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Form **990-EZ**

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)

(except black lung benefit trust or private foundation)

► Sponsoning organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2010

Open to Public Inspection

A	For the	2010 calendar year, or tax year beginning 09/01/09 , 2010, and ending		08/31	, 20 10	
В	Check if ap	plicable C Name of organization	Employer identification number			
	Address cl	hange Sertoma Club of Fargo-Moorhead		4	5-6023025	
	Name cha		E Telephone number			
님	Initial retur	[301 27til 3t. 30	701-261-3412			
H	Terminated Amended	City or town, state or country, and ZIP + 4	Grou	ıp Exer	mption	
H	Application	Enrag ND 50103 2200	Num	ber 🕨	•	
G			neck I	▶	f the organization is not	
	Websit				ach Schedule B	
		· · · · · · · · · · · · · · · · · · ·	•)-EZ, or 990-PF).	
	Check ▶					
	Form 99	0-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instruction	ons). E	But if th	e organization chooses	
		retum, be sure to file a complete retum.				
L	Add lines	5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (F	Part II,			
line	25, colu	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$		
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in	struc	ctions	for Part I.)	
		Check if the organization used Schedule O to respond to any question in this Part I.	-		🗹	
	1	Contributions, gifts, grants, and similar amounts received		1	1298.00	
	2	Program service revenue including government fees and contracts		2		
	3	Membership dues and assessments		3	1360.00	
	4	Investment income		4	48.97	
	5a	Gross amount from sale of assets other than inventory 5a				
	b	Less: cost or other basis and sales expenses				
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c		
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than				
<u>a</u>		\$15,000)		1		
Revenue	h	Gross income from fundraising events (not including \$ of contributions				
Š	-	from fundraising events reported on line 1) (attach Schedule G if the		ĺĺ		
Œ	ŀ	5	10.38			
	С		45.19			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subti				
	l u	line 6c) MECEIVED .		6d	18165.19	
	7-	Gross sales of inventory, less returns and allowances				
	7a	1011				
	b	Less: cost of goods sold		7c		
	C	1 7	•	8		
	8	Other revenue (describe in Schedule O)	Da	9	20872.16	
_	9			10	20072.10	
	10	Grants and similar amounts paid (list in Schedule O)		11		
	11	Salaries, other compensation, and employee benefits		12		
96	12			13		
Expenses	13	Professional fees and other payments to independent contractors		14		
Q	14	Occupancy, rent, utilities, and maintenance			111.99	
ш		Printing, publications, postage, and shipping		15	 	
	16	Other expenses (describe in Schedule O)		16	23685.97	
_	17	Total expenses. Add lines 10 through 16	>	17	23797.96	
1	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-2925.80	
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree very force force reported on prior year's return)		-	22022.24	
Ą		end-of-year figure reported on prior year's return)		19	23633.31	
det	20	Other changes in net assets or fund balances (explain in Schedule O)		20	,	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	20707.51	

Form **990-EZ** (2010)

