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## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

## A For the 2010 calendar year, or tax year beginning

, 2010, and ending

, 20

## B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

C Name of organization Society of St. Vincent de Paul

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Box 245

Room/suite

City or town, state or country, and ZIP + 4

FARGO ND 58107-0245

F Name and address of principal officer:

DARRYL LUTOVSKY West FARGO, ND

D Employer identification number

45-0335856

E Telephone number

701-235-5944

G Gross receipts \$

179,093H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included? ☐ Yes ☒ No

If "No," attach a list. (see instructions)

H(c) Group exemption number 5496I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527J Website: ☐K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐L Year of formation: 1970M State of legal domicile: ND

## Part I Summary

1 Briefly describe the organization's mission or most significant activities: Operate a thrift store that provides funds for an outreach program. This program assists the needy with rent, utilities & other necessary expenses.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 10

4 Number of independent voting members of the governing body (Part VI, line 1b) 4

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 4

6 Total number of volunteers (estimate if necessary) 50

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

|     |                                                                                   | Prior Year     | Current Year   |
|-----|-----------------------------------------------------------------------------------|----------------|----------------|
| 8   | Contributions and grants (Part VIII, line 1h)                                     | <u>20,865</u>  | <u>34,244</u>  |
| 9   | Program service revenue (Part VIII, line 2g)                                      |                |                |
| 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2014                | <u>1,184</u>   | <u>14,000</u>  |
| 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | <u>134,941</u> | <u>143,419</u> |
| 12  | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <u>156,990</u> | <u>179,093</u> |
| 13  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                  | <u>45,512</u>  | <u>67,519</u>  |
| 14  | Benefits paid to or for members (Part IX, column (A), line 4)                     |                |                |
| 15  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | <u>58,740</u>  | <u>59,438</u>  |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e)                     |                |                |
| b   | Total fundraising expenses (Part IX, column (D), line 25)                         |                |                |
| 17  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)                      | <u>37,580</u>  | <u>63,003</u>  |
| 18  | Total expenses. Add lines 13-17 (must equal Part IX, column (D), line 25)         | <u>141,832</u> | <u>139,960</u> |
| 19  | Revenue less expenses. Subtract line 18 from line 12                              | <u>15,158</u>  | <u>39,133</u>  |

|    |                                                            | Beginning of Current Year | End of Year    |
|----|------------------------------------------------------------|---------------------------|----------------|
| 20 | Total assets (Part X, line 16)                             | <u>295,805</u>            | <u>285,580</u> |
| 21 | Total liabilities (Part X, line 26)                        |                           |                |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | <u>295,805</u>            | <u>285,580</u> |

## Part II Signature Block

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

DARRYL LUTOVSKY, PRES.

Date

1-20-14

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2010)

SCANNED FEB 24 2014

102917

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

to run a thrift store to provide funds for the outreach program to help the needs in our area, with rent, utilities, & other necessary expenses

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 24,584 including grants of \$ ) (Revenue \$ )

Food & Utilities - 217 people

**4b** (Code: ) (Expenses \$ 562 including grants of \$ ) (Revenue \$ )

medicine - 5 people

**4c** (Code: ) (Expenses \$ 32,005 including grants of \$ ) (Revenue \$ )

Rent - 304 people

**\* 4d** Other program services. (Describe in Schedule O.)  
(Expenses \$ 10,368 including grants of \$ ) (Revenue \$ )**4e** Total program service expenses ▶67,519

Special needs - 1710 - 14 people  
Shoes - 6397 - 255 people  
Winter & Summer 2261 - } \$10,368

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                        | Yes                                 | No                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . . .                                                                                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>3</b> 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 . . . . .                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>6</b> 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 . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>7</b> 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 . . . . .                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .                                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>9</b> 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 . . . . . | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</b> 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 . . . . .                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>c</b> 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 . . . . .                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>f</b> 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 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>12 a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .                                                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> 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, Parts I and IV . . . . .                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>15</b> 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, Parts II and IV . . . . .                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>16</b> 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, Parts III and IV . . . . .                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>18</b> 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 . . . . .                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>19</b> 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 . . . . .                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>20 a</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .                                                                                                                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) . . . . .                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**Part IV Checklist of Required Schedules (continued)**

