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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

benefit trust or private foundation)

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

Open to Public Inspection

Ā	\ F	or the	2009 calend	dar year,	or tax year beginning	06-01	, 2009, and en	ding	05	-31 , 20 10
E	3 C	heck if	applicable	Please	C Name of organizationFOE 3264 (SAMBLING ACCOUNT				D Employer identification no.
٠ [] A	dress	change	use IRS label or	Doing Business As DONALD WE:	IMER FRAT				03-0613312
	N	ame ch	ange	print or	Number and street (or P O box if mail	s not delivered to street addre	ss)	Room/s	uite l	E Telephone number
Ī	In	itial ret	urn	type. See	824 RAILROAD DR. N.W.					(763)441-2554
Ī	=	rminat		Specific Instruc-	City or town, state or country, and ZIP	+ 4	-		Ī	G Gross receipts
• 7	Ξ.		l return	tions.	ELK RIVER, MN 55330-2			/ ()	s 774,474
F	=		on pending	F Name	and address of principal officerDONALI			1		· · · · · · · · · · · · · · · · · · ·
				1	5 207TH AVE NW, ELK RIV			H(a) Is	this a group re filiates?	eturn for Yes X No
ī	Ta	Y - 6Y6	npt status		10) ◀ (insert no) ☐ 4947(a)(1) o			_		
			► N/A	==	20 / 1 (mostrine / 🛅 10 m (e), (v) =	·		H(c) G	"No," attach a	Included?
, <u>-</u>				Corporation	on Trust Association Other	l Ye	ar of formation 19			al domicile MN
ñ	Par		Summar		Trust Association Other		ar or rormanon 13	20 1.	- Otate Of leg	ar domiche 144
L	. 411	1		<u>•</u>	ganization's mission or most signific	ant activities PDA1	ERNAL ORGA	NT7 ATT		
		'			RS YOUTH ACTIVITIES					OCAT
` A	, _				MENT ACTIVITIES.	S AND SOFFORT	5 COMMON	1111	AND L	OCAL
t	G			VEKINI	ENI ACTIVITIES.	**-				
ı	v e		Classia Alasa I				Ab 2E%/	-6.45		
≘:	r	2		_	f the organization discontinued its o	•				1112
201	n a	3		•	mbers of the governing body (Part \					113
တ္ခ်	n	4		-	nt voting members of the governing	-				113
9	_	5			oyees (Part V, line 2a)				<u> </u>	8
≥ 8	•	6			teers (estimate if necessary)					
^o N		l .	_		business revenue from Part VIII, col					2,954
		b	Net unrelate	d busines	s taxable income from Form 990-T,					0
SCANNED	R	_			(5)	081129	10	Prio	Year	Current Year
3	e v	8	Contribution	s and gra	nts (PartVIII) ine 14)				 .	0
₹	е		i logium sci	TICE ICTO	ide (Lait Alli-illito-reg)				 .	0
Ş	n u	10	Investment i	ncome (P	art VIII, column (A), lines 3, 4, and 7	'd)				22 022
U.	e	11		1 1 1	III, column (Al), lines (5) (6d, 8c C9c, 1				85,803	
_		12			nes 8 through 11 (must equalipart)				85,803	
		13	Grants and	sımılar am	ounts (a) (Part IX, column (A), line	es 1-3)			25,709	29,641
	Ε	14			members (Part IX, column (A), line					0
	X D	15			nsation, employee benefits (Part IX,				37,658	
	ė ·				ng fees (Part IX, column (A), line 11				3,100	0
	n S	I			nses (Part IX, column (D), line 25)▶					
	e s	ı			IX, column (A), lines 11a-11d, 11f-2		<u> </u>		22,142	
	-				lines 13-17 (must equal Part IX, col				88,609	
_		19	Revenue les	s expense	es Subtract line 18 from line 12				(2,80	3,182
	let ssets							eginning of	Current Year	End of Year
0	r	20			ne 16)				46,289	50,511
	und lai-	21			line 26)		ļ		177	1,217
a	nces				ances Subtract line 21 from line 2	0 . <i></i>	<u> </u>		46,112	49,294
	Par	111	Signatu							
			Under penal	ties of perju	ry, I declare that I have examined this returned, and complete. Declaration of prepare	rn, including accompanying sci	hedules and statem	ents, and t	to the best of	my knowledge
_			1/		O 1 1 1	(other than other) is based t	on all information of	winchpie	parer mas any	•
	Sign		M	Longe	I lleme					10/09/2010
H	lere	;	Signatu	re of office					Da	te
			DONA	LD R.	WEIMER, GAMBLING MGR.					
_			Type or	print name	and title				-	
_			Preparer's	.	-	Date	Check	f		lentifying number
n	aid		signature		$\gamma_{\circ \circ} \sim 1/2$		self- employ	ed ▶ 🏻	(see instruct	ions)
		rer's		$_{-}$ \sim	many. Kon	10-09-20		_		
	lse C		Firm's name	(Or voure	WILLIAM & KONOP	4		EIN		
_		,	if self-emplo	oyed),	1170 5TH ST NW					
			address, and	d ZIP + 4	ELK RIVER, MN 55330-	2530		Phone no	▶763-44	1-2554
V	lay ti	ne IRS	discuss this	return wi	th the preparer shown above? (see					

