAL WELCOME CENTER & "SPIRIT OF WORK" VOLUNTEER.
(A) ISSUER NAME: BILLINGS COUNTY, NORTH DAKOTA
(F) DESCRIPTION OF PURPOSE:
RENOVATION OF ROUGH RIDER HOTEL DINING ROOM AND KITCHEN
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: BERT ANDERSON
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BROTHER OF CONTROLLER

SCHEDULE O

(Form 990)

Department of the Treasury

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public Inspection

Attach to Form 990. Internal Revenue Service Employer identification number Name of the organization THEODORE ROOSEVELT MEDORA FOUNDATION 45-0397662 (C) AMOUNT OF TRANSACTION \$ 21380. (D) DESCRIPTION OF TRANSACTION: MR. ANDERSON PERFORMED CONSTRUCTION WORK FOR THE FOUNDATION DURING THE YEAR. (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON: TWYLAH BLOTSKY (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD MEMBER (C) AMOUNT OF TRANSACTION \$ 129030. (D) DESCRIPTION OF TRANSACTION: TWYLAH HAD PURCHASED LAND FROM THE FOUNDATION IN FISCAL YEAR 2009, AS DISCLOSED ON THE PRIOR YEAR FORM 990. IN FISCAL YEAR 2010, IT WAS DISCOVERED THAT THE PRICE THAT TWYLAH PAID WAS IN EXCESSIVE AS COMPARED TO THE AMOUNT OF PROPERTY THAT SHE ACTUALLY PURCHASED. THE FOUNDATION DISCOVERED THE ERROR IN THE AMOUNT OF PROPERTY THAT WAS ACTUALLY SOLD TO TWYLAH AND THEN REFUNDED TWYLAH THE DIFFERENCE OF \$129,030. INDEPENDENT BOARD MEMBERS APPROVED THIS REFUND AND BASED THE PRICE ON THE APPRAISED VALUE AS DETERMINED BY AN INDEPENDENT APPRAISER. (E) SHARING OF ORGANIZATION REVENUES? = NO FORM 990, PART III, LINE 1 MISSION STATEMENT: PRESERVE THE VALUES AND TRADITIONS OF THE OLD WEST EMBODIED IN THE PIONEER CATTLE TOWN OF HISTORIC MEDORA AND THE "BULLY SPIRIT" PRESENT OPPORTUNITIES FOR VISITORS TO RELIVE THEIR THEODORE ROOSEVELT. PATRIOTIC HERITAGE AND BE EDUCATED AND INSPIRED THROUGH INTERPRETIVE

PROGRAMS, MUSEUMS, AND ATTRACTIONS THAT FOCUS ON THE OLD WEST AND THE

SCHEDULE 0

(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

Name of the organization

THEODORE ROOSEVELT MEDORA FOUNDATION

Employer identification number 45-0397662

PUBLIC, PROVIDING FOR THEIR COMFORT WHILE VISITING HISTORIC MEDORA AND
THEODORE ROOSEVELT NATIONAL PARK.

FORM 990, PART VI, LINE 1A

AUTHORITY OF COMMITTEE TO ACT ON BEHALF OF BOARD:

AN EXECUTIVE COMMITTEE COMPRISED OF THE CHAIRMAN, VICE CHAIRMAN, PRESIDENT. SECRETARY, TREASURER, TWO DIRECTORS ELECTED BY THE BOARD AND THE IMMEDIATE PAST CHAIR OF THE BOARD FOR ONE YEAR AFTER THE MEMBER CEASES TO SERVE AS CHAIR OF THE BOARD. IF THE CURRENT CHAIR IS SERVING CONSECUTIVE YEARS, THE POSITION HELD FOR AN IMMEDIATE PAST CHAIR SHALL BE FILLED BY A BOARD MEMBER AT LARGE. THE PRESIDENT IS NOT ON THE THE EXECUTIVE COMMITTEE MAY EXERCISE THE AUTHORITY OF GOVERNING BODY. THE BOARD OF DIRECTORS IN THE GOVERNANCE OF THE CORPORATION; PROVIDED, HOWEVER, THAT THE COMMITTEE SHALL NOT HAVE THE AUTHORITY OF THE BOARD OF DIRECTORS IN REFERENCE TO AMENDING, ALTERING OR REPEALING THE BY-LAWS; ELECTING, APPOINTING, OR REMOVING ANY MEMBER OF THE COMMITTEE OR ANY DIRECTOR OR OFFICER OF THE CORPORATION; AMENDING THE ARTICLES OF INCORPORATION; ADOPTING A PLAN OF MERGER OR ADOPTING A PLAN OF CONSOLIDATION WITH ANOTHER CORPORATION; AUTHORIZING THE SALE, LEASE, EXCHANGE OR MORTGAGE OF A SUBSTANTIAL PORTION OF THE PROPERTY AND ASSETS OF THE CORPORATION; AUTHORIZING THE VOLUNTARY DISSOLUTION OF THE CORPORATION; ADOPTING A PLAN FOR THE DISTRIBUTION OF ASSETS OF THE CORPORATION; OR AMENDING, ALTERING OR REPEALING ANY RESOLUTION PROVIDED BY THE BOARD OF DIRECTORS.

2009 Open to Public Inspection OMB No 1545-0047 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ➤ See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) THEODORE ROOSEVELT MEDORA FOUNDATION ► Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service **SCHEDULE R** (Form 990) Part

Employer identification number 45-0397662

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets <u>e</u> Total income Ŧ Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part II

Direct controlling entity status (if section Public charity 501(c)(3)) **Exempt Code** section ত্ত Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN of related organization

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

Schedule R (Form 990) 2009

45

45-0397662

Page 2

Schedule R (Form 990) 2009 THEODORE ROOSEVELT MEDORA FOUNDATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

(a)	(q)	(0)	(p)	(e)	ω	(6)	£)	(9)	9
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, exclined from tax under	Share of total income	Share of end-of-year	Disproportion- ate allocations?	Code V-UBI amount in box	General or martaging partner?
		country)		sections 512-514)		assers	Yes No	K-1 (Form 1065)	Yes No
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denoted a second analysis of the second based of the second secon			* 3: 040 cma () 4 m T	batelar arm or and batelar state of the angle of "VA" to Earn 800 Bod IV los 34 haranes at had one or more related	0 mr 2 c "V v P	/6 out // too 0	th contract	a orom ac more	Potel

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related or ganizations treated as a corporation or trust during the tax year.)

(a)	(9)	(0)	(p)	(e)	ω)	(6)	(F)
Name, address, and EIN of related organization	Primary activity	icile (Direct controlling Type of entity (C corp, S corp, or trust)	Type of entrty (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
BULLY PULPIT, INC 45-0549273							
PO BOX 198							
MEDORA, ND 58645	GOLF COURSE	QN	N/A	C CORP	920,753.	407,071.	1008
		-					
			·			i	

Schedule R (Form 990) 2009

932162 07-21-10

Yes No

Schedule R (Form 990) 2009 THEODORE ROOSEVELT MEDORA FOUNDATION

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			•	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a	×	
b Gift, grant, or capital contribution to other organization(s)		₽	×	اہ
c Gift, grant, or capital contribution from other organization(s)		1	×	اہ
d Loans or loan guarantees to or for other organization(s)		2	×	
e Loans or loan guarantees by other organization(s)		-	×	ار
			╣	I,
f Sale of assets to other organization(s)		#	×	ال
g Purchase of assets from other organization(s)		19	×	اہ
h Exchange of assets		ŧ	×	الم
i Lease of facilities, equipment, or other assets to other organization(s)		¥	×	ال
j Lease of facilities, equipment, or other assets from other organization(s)		F	×	ايرا
k Performance of services or membership or fundraising solicitations for other organization(s)		-	×	١.
I Performance of services or membership or fundraising solicitations by other organization(s)		=	×	٦.
m Sharing of facilities, equipment, mailing lists, or other assets		Ę	× :	اا۔
n Sharing of paid employees		두	×	اد
o Reimbursement paid to other organization for expenses		10	×	ادا
p Reimbursement paid by other organization for expenses		<u> 2</u>	~	اہ
			-	Į,
q Other transfer of cash or property to other organization(s)		₽	×	اب
r Other transfer of cash or property from other organization(s)		-	×	اب
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	saction thresholds.			
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	olved	1
(1) BULLY PULPIT, INC	A	240	240,000.	-1
(2) BULLY PULPIT, INC	Q	102	102,074.	<u>.</u>
(3) BULLY PULPIT, INC	К	50	50,400.	اہ
(4)				
(5)				1
932163 02-04-10	Sched	Schedule R (Form 990) 2009	990) 20	8