|                                                                                                                                                                                                                                                                                                           | Yes                                 | No                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>                                                               |                                     | <input checked="" type="checkbox"/> |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>                                                                                | <input checked="" type="checkbox"/> |                                     |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>                           |                                     | <input checked="" type="checkbox"/> |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .</i> |                                     | <input checked="" type="checkbox"/> |
| <b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                    |                                     | <input checked="" type="checkbox"/> |
| <b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                           |                                     | <input checked="" type="checkbox"/> |
| <b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>                                                                          |                                     | <input checked="" type="checkbox"/> |
| <b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>           |                                     | <input checked="" type="checkbox"/> |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . . .</i>                                         |                                     | <input checked="" type="checkbox"/> |
| <b>27</b> 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? <i>If "Yes," complete Schedule L, Part III . . . . .</i>                 |                                     | <input checked="" type="checkbox"/> |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):                                                                                                   |                                     |                                     |
| <b>28a</b> a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |
| <b>28b</b> b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                                                                                  |                                     | <input checked="" type="checkbox"/> |
| <b>28c</b> c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                      |                                     | <input checked="" type="checkbox"/> |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>                                                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>                                                                                                       |                                     | <input checked="" type="checkbox"/> |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>                                                                                                                                                             |                                     | <input checked="" type="checkbox"/> |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>                                                                                                                                           |                                     | <input checked="" type="checkbox"/> |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>                                                                                           |                                     | <input checked="" type="checkbox"/> |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |
| <b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                             |                                     | <input checked="" type="checkbox"/> |
| <b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                 |                                     |                                     |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>                                                                                                |                                     | <input checked="" type="checkbox"/> |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>                                                  |                                     | <input checked="" type="checkbox"/> |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                    |                                     | <input checked="" type="checkbox"/> |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

|                                                                                                                                                                                                                                                                                          |             | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .                                                                                                                                                                                         | <b>1a</b>   |     |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .                                                                                                                                                                                       | <b>1b</b>   |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .                                                                                                              | <b>1c</b>   |     |    |
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return                                                                                                  | <b>2a</b> 4 |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .                                                                                                                                                        | <b>2b</b>   | X   |    |
| <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)                                                                                                                                                                        |             |     |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                                        | <b>3a</b>   |     | X  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                      | <b>3b</b>   |     | X  |
| <b>4a</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)? . . . . .                           | <b>4a</b>   |     | X  |
| <b>b</b> If "Yes," enter the name of the foreign country: ▶<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                                            |             |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .                                                                                                                                                                | <b>5a</b>   |     | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                                | <b>5b</b>   |     | X  |
| <b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .                                                                                                                                                                                                     | <b>5c</b>   |     | X  |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .                                                                                          | <b>6a</b>   |     | X  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .                                                                                                                         | <b>6b</b>   |     | X  |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                                   |             |     |    |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .                                                                                                                       | <b>7a</b>   |     | X  |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                                                       | <b>7b</b>   |     | X  |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                                                                  | <b>7c</b>   |     | X  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .                                                                                                                                                                                                     | <b>7d</b>   |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                                 | <b>7e</b>   |     | X  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .                                                                                                                                                          | <b>7f</b>   |     | X  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                                | <b>7g</b>   |     | X  |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                              | <b>7h</b>   |     | X  |
| <b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . | <b>8</b>    |     | X  |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                                       |             |     |    |
| <b>a</b> Did the organization make any taxable distributions under section 4966? . . . . .                                                                                                                                                                                               | <b>9a</b>   |     | X  |
| <b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .                                                                                                                                                                                | <b>9b</b>   |     | X  |
| <b>10 Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                                                        |             |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .                                                                                                                                                                                              | <b>10a</b>  |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .                                                                                                                                                                           | <b>10b</b>  |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                                                       |             |     |    |
| <b>a</b> Gross income from members or shareholders . . . . .                                                                                                                                                                                                                             | <b>11a</b>  |     |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .                                                                                                                                          | <b>11b</b>  |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .                                                                                                                                                          | <b>12a</b>  |     | X  |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .                                                                                                                                                                                 | <b>12b</b>  |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                                               |             |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . .                                                                                                                                                                                  | <b>13a</b>  |     | X  |
| <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                                                                                                                                                                 |             |     |    |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .                                                                                                             | <b>13b</b>  |     |    |
| <b>c</b> Enter the amount of reserves on hand . . . . .                                                                                                                                                                                                                                  | <b>13c</b>  |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .                                                                                                                                                                          | <b>14a</b>  |     | X  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                             | <b>14b</b>  |     | X  |