	1990 (2009) FOE 3264 GAMBLING ACCOUNT		03-061	3312	Page 2
Pa	rt III Statement of Program Service Acc	complishments			
1	Briefly describe the organization's mission				
	FRATERNAL ORGANIZATION				
	SPONSORS YOUTH ACTIVITIES AND SUPPOR	TS COMMUNITY AND			
	LOCAL GOVERNMENT ACTIVITIES.				_
2	Did the organization undertake any significant program				
	the prior Form 990 or 990-EZ?			Yes X	No
	If "Yes," describe these new services on Schedule O				
3	Did the organization cease conducting, or make signific				
	services?			Yes 🗵	No
	If "Yes," describe these changes on Schedule O				
4	Describe the exempt purpose achievements for each of				
	Section 501(c)(3) and 501(c)(4) organizations and section		t the amount of grants and		
	allocations to others, the total expenses, and revenue, i	fany, for each program service reported			
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	LINES 1 & 2, PART IX, CHAR	ITABLE DONATIONS PER	SCHEDULE ATTACHE	ED.	
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$)(Revenue)
					
		<u> </u>			
4d	Other program services (Describe in Schedule O)				
	(Expenses \$ including grants	of \$) (Revenu	ıe \$)		
4e	Total program service expenses				

9) FOE 3,264 GAMBLING ACCOUNT Checklist of Required Schedules Part IV

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

Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations Χ 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated Χ 23 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 24a Did the organization maintain an escrow account other than a refunding escrow at any time during the year Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or Χ disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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? 27 Χ 28 Was the organization a party to a business transaction with one of the following parties, directly or indirectly (see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds, conditions, and exceptions) 28a Χ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28Ь Χ An entity of which a current or former officer, director, trustee, or key employee of the organization (or a 28c Χ Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Χ 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Χ 35 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

Х

Χ

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		-	, -,
	U.S. Information Returns Enter -0 - if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 8			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a	X	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	_		
	account)?	4a		X
ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
_	and Financial Accounts	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	_		
_	Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	C -		v
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		Х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	,,,		
·	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			-21
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	<u> </u>		
	required?	7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		,	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
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)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	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

	ction A. Governing Body and Management			
		·	Yes	No
1a	Enter the number of voting members of the governing body	-		
Ь	Enter the number of voting members that are independent	4	ŀ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	-		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?			X
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	<u>X</u> _	
þ	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	1		
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	11		X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		Χ
ь	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	1		
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► WILLIAM J KONOP (763)441-2554			
	1170 5TH ST NW Elk River, MN 55330-2530			