Paï	till.	Balance Sheets. (see the instructions to Check if the organization used Schedule		tion in this	Dart II			
		Check if the organization used Schedule	O to respond to any ques			inning of year		(B) End of year
	0	h annua and investments			(A) Deg	23633.	00	
22		h, savings, and investments				23033.	23	20707.51
23		d and buildings		• • •			+ +	
24		er assets (describe in Schedule O)				22622	24	20707.54
25		al assets				23633.	-	20707.51
26			(D)			0	1=-1	0
27		assets or fund balances (line 27 of column			<u> </u>	23633.	. 27	20707.51
Par	<u>a</u>	Statement of Program Service Accomp					// //	Expenses
		Check if the organization used Schedule	· · · · · · · · · · · · · · · · · · ·				U	quired for section (c)(3) and 501(c)(4)
			To Provide monetary assista					anizations and section
		nat was achieved in carrying out the organization' provided, the number of persons benefited, and of				er, describe		7(a)(1) trusts, optional
				ach prograf	n une.		for	others.)
28	Provid	de Funding for a speech and hearing clinic at a	university - 100				1	
							1	
								•
	(Grant	ts \$) If this amount	includes foreign grants, che	eck here .		. ▶ 🗆	28 a	5750.
29	Provid	de hearing assistance devices for a public amp	hitheater 50 available for each	ch performa	ance			
							1	
	(Grant	ts \$) If this amount	includes foreign grants, che	eck here .		. ▶ □	298	5000.
30	<u></u>	ng aids for low income persons A						
							1	
	(Grant	ts \$) If this amount	includes foreign grants, che	eck here		. • □	302	1750
21	<u> </u>	program services (describe in Schedule O)		301(11010 3			+	
J 1	(Grant		includes foreign grants, che	 ack horo	• •		318	4813.83
32		program service expenses (add lines 28a t					32	
		List of Officers, Directors, Trustees, and Key						
			LINDIOACES. FISE COCIT ONE CA	7611 II 1101 CO				
Par	20.00							
IFali		Check if the organization used Schedule	O to respond to any ques	tion in this	S Part I			🗅
i eli			O to respond to any ques (b) Title and average hours per week	(c) Comper (ff not p	S Part INnsation	(d) Contribution	ons to t plans	(e) Expense account and
		Check if the organization used Schedule (a) Name and address	O to respond to any ques (b) Title and average	tion in this	S Part INnsation	√	ons to t plans	(e) Expense account and
		Check if the organization used Schedule	O to respond to any ques (b) Title and average hours per week	(c) Comper (ff not p	s Part IV nsation aid, 0)	(d) Contribution	ons to t plans ensation	(e) Expense account and other allowances
Darr	el Vasv	Check if the organization used Schedule (a) Name and address vick 301 27th St So Fargo, ND	O to respond to any ques (b) Title and average hours per week devoted to position	(c) Comper (ff not p	S Part INnsation	(d) Contribution	ons to t plans ensation	(e) Expense account and
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Darre Sear	el Vasv	Check if the organization used Schedule (a) Name and address vick 301 27th St So Fargo, ND gson 3324 39th St So Moorhead, MN	O to respond to any ques (b) Title and average hours per week devoted to position Treasurer - 3	(c) Comper (ff not p	s Part IV nsation aid, 0)	(d) Contribution	ons to t plans ensation	(e) Expense account and other allowances
Darre Sear	el Vasv	Check if the organization used Schedule (a) Name and address vick 301 27th St So Fargo, ND	O to respond to any ques (b) Title and average hours per week devoted to position Treasurer - 3	(c) Comper (ff not p	S Part IV	(d) Contribution	ons to t plans ensation	(e) Expense account and other allowances 0 0 0
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Part	Check if the organization used Schedule O to respond to any question in this Part V			. \sqcap
	Checkin and digamental action of the response		Ye	s No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detail description of each activity in Schedule O	led 33	T	1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conform copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain to change on Schedule O (see instructions)			✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.	but		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements		3	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	. 351	2	\
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assiduring the year? If "Yes," complete applicable parts of Schedule N	ets 36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	. 371	>	✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we		-	لر_ _
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38	3	✓
	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	N/A		Į į
a	Initiation fees and capital contributions included on line 9	N/A	}	- {
b 40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			1
704	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			-
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefits	efit		
_	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not be reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		5	✓
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			
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 she transaction? If "Yes," complete Form 8886-T	ter 40	e	√
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Darrel Vasvick Located at ▶ 301 27th St So ZIP + 4 ▶		8103	·
b	At any time during the calendar year, did the organization have an interest in or a signature or other author		\ <u>\</u>	_ N _
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 42 i		s No
	If "Yes," enter the name of the foreign country: ▶	42	-	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ba	nk		
	and Financial Accounts.			1
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	. 42	c	1
_	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here .	 .		▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year	13		
			12	_ N-
	Dil II and the many interest of the control of the	bo [Ye	s No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must completed instead of Form 990-EZ	. 44	_	
a.	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must		=	
b	completed instead of Form 990-EZ	. 44	<u>-</u>	1
С	Did the organization receive any payments for indoor tanning services during the year?			1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide		\top	1
	explanation in Schedule O		d	1

Page	4

									Yes	No
45	Is any	related organization a controlled en	itity of t	the organization within the	mean	ing of sectio	n 512(b)(13)?	45		1
, а	Did th	ne organization receive any payment	from o	or engage in any transaction	n with	a controlled	entity within the			
		ing of section 512(b)(13)? If "Yes,"						1	1	1
	Form	990-EZ (see instructions)						45a		1
46	Did th	ne organization engage, directly or in	directly	y, in political campaign act	ivities	on behalf of	or in opposition			-
								46		1
Part \		501(c)(3) organizations and section and 52, and complete the tables	on 494 for line	17(a)(1) nonexempt chari es 50 and 51.	itable	trusts mus	t answer questic	II secons 4	tíon 7–49l	b
_			_						Yes	No
47	Did th	ne organization engage in lobbying a	ctivities	s? If "Yes," complete Sche	dule C	C, Part II .		47		✓
48	is the	organization a school as described in	sectio	n 170(b)(1)(A)(ıı)? If "Yes," c	omple	te Schedule	Ε	48		1
49a	Did th	ne organization make any transfers to	an ex	empt non-charitable relate	d orga	anızation? .		49a		1
b	If "Ye	s," was the related organization a se	ction 5	627 organization?				49b		1
	emplo	oyees) who each received more than	\$100,0	000 of compensation from	the or	ganization. I	f there is none, en	ter "N	lone."	,
	(a) Na	me 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	ac	count a	and
None										