**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.

Check if Schedule O contains a response to any question in this Part VI ☐

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                                        | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 10                                                                                                                   |     |    |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 0                                                                                                                      |     |    |
| <b>2</b> 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? . . . . .                                               |     | X  |
| <b>3</b> 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  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                              |     | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                                    |     | X  |
| <b>6</b> Does the organization have members or stockholders?                                                                                                                                                                           |     | X  |
| <b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .                                                                                        |     | X  |
| <b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?                                                                                                                       |     | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                             |     |    |
| <b>a</b> The governing body? . . . . .                                                                                                                                                                                                 | X   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                               |     | X  |
| <b>9</b> 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 . . . . .        |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|                                                                                                                                                                                                                                                                                                                   | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                          |     | X  |
| <b>b</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? . . . . .                                                                             |     |    |
| <b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .                                                                                                                                                                           |     | X  |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                            |     |    |
| <b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .                                                                                                                                                                                                     |     | X  |
| <b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .                                                                                                                                                              |     | X  |
| <b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .                                                                                                                                             |     | X  |
| <b>13</b> Does the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                    |     | X  |
| <b>14</b> Does the organization have a written document retention and destruction policy? . . . . .                                                                                                                                                                                                               |     | X  |
| <b>15</b> 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?                                                                                    |     |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official . . . . .                                                                                                                                                                                                                         |     | X  |
| <b>b</b> Other officers or key employees of the organization . . . . .                                                                                                                                                                                                                                            |     | X  |
| If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) . . . . .                                                                                                                                                                                                                    |     |    |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .                                                                                                                                        |     | X  |
| <b>b</b> 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? . . . . . |     | X  |

**Section C. Disclosure**

**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. May be looked at on request

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► George Lacher 1625 15th Ave S  
 701-237-9547 FAR60, ND 58103

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**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.

- 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, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title            | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------|----------------------------------------------------------------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                  |                                                                                        | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) Cheryl Fause<br>Pres         |                                                                                        |                                        |                       |         |              |                              |        | 0                                                                    |                                                                           |                                                                                               |
| (2)                              |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (3) Darryl Lutovsky<br>V.P. Pres |                                                                                        |                                        |                       |         |              |                              |        | 0                                                                    |                                                                           |                                                                                               |
| (4)                              |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (5) George Lacher<br>Treas       |                                                                                        |                                        |                       |         |              |                              |        | 0                                                                    |                                                                           |                                                                                               |
| (6)                              |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (7) Shirley Valesky<br>Sec       |                                                                                        |                                        |                       |         |              |                              |        | 0                                                                    |                                                                           |                                                                                               |
| (8)                              |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (9)                              |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (10)                             |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (11)                             |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (12)                             |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (13)                             |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (14)                             |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (15)                             |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (16)                             |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title                                          | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                        | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (17)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (18)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (19)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (20)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (21)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (22)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (23)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (24)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (25)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (26)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (27)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (28)                                                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Sub-total</b>                                            |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- |                                                                                                                                                                                                                                              | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                        |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> |     | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