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week	Position (check all that appl					F	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week	dur lse vtet deo ur ao lr	s u t s i t t e	f c e	y e m	gmpl eey t se t ed	r m e r	trom the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
BERNARD ERIE										
PRESIDENT	5			X				0	0	0
DONALD R WEIMER										
GAMBLING MGR.	20	<u> </u>		X	X	X		11,200	0	0
WILLIAM J KONOP										_
GAMB. BKPR.	10		<u> </u>		X			3,600	0	0
GREGG A KONOP										
GAMB. BKPR.	20				X			13,200	0_	0
					-					
	_				 					
							_			
					<u> </u>					
				_						

Pa	a	_	1

Pa	rt VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	hes	t Com	pen	sated Employees	(continued)			
	' (A)	(B)			(6	C)			(D)	(E)		(F)	
	Name and Title	Average hours per week	Position I t d in r i d u r i s e v t c	l t n r s u	o f	K e	Hce Iom gmp hpl	F o r E	Reportable compensation from the	Reportable compensation from related organizations	con	stimate mount o other npensat	of tion
			vtc let deo ur ao Ir	lt e	l e	m p l o y e e	e e o s n y t s e t e d	e r	organization (W-2/1099-MISC)	(W-2/1099-MISC)	or ar	from the ganizati nd relate ganizatio	on ed
													-
			-										
									 -				
			-						-				
													
					_		_						
								-					
											-		
1b 2	Total								673	0			0
2	Total number of individuals (including but not limited reportable compensation from the organization ▶	to those liste	ed abo	ve)	wno	rec	eivea i	more	than \$100,000 in	0			
	·											Yes	No
3	Did the organization list any former officer, director or employee on line 1a? If "Yes," complete Schedule J fo	-		-		_		-			3		Х
4	For any individual listed on line 1a, is the sum of repo												-
	the organization and related organizations greater tha							dule	J for such				
5	Individual										4		X
3	services rendered to the organization? If "Yes," compl										5		Х
Se	ction B. Independent Contractors	ete beneda	0 101	340		-	····	• •		· · · · · · · · · · · · · · · · · · ·			
1	Complete this table for your five highest compensated compensation from the organization	d independe	nt con	tract	tors	that	receiv	ed n	nore than \$100,00	O of			
	(A) Name and business addres	s							(B) Description of	Services		(C) ensatio	
				-	-		_					- CANDULIO	<u>. </u>
2	Total number of independent contractors (including b more than \$100,000 in compensation from the organic		d to the	ose	liste	d at	ove) v	who	received				
	anan wiso, ooo in compensation from the organi	∠auon ▶											

Page 8

FOE 3264 GAMBLING ACCOUNT

P	Irt VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	hes	t Com	pen	sated Employees	(continued)			
	(A)	(B)			(6	C)			(D)	(E)		(F)	
	Name and Title	Average hours per week	Itd nrı dur ıse vtc ıet deo	I t n r s u t s i t	Office	K e	Hce II omp Ighpoye esnse ted	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	con 1 org ar	stimated nount of other apensation the ganization direlated anization	of tion e ion ed
			 		ļ					-			
		<u>-</u>		-									
_			<u> </u>				<u> </u>						
						<u> </u>							
									· · - · ·				
												-	
			 										