]		
_										
				l						
		e organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 organization make any transfers to an exempt non-charitable related organization? 49a 49b. "was the related organization a section 527 organization? 49a 49b. "was the related organization a section 527 organization? 49a 49b. "was the related organization a section 527 organization? 49a 49b. "was the related organization as section 527 organization? 49a 49b. "was the related organization as section 527 organization? 49a 49b. "was the related organization as section 527 organization? 49a 49b. "was the related organization as section 527 organization? 49a 49b. "was the related organization as section 527 organization? 49a 49b. "Was the related organization as section 527 organization? 49a 49b. "Was the related organization as section 527 organization? 49a 49b. "Was a defended organization as section 520 (open section of the relation								
					}		J	}		
f	Total	number of other employees paid over	er \$100	0,000						
51	Comp	olete this table for the organization's	s five h	highest compensated inde	epende lone."	ent contracto	ors who each rec	eıved	more	than
						(b) Typ	be of service	(c) Co	mpensa	ation
None										
							1			
				. ···						
							!			
								-		
										-
d	Total	number of other independent contra	ctors e	each receiving over \$100.00	00 .	. 🕨	-			
		·		• ,		ons and 494	7(a)(1)			_
							. –	Yes		No
Under ne	nalties	of person. I declare that I have examined this ri	etum inc	cluding accompanying schedules a	and stat	ements and to				ıt ıs
true, con	rect, an	d complete Declaration of preparer (other than	officer)	is based on all information of which	h prepa	rer has any kno	wledge	go w.	J Donot	,
		1 - 1/20)			1	4-18-11			
Sign		Signature of officer					Date			
Here	}	Devicil Vert	TI	cus		•				
		Type or print name and title			 -					
	—		Prenar	rer's signature		Date		PTIN		
Paid		Print/Type preparer's name				_ = = = =	Check if self-employed			
Prepa										
Use C	Only	Firm's name ►		·			Firm's EIN ▶			
May th	e IRS	Firm's address ► discuss this return with the preparer	shown	above? See instructions		F	Phone no	Vec		No.
· vice v Lil	~ 11 10	SISSUSS AND ISLAID WILL LIE DIEDAICH		, 400 to : OCC 1101111011101115				1 100	1 1	W()

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Sertoma Club of Fargo-Moorhead

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

2010

Open to Public
Inspection

Employer identification number

45-6023025

Pa	Reason fo	r Public Chai	rity Status (All orga	nizations	must c	omplete	this par	t.) See ir	nstructio	ns.	
he			tion because it is: (Fo								
1	A church, conve	ention of churcl	nes, or association of	churches	describe	ed in sec t	tion 170(b)(1)(A)(i)).		
2	A school descri	bed in section	170(b)(1)(A)(ii). (Attac	h Schedu	ıle E.)						
3			spital service organiza								
4	A medical reseation hospital's name		on operated in conjunct e:	ction with	a hospita	al descrit	oed in se e	ction 170)(b)(1)(A)(iii). Enter th	ie
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6 7											
8	☐ A community tr	ust described i	n section 170(b)(1)(A)	(vī). (Con	nplete Pa	rt II.)					
9	receipts from a support from g	ctivities related gross investme	receives: (1) more that to its exempt function to income and unrelefter June 30, 1975. Se	ions—sub ated bus	oject to d iness tax	ertain ex kable inc	ceptions ome (les	, and (2) s sectioi	no more	than 331/3	% of its
10	An organization	organized and	operated exclusively	to test fo	r public s	afety. Se	e sectio i	n 509(a)(4).		
11	An organization purposes of on	n organized an le or more pub	nd operated exclusive dicly supported organ describes the type of	ely for th	e benefit described	of, to p	oerform t on 509(a	he funct)(1) or se	ions of, d ection 509	9(a)(2). See	
	a ☐ Type I			□ Тур					_	Type III-	-Other
e	, .	s box, I certify	that the organization			-	_		or more o	disqualified	persons
			rs and other than one								
	or section 509(a	a)(2).									
f	If the organization, ch		written determination	on from t	he IRS t	hat it is	a Type 	i, Type I 	I, or Typ	e III suppo	rting
, ç	Since August 1 following person		ne organization accep	oted any	gift or co	ontributio	n from a	ny of the	•		
	(i) A person w	ho directly or i	ndirectly controls, eith	ner alone	or toget	ner with	persons (described	d in (ii) an	id Y	es No
	(iii) below, th	ne governing bo	ody of the supported o	organızatı	on?					11g(i)	1
	(ii) A family me	mber of a perso	on described in (i) abo	ve?						11g(ii)	√
	(iii) A 35% cont	rolled entity of	a person described in	(i) or (ii) a	above?.					11g(iii)	✓
ŀ	Provide the follo	owing informati	on about the supporte	ed organi	zation(s).						
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the o in col. (i) Is governing o	ted in your	the organ	ou notify sization in of your port?	organizat (i) organi	s the ion in col zed in the S.?	(vii) Amo suppo	
		<u></u>		Yes	No	Yes	No	Yes	No		
A)											
B)											
C)						: 					
D)											
E)											
Γot <i>a</i>	1										

