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Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to salisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

A I	For th	e 2009 calend	ar year,	or tax year beginning JULY 1 , 2009, and er	nding	JUNE-3	10	, 20	10
В	Check if	17						ition numbe	er
=		change	liabel or (= = = = = = = = = = = = = = = = = =					1099	
=	Name c	nange print or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Tele					number		
=	Initial re Termina		type See	P.O. BOX 731					
=		ed return	Specific Instruc-	City or town, state or country, and ZIP + 4	F G	roup Exe	motion		
=		tion pending	tions	BEULAH, ND 58523-0731		umber	•		
=			organi:	ations and 4947(a)(1) nonexempt charitable trusts must attach	3 Accounting	Method	VC	ach \Box Δ	ccrual
	• 56	Ction 50 (C)(5)	a coi	inpleted Schedule A (Form 990 or 990-EZ).	Other (spec		ب ب	a311 🗀 A	CCIGAI
					H Check ►				
	Mobo	ite: ►		l r	required to				
			chock o	nly one) — ✓ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	990-EZ, or		Cileduk	3 D (FOIII)	990,
						<u></u>			
	Check		_	ration is not a section 509(a)(3) supporting organization and its gross recei	•	•		1 \$25,000.	. А
				turn is not required, but if the organization chooses to file a return, be suit		· ·			12.744
				9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Fenses, and Changes in Net Assets or Fund Balances (S		ruotion			42,744
Ü	art i				see the mst	T .	5 101 F	rart I.)	4.570
	1		-	s, grants, and similar amounts received		1			4,572
	2	_		evenue including government fees and contracts		2			
	3	Membersh	ip dues	and assessments		3	<u> </u>		23,124
	4	Investment		1 1		4			28
	5a			m sale of assets other than inventory 5a					
	t	Less: cost	or othe	r basis and sales expenses		المراجعة المراجعة	l		
	0			sale of assets other than inventory (Subtract line 5b from line 5a		5c			
ĕ	6	Special event	s and act	ivities (complete applicable parts of Schedule G). If any amount is from gaming, ch	eck here 🕨 🔲	V = 3 c-24			
Revenue	a	Gross reve	enue (no	ot including \$ of contributions					
æ		reported o	n line 1	6a		遊問			
_	l t	Less direc	t expe	nses other than fundraising expenses 6b					
	0		•	s) from special events and activities (Subtract line 6b from line 6a	a)	6c			
	7a			entory, less returns and allowances	14,9	46 S			
	b				8,2	71	İ		
			_	ss) from sales of inventory (Subtract line 7b from line 7a)		7c	1		6,675
	8			scribe ► Book Orders - 60; Costumes - 14		8			74
	9			Id lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	,	9		:	34,473
	10					10			
	11	Benefits na	aid to d	ramountsrpard (tattagh schedule)	•	11			
S	1	,		ppensation, and employee benefits	•	12			26,109
se	13			and other payments holindependent contractors	• •	13			200
Expenses	14		- 13	utilities, and maintenance		14	<u> </u>	-	1,090
ă	15					15	 -		7,998
	16	Other eyes	onege (ons, postage, and shipping	,	16			-,,,,,,
 I	17	Total expe	oncoc (Add lines 10 through 16					35,397
	40			for the year (Subtract line 17 from line 9)		18			(924)
Net Assets	19			d balances at beginning of year (from line 27, column (A)) (mus					(527)
SS	'			reported on prior year's return)	_	19			3,225
₹٤	00	-	-			20			3,223
ìŽ	20		-			21			2,301
<u> </u>	21 art I			ts. If Total assets on line 25, column (B) are \$1,250,000 or more,			nd of E	orm 990.	
		Dalarice	- One	(See the instructions for Part II)	(A) Beginning			End of year	
11/2/2020	,	Sook onwer	t	·	(A) Deginining			, 210 Or yea	
11 / 12 / 12 / 12 / 12 / 12 / 12 / 12 /	2 (_		vestments	<u> </u>	3,397	-		2,349
₹	c ل	and and build	•				23		
		Other assets (2 227	24		2 2 4 2
¥2!		otal assets .				3,397			2,349
20		otal liabilitie				172	-		48
2				alances (line 27 of column (B) must agree with line 21)		3,225		000 ==	2,301
For	r Priva	acy Act and Pa	perwor	k Reduction Act Notice, see the separate instructions.	at No 10642I		Form	990-EZ	. (2009)



Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)	T	Expenses
	t is the organization's primary exempt purpose?	Provide preschool educatio	n for area children	·	(Requ	ired for section
Desc)(3) and 501(c)(4)				
manı	ner, describe the services provided, the number of	f persons benefited, and o	other relevant info	rmation for		izations and section (a)(1) trusts, optional
each	program title.					hers.)
28	Preschool for Beulah community, approximately 40 c	children served in 2009			1	
	(Grants \$) If this amount	includes foreign grants, chi	eck here	. ▶ 🗆	28a	35,397
29		·				
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
	(Grants \$ ) If this amount				29a	
30						
		•**************************************		•••••		
	***************************************	***************************************		*		
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	31a	
32	Total program service expenses (add lines 28a t	hrough 31a)		<b>•</b>	32	
Par	t IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	ven if not compensa	ted. (See the	instruc	tions for Part IV.)
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributi employee benefi		(e) Expense account and
	(a) Name and address	devoted to position	enter -0- )	deferred compe		other allowances
Jess	ica Palaniuk	President - 10 Hrs/week				
Beul	ah, ND 58523	riesident - 10 ris/week	0		0	0
Shav	wn Voigt	Vice Pres - 10 Hrs/week				
Beul	ah, ND 58523	Vice Fres - 10 Hrs/week	0		0	0
Daw	n Martin	Treasurer - 5 Hrs/week				
Beul	ah, ND 58523	riedsulei - 5 mis/week	0		0	0
Kasl	na Hansen	Secretary - 5 Hrs/week				
Beul	ah, ND 58523	Secretary - 5 firs/week	0		0	0
					,	
						<del> </del>
. <del>.</del>						
<b></b> -					ľ	
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<b>-</b>					Ì	

Part	Other information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	-	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	7 1 k 2 m	7.33	25th 3
b	Did the organization file Form 1120-POL for this year?	37b		<b>√</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		<b>√</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	170	4	1957.3
39	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on line 9	THE PARTY OF		
b	Gross receipts, included on line 9, for public use of club facilities	蒙山		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.			12. 12.
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶0	124	The XX	
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit	空堂	3.00	
_	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	<b>新教育</b>	が追答	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>√</b>
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Dawn Martin Telephone no ▶	701 87	3-4130	)
	Located at ► 1943 62nd Av SW, Beulah ND ZIP + 4 ►	585	23	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		<b>✓</b>
	If "Yes," enter the name of the foreign country: ▶	-	1000	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<b>K</b> (1)		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c		✓_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year . ▶ 43			
			Yes	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	٠٠٠٠ ا		
	Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		* * * * * * * * * * * * * * * * * * *
_				