							<u> </u>						
						_							
				-									
1b	Total		l		<u> </u>								
2	Total number of individuals (including but not limited								than \$100,000 in	<u> </u>	L		
	reportable compensation from the organization												
			-									Yes	No
3	Did the organization list any former officer, director or	-				-		-					Х
4	employee on line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the sum of repo										3		
•	the organization and related organizations greater tha												
	individual										4		X
5	Did any person listed on line 1a receive or accrue cor												
_	services rendered to the organization? If "Yes," compl	lete Schedul	e J for	suc	h p	erso	n			<u> </u>	5		X
	ction B. Independent Contractors												_
1	Complete this table for your five highest compensated compensation from the organization	independe 	nt con	trac	tors	that	receiv	ed n	nore than \$100,00	0 of			
	(A) Name and business addres	s							(B) Description of	services		(C) ensatio	on.
_													
		_											
		_							 				
2	Total number of independent contractors (including b	ut not limite	d to th	ose	liste	d at	ove) v	who	received				
	more than \$100,000 in compensation from the organization												

Part	AIII	Statement of Revenue					
		•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
	1a	Federated campaigns 1a	- -		revenue		312,313,01314
C g o a o i t m n f h o	'Б			<u> </u>			
tteu		Fundraising events 1c) 			
rs,rn i t	1 .	Related organizations 1d					
bgss	"	Government grants (contributions) 1e		:			
tam	•	· —				-	
o t I n s a	f	All other contributions, gifts, grants,		=		:	
s, r a	_	and similar amounts not included above . If		<u>-</u>		-	
ď	9	Noncash contributions included in lines 1a-1f \$		}			
	h	Total. Add lines 1a-1f					
			Business Code		1		
PSR					ļ		
r e e	þ						
g v e							
rinacu	_		_				
m e e							
		All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest					
		other similar amounts)					
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					***************************************
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	1	Rental income or (loss)					
	d	Net rental income or (loss)	>				
	7a	Gross amount from sales of (i) Securities	(II) Other			-	
		assets other than inventory					
	Ь	Less cost or other basis					
0	ļ	and sales expenses				-	
ť	С	Gain or (loss)					
h	d	Net gain or (loss)					
e r	8a	Gross income from fundraising					
_	1	events (not including \$					
R	1	of contributions reported on line 1c)					
v		See Part IV, line 18 a					
e	Ь	Less direct expenses b		_			
u	c	Net income or (loss) from fundraising events .					
e	9a	Gross income from gaming activities					
		See Part IV, line 19	774,484				
	b	Less direct expenses b	741,661				
	C	Net income or (loss) from gaming activities		32,823	29,869	2,954	
	1	Gross sales of inventory, less			· · ·		,
		returns and allowances a					
	Ь	Less cost of goods sold b					
		Net income or (loss) from sales of inventory				i	
		Miscellaneous Revenue	Business Code			-	
	11a			ĺ			
	Ь						
	c						
		All other revenue				-	
	Í	Total. Add lines 11a-11d					
		Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d,			· · · · · · · · · · · · · · · · · · ·		
	'-	9c, 10c, and 11e		32,823	29,869.	2,954	. 0
				52,023	<u> </u>	4, 934	, 0

Part IX Statement of Functional Expenses

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

	All other organizations must complete colu				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	23,041	23,041		
_	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in	6,600	6,600		
_	the U.S. See Part IV, line 22	<u>-</u>		·	·····
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
4	U.S. See Part IV, lines 15 and 16			· '1 · '10 · '- · ·	
5	· • • • • • • • • • • • • • • • • • • •				
3	Compensation of current officers, directors,				
6	trustees, and key employees				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
Ü	and section 403(b) employer contributions)				
9	Other employee benefits				
9 10	Payroll taxes				
11	Fees for services (non-employees)				
'' a	Management				
b	Legal				
c	Accounting				
ď	Lobbying				
e	Professional fundraising services See Part IV, line 17.		· 		
f	Investment management fees				
g	Other	-	· · · · · · · · · · · · · · · · · · ·		
12	Advertising and promotion		J		
13	Office expenses				
14	Information technology				
15	Royalties		- ·		
16	Occupancy				
17	Travel			· · · · · · · · · · · · · · · · · · ·	
18	Payments of travel or entertainment expenses			· · · · · · · · · · · · · · · · · · ·	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	-			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance			·	
24	Other expenses ltemize expenses not				
	covered above (Expenses grouped together			,	
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а					
b					
С					
d				<u> </u>	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	29,641	29,641		
26	Joint Costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation	ſ	1		