Page 4

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

that was not a related organization See instructions regarding exclusion for certain investment partnerships.	usion for certain investment partner							
(a)	(Q)	(၁)	<u> </u>		E	(6)		
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI amount in box 20	General or managing	ъ б.
Salario Orașini, andreas		country)	Yes No		Yes No	of Schedule K-1 (Form 1065)	,	و ل
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						Schedule R (Form 990) 2009	.m 990) 204	600

Theodore Roosevelt Medora Foundation Explanation of Changes Fiscal Year Ending 01 31 2010

The	return	æ	amended	for	the	followir	10

- 1 To remove specific program expenses Theodore Roosevelt Medora Foundation (TRMF) wholly owns Bully Pulpit, a for profit C Corporation Doing the year Bully Pulpit incurred expenses which were erroneously included on TRMFs tax return. The amended return correctly removes these expenses from TRMFs program expenses.
- 2 To include certain program and fund expenses on form 990-T These expenses were included on form 990, but were erroneously omitted from form 990-T as the expenses are unrelated business expenses. The amended return corrects this omission

	changes have been made	ica return corrects uns c	7011335011
Form 990	Part 1 12		
	Part I, Line 12 Per Original	9,264,069	
	Per Amended	9,262,920	
	Decrease to Line 12	1,149	To remove imputed interest - Specified payment not deducted by controlled organization
	Decrease to Line 12	1,145	is terminal imparted mission opening payment and a second payment of the second payment
	Part I, Line 18		
	Per Original	7,792,865	
	Per Amended	7,696,752	
	Decrease to Line 18	96,113	To reduce expenses included on Bully Pulpit's tax return
	Part I, Line 19		
	Per Original	1,471,204	
	Per Amended	1,566,168	
	Increase to Line 19	94,964	To record change to income
	Part III, Line 4a, Expenses		
	Per Original	6,589,732	
	Per Amended	6,493,619	
	Decrease to Line 4a, Expenses	96,113	To reduce expenses included on Bully Pulpit's tax return
	Decircuse to Sine ta, Expenses	22,112	, , , ,
	Part VIII, column C, Line 12		
	Per Original	3,413,443	
	Per Amended	3,412,294	m
	Decrease to Line 12	1,149	To remove imputed interest - Specified payment not deducted by controlled organization
	Part IX, column B, Line 25		
	Per Original	6,589,732	
	Per Amended	6,493,619	
	Decrease to Line 25	96,113	To reduce expenses included on Bully Pulpit's tax return
	Part X, Column B, Line 12		
	Per Original	211,919	
	Per Amended	(121,165)	
	Decrease to Line 12	333,084	To record cumulative changes in Bully Pulpit investment
	Part V. Column B. Lune 7		
	Part X, Column B, Line 7 Per Original	195,152	
	Per Amended	•	
	Decrease to Line 7	195,152	To reclass and record cumulative changes in Bully Pulpit note receivable
	Box V. Caluma D. Lee- 15		
	Part X, Column B, Line 15	16,505	
	Per Original	544,741	
	Per Amended Increase to Line 15	528,236	To reclass and record cumulative changes in Bully Pulpit note receivable
Schedule D:	Part XI, Line 3		
	Per Original	1,471,204	
	Per Amended	1,566,168	
	Increase to Line 3	94,964	To record net affect of changes to Bully Pulpit
	Dea VIII Lan 24		
	Part XIII, Line 2d Per Original	897,261	
	Per Amended	993,374	
	Decrease to Line 2d	96,113	To reduce expenses included on Buily Pulpit's tax return
	Decrease to hime ad	20,113	