



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**F** Group Exemption  
Number 

Form **990-EZ** (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

☒

(See the instructions for Part II )		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments . . . . .	58,311	22	58,177
23	Land and buildings . . . . .		23	
24	Other assets (describe in Schedule O) . . . . .	14,030	24	11,653
25	Total assets . . . . .	72,341	25	69,830
26	Total liabilities (describe in Schedule O) . . . . .	9,473	26	13,221
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	62,868	27	56,609

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

☐

What is the organization's primary exempt purpose?  
TO IMPROVE THE BUILDING ENVIRONMENT

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 ASSOCIATING THE BUILDERS OF NINE COUNTIES FOR MUTUAL COOPERATION AND SHARING OF INFORMATION AND KNOWLEDGE IMPROVEMENT OF BUILDING TECHNIQUES AND PRACTICES (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	128,701
29 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	
30 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		30a	
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a) . . . . .		32	128,701

Part IV

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV )

Check if the organization used Schedule O to respond to any question in this Part IV

☒

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V ☒

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T . . . . .		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? (see instructions) . . . . .	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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b> 0		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/> . . . . .		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	
c	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 . . . . . <input type="checkbox"/>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/>		
e	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	No
41	List the states with which a copy of this return is filed <input type="checkbox"/> MN		
42a	The organization's books are in care of <input type="checkbox"/> AMY SCOTT Telephone no <input type="checkbox"/> (507) 625-7138 Located at <input type="checkbox"/> 443 BELGRADE AVENUE NORTH MANKATO, MN ZIP + 4 <input type="checkbox"/> 56003		
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 account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No
c	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 <input type="checkbox"/>	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/> <b>43</b>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	
49b	If "Yes," was the related organization a section 527 organization?	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "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

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

YesNo

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	BELYNDA HINSCH TREASURER		Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	GERALD W HICKS	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4				EIN
	MANKATO, MN 56001				Phone no (507) 386-8800

May the IRS discuss this return with the preparer shown above? See instructions

YesNo

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization

MINNESOTA RIVER BUILDERS ASSOCIATIONINC

Employer identification number

41-1787095

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 530 TOTAL TO FORM 990-EZ, LINE 14 5,823

Identifier	Return Reference	Explanation
OCCUPANCY, RENT, UTILITIES AND MAINTENENCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 352 DESCRIPTION OTHER EXPENSES AMOUNT 5,471

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION PAYROLL TAXES AMOUNT 2,383 DESCRIPTION TRAVEL AMOUNT 2,913 DESCRIPTION MEMBER BENEFITS AMOUNT 4,737 DESCRIPTION MEETINGS, CONFERENCES AND CONVENTIONS AMOUNT 681 DESCRIPTION BANK CHARGES AMOUNT 600 DESCRIPTION AWARDS AMOUNT 543 DESCRIPTION EMPLOYEE MEALS AMOUNT 324 DESCRIPTION TOUR OF HOMES EXPENSE AMOUNT 16,641 DESCRIPTION CONTINUING EDUCATION AMOUNT 7,568 DESCRIPTION INSURANCE AMOUNT 1,551 DESCRIPTION WEBSITE AMOUNT 500 DESCRIPTION MEMBERSHIP DUES AMOUNT 48,490 DESCRIPTION OFFICE SUPPLIES AND EQUIPMENT AMOUNT 902 DESCRIPTION STAFF PHONE AMOUNT 275 DESCRIPTION DONATION/SCHOLARSHIP AMOUNT 250 DESCRIPTION MISCELLANEOUS EXPENSES AMOUNT 1,497 TOTAL TO FORM 990-EZ, LINE 16 89,855



Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 12,975 END OF YEAR AMOUNT 8,450 DESCRIPTION PREPAID EXPO DEPOSIT BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 2,500 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 1,055 END OF YEAR AMOUNT 703

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION PAYROLL LIABILITIES BEG OF YEAR AMOUNT 2,023 END OF YEAR AMOUNT 5,236 DESCRIPTION NAHB DUES PAYABLE BEG OF YEAR AMOUNT 3,200 END OF YEAR AMOUNT 1,250 DESCRIPTION BAM DUES PAYABLE BEG OF YEAR AMOUNT 4,250 END OF YEAR AMOUNT 3,740 DESCRIPTION EDUCATION DEPOSITS BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 2,995

**TY 2010 Transfers Personal Benefits  
Contracts Declaration**

**Name:** MINNESOTA RIVER BUILDERS ASSOCIATIONINC

**EIN:** 41-1787095

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data

Software ID:  
Software Version:  
EIN: 41-1787095  
Name: MINNESOTA RIVER BUILDERS ASSOCIATIONINC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ERIC PETERS 443 BELGRADE AVENUE NORTH MANKATO,MN 56003	VICE PRESIDENT 2 00	0	0	0
RYAN WEIER 443 BELGRADE AVENUE NORTH MANKATO,MN 56003	SECRETARY 2 00	0	0	0
BRAD WILLODSON 2149 SNOWBIRD LN NORTH MANKATO,MN 56003	PRESIDENT 2 00	0	0	0
BELYNDA HINSCH 206 INDIAN HILL RD MANKATO,MN 56001	TREASURER 2 00	0	0	0
MARK HOLMGREN 443 BELGRADE AVENUE NORTH MANKATO,MN 56003	DIRECTOR 1 00	0	0	0
JANET BUSBY 443 BELGRADE AVENUE NORTH MANKATO,MN 56003	DIRECTOR 1 00	0	0	0
MAX DEMARS 443 BELGRADE AVENUE NORTH MANKATO,MN 56003	DIRECTOR 1 00	0	0	0
BEN SCHEIDEL 443 BELGRADE AVENUE NORTH MANKATO,MN 56003	DIRECTOR 1 00	0	0	0
MIKE NIEMEYER 443 BELGRADE AVENUE NORTH MANKATO,MN 56003	DIRECTOR 1 00	0	0	0
TONY FRENTZ 443 BELGRADE AVENUE NORTH MANKATO,MN 56003	DIRECTOR 1 00	0	0	0
GARRICK RUDOLF 443 BELGRADE AVENUE NORTH MANKATO,MN 56003	DIRECTOR 1 00	0	0	0
RYAN EVENSON 443 BELGRADE AVENUE NORTH MANKATO,MN 56003	DIRECTOR 1 00	0	0	0