	.990 (20	Balance Sheet		3-06133.	12 Page I
1 41	- 71	, , ,	(A)	T	(B)
		·	Beginning of year		End of year
	1	Cash - non-interest-bearing	44,498	1	49,206
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key		 	
		employees, and highest compensated employees Complete Part II of		1 1	
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	· · · · · · · · · · · · · · · · · · ·	 	
	•	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
Α	}	Part II of Schedule L		6	
S S	7	Notes and loans receivable, net		7	
e	8	Inventories for sale or use	851	8	598
t	9	Prepaid expenses and deferred charges		9	
•	1	Land, buildings, and equipment cost or		1 -	7 -171
		other basis Complete Part VI of Schedule D 10a 1,899			
	ь	Less accumulated depreciation 10b 1,192	940	10c	707
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	46,289	16	50,511
	17	Accounts payable and accrued expenses	177	17	1,217
	18	Grants payable	2.,	18	
L	19	Deferred revenue	· · · · ·	19	
i	20	Tax-exempt bond liabilities		20	
a h	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ĭ	22	Payables to current and former officers, directors, trustees, key			
!		employees, highest compensated employees, and disqualified			
ť		persons Complete Part II of Schedule L		22	
i	23	Secured mortgages and notes payable to unrelated third parties		23	
e s	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	177	26	1,217
		Organizations that follow SFAS 117, check here ▶ 🗓 and			
NF		complete lines 27 through 29, and lines 33 and 34.			
e u	27	Unrestricted net assets		27	
t n	28	Temporarily restricted net assets		28	
A	29	Permanently restricted net assets	46,112	29	49,294
s B s a		Organizations that do not follow SFAS 117, check here ▶ □			
sa el		and complete lines 30 through 34.			
a	30	Capital stock or trust principal, or current funds		30	
s n	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
о е	32	Retained earnings, endowment, accumulated income, or other funds		32	
rs	33	Total net assets or fund balances	46,112	33	49,294
	34	Total liabilities and net assets/fund balances	46,289	34	50,511

Form	1.990 (2009	FOE 3264 GAMBLING ACCOUNT 03-061331	2	Pa	age 1
Pa	rt XI	Financial Statements and Reporting			
				Yes	No
1	Accounti	ng method used to prepare the Form 990 🔲 Cash 🔃 Accrual 🔲 Other			
2a	Were the	organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the	organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to	line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit,	review, or compilation of its financial statements and selection of an independent accountant?	2c		X
d	If "Yes" to	line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued or	a consolidated basis, separate basis, or both	2d		
	x sepa	rate basis			
3a	As a resu	It of a federal award, was the organization required to undergo an audit or audits as set forth in	1	1	l

EEA

b If "Yes," did the organization undergo the required audit or audits?

Form 990 (2009)

3b

SCHEDULE D (Form 990)

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 2009

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Inspection

Name	e of the organization	Employer identification number
FO	E 3264 GAMBLING ACCOUNT	03-0613312
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts. Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	3
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be	
	used only for charitable purposes and not for the benefit of the donor or donor advisor or other	
	Impermissible private benefit?	
Pa	rt It Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV	V, line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or pleasure)	important land area
	Protection of natural habitat Preservation of certified history	ric structure
	Preservation of open space	
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation	ion easement
	on the last day of the tax year	
		Held at the End of the Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during
	the taxable year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, reporting of	
_	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year	
7	Annual design of the second of	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
U	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	□ v _{ee} □ N _e
9		□
•	In Part XIV, describe how the organization reports conservation easements in its revenue and expense stater balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	
	the organization's accounting for conservation easements	at describes
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	or Similar Assets
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	olilliai Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance	sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance she	et works of art
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
	following amounts required to be reported under SFAS 116 relating to these items	
а	Revenues included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	
		· · · · · · · · · · · · · · · · · · ·