**Part VIII Statement of Revenue**

|                                                                   |                                                 |                                                                                                                                            |                                                                                           | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
|-------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|
| <b>Contributions, gifts, grants<br/>and other similar amounts</b> | <b>1a</b>                                       | Federated campaigns . . . . .                                                                                                              | <b>1a</b>                                                                                 |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>b</b>                                        | Membership dues . . . . .                                                                                                                  | <b>1b</b>                                                                                 |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>c</b>                                        | Fundraising events . . . . .                                                                                                               | <b>1c</b>                                                                                 | 6693                 |                                                    |                                         |                                                                           |
|                                                                   | <b>d</b>                                        | Related organizations . . . . .                                                                                                            | <b>1d</b>                                                                                 |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>e</b>                                        | Government grants (contributions)                                                                                                          | <b>1e</b>                                                                                 |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>f</b>                                        | All other contributions, gifts, grants,<br>and similar amounts not included above                                                          | <b>1f</b>                                                                                 | 27,551               |                                                    |                                         |                                                                           |
|                                                                   | <b>g</b>                                        | Noncash contributions included in lines 1a-1f: \$                                                                                          |                                                                                           |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>h</b>                                        | <b>Total.</b> Add lines 1a-1f . . . . .                                                                                                    |                                                                                           | 34244                |                                                    |                                         |                                                                           |
| <b>Program Service Revenue</b>                                    | <b>2a</b>                                       |                                                                                                                                            | Business Code                                                                             |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>b</b>                                        |                                                                                                                                            |                                                                                           |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>c</b>                                        |                                                                                                                                            |                                                                                           |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>d</b>                                        |                                                                                                                                            |                                                                                           |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>e</b>                                        |                                                                                                                                            |                                                                                           |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>f</b>                                        | All other program service revenue .                                                                                                        |                                                                                           |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>g</b>                                        | <b>Total.</b> Add lines 2a-2f . . . . .                                                                                                    |                                                                                           |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>Other Revenue</b>                            | <b>3</b>                                                                                                                                   | Investment income (including dividends, interest,<br>and other similar amounts) . . . . . |                      | 1400                                               |                                         |                                                                           |
| <b>4</b>                                                          |                                                 | Income from investment of tax-exempt bond proceeds                                                                                         |                                                                                           |                      |                                                    |                                         |                                                                           |
| <b>5</b>                                                          |                                                 | Royalties . . . . .                                                                                                                        |                                                                                           |                      |                                                    |                                         |                                                                           |
| <b>6a</b>                                                         |                                                 | Gross Rents . . . . .                                                                                                                      | (i) Real                                                                                  | (ii) Personal        |                                                    |                                         |                                                                           |
| <b>b</b>                                                          |                                                 | Less: rental expenses                                                                                                                      |                                                                                           |                      |                                                    |                                         |                                                                           |
| <b>c</b>                                                          |                                                 | Rental income or (loss)                                                                                                                    |                                                                                           |                      |                                                    |                                         |                                                                           |
| <b>d</b>                                                          |                                                 | Net rental income or (loss) . . . . .                                                                                                      |                                                                                           |                      |                                                    |                                         |                                                                           |
| <b>7a</b>                                                         |                                                 | Gross amount from sales of<br>assets other than inventory                                                                                  | (i) Securities                                                                            | (ii) Other           |                                                    |                                         |                                                                           |
| <b>b</b>                                                          |                                                 | Less: cost or other basis<br>and sales expenses . . . . .                                                                                  |                                                                                           |                      |                                                    |                                         |                                                                           |
| <b>c</b>                                                          |                                                 | Gain or (loss) . . . . .                                                                                                                   |                                                                                           |                      |                                                    |                                         |                                                                           |
| <b>d</b>                                                          |                                                 | Net gain or (loss) . . . . .                                                                                                               |                                                                                           |                      |                                                    |                                         |                                                                           |
| <b>8a</b>                                                         |                                                 | Gross income from fundraising<br>events (not including \$ 6693<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . |                                                                                           |                      |                                                    |                                         |                                                                           |
| <b>b</b>                                                          |                                                 | Less: direct expenses . . . . .                                                                                                            |                                                                                           |                      |                                                    |                                         |                                                                           |
| <b>c</b>                                                          |                                                 | Net income or (loss) from fundraising events . . . . .                                                                                     |                                                                                           |                      |                                                    |                                         |                                                                           |
| <b>9a</b>                                                         |                                                 | Gross income from gaming activities.<br>See Part IV, line 19 . . . . .                                                                     |                                                                                           |                      |                                                    |                                         |                                                                           |
| <b>b</b>                                                          |                                                 | Less: direct expenses . . . . .                                                                                                            |                                                                                           |                      |                                                    |                                         |                                                                           |
| <b>c</b>                                                          |                                                 | Net income or (loss) from gaming activities . . . . .                                                                                      |                                                                                           |                      |                                                    |                                         |                                                                           |
| <b>10a</b>                                                        |                                                 | Gross sales of inventory, less<br>returns and allowances . . . . .                                                                         |                                                                                           |                      | 143,449                                            |                                         |                                                                           |
| <b>b</b>                                                          |                                                 | Less: cost of goods sold . . . . .                                                                                                         |                                                                                           |                      |                                                    |                                         |                                                                           |
| <b>c</b>                                                          |                                                 | Net income or (loss) from sales of inventory . . . . .                                                                                     |                                                                                           |                      | 143,449                                            |                                         |                                                                           |
| <b>Miscellaneous Revenue</b>                                      |                                                 |                                                                                                                                            | <b>Business Code</b>                                                                      |                      |                                                    |                                         |                                                                           |
| <b>11a</b>                                                        |                                                 |                                                                                                                                            |                                                                                           |                      |                                                    |                                         |                                                                           |
| <b>b</b>                                                          |                                                 |                                                                                                                                            |                                                                                           |                      |                                                    |                                         |                                                                           |
| <b>c</b>                                                          |                                                 |                                                                                                                                            |                                                                                           |                      |                                                    |                                         |                                                                           |
| <b>d</b>                                                          | All other revenue . . . . .                     |                                                                                                                                            |                                                                                           |                      |                                                    |                                         |                                                                           |
| <b>e</b>                                                          | <b>Total.</b> Add lines 11a-11d . . . . .       |                                                                                                                                            |                                                                                           |                      |                                                    |                                         |                                                                           |
| <b>12</b>                                                         | <b>Total revenue.</b> See instructions. . . . . |                                                                                                                                            |                                                                                           | 179093               |                                                    |                                         |                                                                           |