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51.	exempt charital ritable trusts mus	ole trusts only. A st answer question	II section ons 46–49b
	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete			• •	Yes No
	•				46 🗸
	Did the organization engage in lobbying activitie				47 🗸
	Is the organization a school as described in section				48 🗸
	Did the organization make any transfers to an ex		•		49a 🗸
	If "Yes," was the related organization a section 5 Complete this table for the organization's five hi		· · · · · · · ·		49b /
50	employees) who each received more than \$100,	000 of compensation from	the organization.	If there is none, en	ter "None."
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE					
					<del> </del>
f	Total number of other employees paid over \$100	0,000 ▶			<del></del>
NONE	(a) Name and address of each independent contractor	paid more than \$100,000	<b>(b)</b> ⊤y	pe of service	(c) Compensation
d	Total number of other independent contractors e	each receiving over \$100,0	00 . ▶		<del>_</del>
	Under penalties of perjury, I declare that I have examini and belief, it is true, correct, and complete Declaration	ed this return, including accompar	nying schedules and sta	atements, and to the bes	t of my knowledge
Sign	Line solitor, kito irac, correct, and complete because of	or preparer (otter trial officer) is i	l state of the smooth and	8-13-10	)
Here	Signature of officer	-		Date	<u></u>
	Type or pnnt name and title	reasureu			
Paid Prepare	Preparer's signature	PA 8/12/	Check if self- employed ► ✓	Preparer's identifying num	iber (See instructions)
Use On	vours if self-employed)  BEN T. LENZEN		EI	N ▶ 45	-0379689
	address, and ZIP + 4 P.O. BOX 1000, BEUL		Ph		873-2447
May the	e IRS discuss this return with the preparer shows	above? See instructions	· · · · · · · · · · · · · · · · · · ·		Yes No
				For	m <b>990-EZ</b> (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

#### **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.

Open to Pu

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trust.

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

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OMB No 1545-0047

Name	of t	he organization	l								Employe	er identifica	tion number
BEL	JLA	H LITTLE PE	OPLE P	RESCH	OOL						45	(	0348099
Pai	t I	Reason	for Put	olic Ch	arity Sta	tus (All or	ganızatı	ons mus	t compl	ete this	part.) Se	e instru	ctions.
1 2	orgi	A church, co	onvention scribed in	of chu	rches, or a on 170(b)(	association 1)(A)(ii). (At	of churc	hes desc edule E.)	ribed in s	section 1	70(b)(1)(	A)(i).	
3 4		<ul> <li>□ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>□ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:</li> </ul>											
5		-	tion opera	ated for	the benef	it of a colle					by a gov	ernmenta	I unit described in
6		A federal, st					ental unit	describe	d in sect	ion 170(l	b)(1)(A)(v)	١.	
7			tion that r	ormally	receives	a substanti	al part of						the general public
8 9		A communit An organizat receipts from	y trust de tion that r n activitie n gross i	escribed normally es relate nvestm	d in <b>sectio</b> receives: ed to its ex ent incom	n 170(b)(1) (1) more th cempt func e and unre	(A)(vi). (C an 33½ % tions—su elated bus	of its subject to one of the subject to one	pport from certain ex xable inc	ceptions ome (les	s, and (2) s section	no more	ip fees, and gross than 33½% of its from businesses
10 11 e		purposes of 509(a)(3). Ci a Type By checking	tion orgatione or meck the light this boxer than for the light the	nized a nore puil box that <b>b</b> [ k, 1 cer undation	and operated on the control of the c	ed exclusiverted orgates the type organiza	vely for the nizations of suppose Type tion is no	ne benefi describe rting org e III-Fun ot control	t of, to public of the section of th	perform to on 509(a and com integrate tly or inc	he functi )(1) or sec aplete line d directly b	ons of, oction 509(es 11e thing)  d  y one or	r to carry out the (a)(2) See section rough 11h.  Type III-Other more disqualified escribed in section
f g		If the organ organization Since Augus following pe	, check to st 17, 200	his box									III supporting
		(ii) A family (iii) A 35% o	pelow, the member controlled	e gover of a pe entity	ning body rson desc of a perso	of the sup ribed in (i) n described	ported or above? d in (i) or	ganizatio  (II) above	n? 	th persor	ns describ  	oed in (ii)	Yes No 11g(i) 11g(ii) 11g(iii)
<u>h</u>		Provide the	1									-	
(1)		ne of supported (ii) EIN rganization		IN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))		on lines 1–9 in col (i) listed in your the organization in governing document? col (i) of your		nization in of your	(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support	
					_		Yes	No	Yes	No	Yes	No	
				<del></del>									
					•								
						<del></del>							
Tota	ıl		<b>東京</b>						<b>19</b> 00年 1900年		3 40 41		