	dule D (Form 990) 2009 FOE 3264 GAMBL			_			-06133		Page 2
Pa	rt III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures, or	Other Simi	lar Ass	ets (co	ntinued)
3	Using the organization's accession and other r	ecords, check any c	f the follow	ing that ar	e a significant u	se of its collecti	on		
	items (check all that apply)								
а	Public exhibition	d 🗌 Loa	n or exchai	nge progra	ams				
b	Scholarly research	e 🗌 Oth	er_						
С	Preservation for future generations								
4	Provide a description of the organization's coll	ections and explain	how they fu	irther the o	organization's ex	empt purpose	:n		
	Part XIV								
5	During the year, did the organization solicit or	receive donations of	art, historio	al treasur	es, or other simil	lar			
	assets to be sold to raise funds rather than to	be maintained as pa	rt of the org	ganization	s collection? .	<u>.</u>	<u></u>	. <u> </u>	es 🗌 No
Pa	rt IV Trust, Escrow and Custod	ial Arrangemen	ts. Comp	lete if orga	inization answer	ed "Yes" to For	m 990,		
	Part IV, line 9, or reported an amou	nt on Form 990, Par	t X, line 21						
1a	Is the organization an agent, trustee, custodian	or other intermedia	ry for contr	ibutions o	r other assets no	ot			
	ıncluded on Form 990, Part X?							. 🔲 Ye	es 🗌 No
ь	If "Yes," explain the arrangement in Part XIV ar	nd complete the follo	wing table						
							Amou	unt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on For	rm 990, Part X, line 2	17					. 🔲 Ye	es 🗌 No
b	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete	if organization answ	ered "Yes"	to Form 9	90, Part IV, line	10			
		(a) Current Year	(b) Pric	r Year	(c) Two Years Ba	ick (d) Three Ye	ears Back	(e) Four	Years Back
1a	Beginning of year balance								
b	Contributions								. <u> </u>
С	Investment earnings or losses								
d	Grants or scholarships								
е	Other expenditures for facilities		-						
	and programs								
f	Administrative expenses								
g	End of year balance		l						
2	Provide the estimated percentage of the year e								
а	Board designated or quasi-endowment	%							
b	Permanent endowment ▶ %								
¢	Term endowment ▶ %								
3a	Are there endowment funds not in the possess	sion of the organizati	on that are	held and	administered for	the		_	
	organization by								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
Ь	If "Yes" to 3a(II), are the related organizations li					· · · · · · · ·		3ь	
4	Describe in Part XIV the intended uses of the d								
Pal	rt VI Investments - Land, Build	ings, and Equip	ment. s	ee Form 9	90, Part X, line 1	0			
	Description of investment	(a) Cost or ot (investm	ſ		t or other (other)	(c) Depreciation		(d) Book	: value
1a	Land				-				
b	Buildings	[
С	Leasehold improvements	[
d	Equipment		1,899			1,	192		707
е									
Total	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colu	ımn (B), lın	e 10(c)).			▶		707

SCHEDULE G (Form 990 or 990-EZ)

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

2009

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

DE 3264 GAMBLING AG	CCOUNT					613312
Part I Fundraising Activit	ies. Complete if the	e organizatio	n answered	l "Yes" to Form 990, F	Part IV, line 17	
Indicate whether the organization a	en or oral agreemen 990, Part VII) or entil ndividuals or entitles	e	Solicitation Solicitation Special fun dividual (incline with pro	of non-government of of government grants adraising events luding officers, director offessional fundraising to agreements under	grants ors, trustees services? Ye which the fundraiser is	es 🛭 No
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
		Yes	No	,	col (i)	
		100		-		
			<u> </u>			
Fatal			_			
Total				s or has been notified	It is exempt from	
	• .		····			
· · · · · · · · · · · · · · · · · · ·			-			
				<u> </u>		
						