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendar year (or fiscal year beginning in) ▶ grants, contributions, and Gifts. membership fees received. (Do not include any "unusual grants.") . . . revenues levied for 2 organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . The portion of total contributions by 5 person (other than each governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . Public support. Subtract line 5 from line 4. Section B. Total Support (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendar year (or fiscal year beginning in) ▶ Amounts from line 4 7 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 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 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) Section C. Computation of Public Support Percentage Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) % 14 14 Public support percentage from 2009 Schedule A, Part II, line 14 % 15 15 331/3% support test-2010. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test-2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2009. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			-			
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees		33758.00	24543.82	29368.38		87670.28
_	received. (Do not include any "unusual grants.")		30700.00	24040.02	20000:00		07070120
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	1			:		
	furnished in any activity that is related to the						
	organization's tax-exempt purpose		<u> </u>				
3	Gross receipts from activities that are not an	1	1	Ì			
	unrelated trade or business under section 513						
4	Tax revenues levied for the	ŀ					
	organization's benefit and either paid	ļ					
	to or expended on its behalf						
5	The value of services or facilities	ļ					
	furnished by a governmental unit to the organization without charge						,
_	_		33758.00	24543.82	29368.38		87670.20
6 7a	Total. Add lines 1 through 5		33738.00	24343.62	29300.30		07070.20
'a	received from disqualified persons .		1		l		
L	Amounts included on lines 2 and 3						
b	received from other than disqualified	•					
	persons that exceed the greater of \$5,000	1					
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						87670.20
	line 6.)						87070.20
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	<u> </u>	33758.00	24543.82	29368.38		87670.20
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		108.00	74.44	48.97		231.41
	royalties and income from similar sources .		1				
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	İ					
С	Add lines 10a and 10b		33866.00	24618.26	29417.35		87901.61
11	Net income from unrelated business		00000.00	2.0.0.20			
• •	activities not included in line 10b, whether	1					
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets		1				
	(Explain in Part IV.)	1	1	İ			
13	Total support. (Add lines 9, 10c, 11,						87901.61
	and 12.)	<u> </u>					_
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he			· · · · ·	· · · · ·		<u> ▶ ✓</u>
	on C. Computation of Public Suppo			0		15	0/
15	Public support percentage for 2010 (line Public support percentage from 2009 Sc		-			16	<u>%</u> %
16 Sooti	on D. Computation of Investment In			<u> </u>	· · · · ·	1 10	
17	Investment income percentage for 2010			/ line 13 colun	nn (fl)	17	%
	Investment income percentage from 200					18	/ %
18 19a	331/3% support tests—2010. If the organ	uzation did no	t check the box	on line 14. an	d line 15 is m		
134	17 is not more than 331/3%, check this box						
b	331/3% support tests—2009. If the organiz		_				
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d		_			_	_

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Sertoma Club of Fargo Moorhead		45-6023025
Expenses: Line 16 Part 1		
Meals 1764.51		
Dues 1440.00		
Meetings, Projects 3167.63		<u></u>
Distributions 17313.83	Total 23685.97	
Part III State of program Accomplishm	ents	
Christmas party for Hearing impaired -	Signing Santa, other local charities 4013.83 200+	
Camp Sertoma - for hearing impaired -	800.00 2	