Pai	Support Schedule for Org (Complete only if you ched					and 170(b)(	1)(A)(vi)
Sec	tion A. Public Support						
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</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 organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	nativ. How were	CTICAL CONTRACTOR		Palater Baller B. R.	Marie Ma	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	图		品的流淌和流	Jan Barrier	and the second	<u> </u>
	tion B. Total Support	···	·- ·-				
Ca	lendar year (or fiscal year beginning ın) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	<b>HEISTNIN</b>	解於經濟學的	30.00 F.3.74M	经济的	と言語を	
12	Gross receipts from related activities, etc.	c. (see instruction	ons) .		•	12	
13	First five years. If the Form 990 is for organization, check this box and stop he	ere			n, or fifth tax y	ear as a section	on 501(c)(3)
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line		•	1, column (f))		14	%_
15	Public support percentage from 2008 Sc					15	<u>%</u>
16a	331/3 % support test — 2009. If the organ					% or more, che	ck this box
	and stop here. The organization qualifie						مرطة عام مطم
b	33% % support test—2008. If the organ box and stop here. The organization qui					33% % or more	, cneck this
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization" organization orga	<b>009.</b> If the organ facts-and-circur	ization did not onstances" test,	check a box on check this box	line 13, 16a, or and stop here.	Explain in Part	4 is 10% or IV how the
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "organization meets the "facts-and-circumst	facts-and-circum ances" test. The	nstances" test, o organization qua	check this box alifies as a public	and <b>stop here</b> cly supported or	Explain in Part ganization .	IV how the  ▶ □
18	Private foundation. If the organization die	d not check a bo	ox on line 13, 16	a, 16b, 17a, or [.]	17b, check this i	box and see ins	structions 🕨 🔲

## 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.)

_	Complete only if you checke	ed the box of	1 11110 3 01 1 0				<del> </del>
	tion A. Public Support		# \ DDD	() 0007	10.000		(n =
Ca	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	22,055	19,176	22,816	21,605	27,696	113,348
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	9,156	10,669	8,051	6,948	6,675	41,499
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						4-1-1-1
6	Total. Add lines 1 through 5	31,211	29,845	30,867	28,553	34,371	154,847
7a	Amounts included on lines 1, 2, and 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 amount on line 13 for the year						
С	Add lines 7a and 7b	Fig. 2. Alice (with a mail of Law)	arial-mass arise stress facilities	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NA	AND LANGE OF BRIDE OF STRAIN	- Parl Sc. Talance and State of the	<del></del>
8	Public support (Subtract line 7c from line 6)						154,847
	tion B. Total Support					<del></del>	
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	31,211	29,845	30,867	28,553	34,371	154,847
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			10	26	29	65
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b			10	26	29	65
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	706		_ 588		74	1,368
13	Total support. (Add lines 9, 10c, 11, and 12)	31,917	29,845	31,465	28,579	34,474	156,280
14	First five years. If the Form 990 is for organization, check this box and stop	the organization					
Sec	tion C. Computation of Public Su		ntage	·	<u> </u>	· · · · · ·	
15	Public support percentage for 2009 (lir	<del></del>	<del></del>	ne 13. column	(f))	15	99.08 %
16	Public support percentage from 2008				(')/ •	16	98.91 %
	tion D. Computation of Investmen			· · · · · · · · · · · · · · · · · · ·			
17	Investment income percentage for 200			d by line 13. co	olumn (fl)	17	0 %
18	Investment income percentage from 20	•	• •	•		18	0 %
19a		anızatıon dıd n	ot check the b	ox on line 14, a			
b	33\% % support tests - 2008. If the organ line 18 is not more than 33\% %, check this continue that the state of the state	nization did not	check a box or	n line 14 or line	19a, and line 1	6 is more than 3	33¼ %, and
20	Private foundation. If the organization	-	-			• •	

	orm 990 or 990-EZ) 2009 Page
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
	Part II, line 17a of 17b, and Part III, line 12. Frovide any other additional information. See instructions.
•••	
	······································
••••	
••	