03-0613312

	art I		•	answered "Yes" to Form 99	0, Part IV, line 18, or repor	1613312 ted		rage Z
			(a) Event #1	(b) Event #2	(c) Other Events		otal Event	
R e v	1	Gross receipts	(event type)	(event type)	(total number)		col (c))	
e n u	2	Less Charitable						
е	3	contributions						
		mınus line 2)						
D	4	Cash prizes	:					
r e	5	Non-cash prizes						
c t	6	Rent/facility costs						-
E x p	7	Food and beverages						
e n	8	Entertainment						
s e s	9	Other direct expenses						
	10 11	Direct expense summary Add lines Net income summary Combine line				()
Pa	art I	Gaming. Complete if the org	ganization answered "Yes					
R e		than \$15,000 on Form 990-EZ	(a) Ruppe (b) Pull tabs/Instant (c) Other gaming					.dd
۷ e	1 Gross revenue		(a) Billigo	bingo/progressive bingo	(c) Other ganding	col (a) ti	hrough co	l (c))
nu e				751,594	22,890		774,48	84
D _I rect	2	Cash prizes		639,669		639,6		<u>69</u>
ť	3	Non-cash prizes			15,260	15,260		60
p e	4	Rent/facility costs		2,000		2,000		
n e s	5	Other direct expenses		84,732		T	84,7	32
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ ☐ No	☐ Yes %			
	7	Direct expense summary Add lines		(7	41,6	61)		
	8	Net gaming income summary Com		32,8				
9	En	ter the state(s) in which the organizat	ion operates gaming activ	vities MN,		[Yes	No
a k	l Ist	he organization licensed to operate g No," Explain				<u>9</u>	a X	
	_							
10a		ere any of the organization's gaming l Yes," Explain	icenses revoked, suspend	ded or terminated during th	e tax year [?]	10	ia	X
11		es the organization appare	notivito quali	-2				
12	ls t	es the organization operate gaming a he organization a grantor, beneficiary med to administer charitable gaming?	or trustee of a trust or a	member of a partnership o	r other entity		1 X	v

Sche	Chedule G (Form 990 or 990-EZ) 2009 FOE 3264 GAMBLING ACCOUNT 03-061					
					Yes	No
13	Indicate the percentage of gaming activity operated in]
а	The organization's facility		100.000			
b	An outside facility	13b		%		
14	Provide the name and address of the person who prepares the organization's gaming/special ever	nts book	s	E		Ė
	and records			-		-
	Name ► GREGG A. KONOP			-		
	Address ► 529 EGRET LANE ZIMMERMAN, MN 55398			_		
15a	Does the organization have a contract with a third party from whom the organization receives gam	ng				
	revenue?			. 15a		X
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and th	ne			ł
	amount of gaming revenue retained by the third party ▶ \$					1
c	If "Yes," enter name and address					
	Name ▶			_ [ĺ
	Address					
16	Address ▶		-	-		
10	Garning manager information					
	Name ► DONALD R. WEIMER					
	Gaming manager compensation ▶ \$ 11,200			_		
	Garming manager compensation = 11,200					1
	Description of services provided SUPERVISES, BANK DEPOSITS, PURCHASES GA	М		_		
	☐ Director/officer ☐ Employee ☐ Independent contractor					
17	Mandatory distributions					
а	Is the organization required under state law to make charitable distributions from the gaming proce	eds to				1
	retain the state gaming license?			. 17a	X	
b	Enter the amount of distributions required under state law distributed to other exempt organization				1	1
	in the organization's own exempt activities during the tax year ▶ \$ 29,641					

FOE ELK RIVER #3264

03-0613312

LAWFUL PURPOSE EXPENDITURES - YEAR 2009-2010

TOTAL LAWFUL PURPOSE

29,641.06