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                                  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .                                                                                                                                          |                       |                                 |                                        |                             |
| 2                                                                              | Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .                                                                                                                                                            | 67519                 | 67519                           |                                        |                             |
| 3                                                                              | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .                                                                                                               |                       |                                 |                                        |                             |
| 4                                                                              | Benefits paid to or for members . . . . .                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                               |                       |                                 |                                        |                             |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                                                                          |                       |                                 |                                        |                             |
| 7                                                                              | Other salaries and wages . . . . .                                                                                                                                                                                                               | 52,793                |                                 | 52,793                                 |                             |
| 8                                                                              | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .                                                                                                                                          |                       |                                 |                                        |                             |
| 9                                                                              | Other employee benefits . . . . .                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| 10                                                                             | Payroll taxes . . . . .                                                                                                                                                                                                                          | 6645                  |                                 | 6645                                   |                             |
| 11                                                                             | Fees for services (non-employees):                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| a                                                                              | Management . . . . .                                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| b                                                                              | Legal . . . . .                                                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| c                                                                              | Accounting . . . . .                                                                                                                                                                                                                             | 1108                  |                                 | 1108                                   |                             |
| d                                                                              | Lobbying . . . . .                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| e                                                                              | Professional fundraising services. See Part IV, line 17                                                                                                                                                                                          |                       |                                 |                                        |                             |
| f                                                                              | Investment management fees . . . . .                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| g                                                                              | Other . . . . .                                                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| 12                                                                             | Advertising and promotion . . . . .                                                                                                                                                                                                              | 906                   |                                 | 906                                    |                             |
| 13                                                                             | Office expenses . . . . .                                                                                                                                                                                                                        | 14248                 |                                 | 14248                                  |                             |
| 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 dues . . . . .                                                                                                                                                                                                            | 360                   |                                 | 360                                    |                             |
| 22                                                                             | Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                              | 2129                  |                                 | 2129                                   |                             |
| 23                                                                             | Insurance . . . . .                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 24                                                                             | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)                                                |                       |                                 |                                        |                             |
| a                                                                              | Utilities                                                                                                                                                                                                                                        | 8283                  |                                 | 8283                                   |                             |
| b                                                                              | Credit Card                                                                                                                                                                                                                                      | 2561                  |                                 | 2561                                   |                             |
| c                                                                              | Maintenance                                                                                                                                                                                                                                      | 24966                 |                                 | 24966                                  |                             |
| d                                                                              | Snow Removal                                                                                                                                                                                                                                     | 1090                  |                                 | 1090                                   |                             |
| e                                                                              | Vehicle                                                                                                                                                                                                                                          | 1574                  |                                 | 1574                                   |                             |
| f                                                                              | All other expenses misc                                                                                                                                                                                                                          | 5778                  |                                 | 5778                                   |                             |
| 25                                                                             | Total functional expenses. Add lines 1 through 24f                                                                                                                                                                                               | 189960                | 67519                           | 182441                                 |                             |
| 26                                                                             | Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . . |                       |                                 |                                        |                             |

**Part X Balance Sheet**

|                                                                               |                                                                                                                                                                                                                                                                                           | (A)<br>Beginning of year |         | (B)<br>End of year |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------|--------------------|
| <b>Assets</b>                                                                 | 1 Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                     | 28,623                   | 1       | 17,007             |
|                                                                               | 2 Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                        | 56,182                   | 2       | 57,573             |
|                                                                               | 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 Schedule L . . . . .                                                                                                                           |                          | 5       |                    |
|                                                                               | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . . |                          | 6       |                    |
|                                                                               | 7 Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                               |                          | 7       |                    |
|                                                                               | 8 Inventories for sale or use . . . . .                                                                                                                                                                                                                                                   |                          | 8       |                    |
|                                                                               | 9 Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                         |                          | 9       |                    |
|                                                                               | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .                                                                                                                                                                                         | 10a 211,000              |         |                    |
|                                                                               | b Less: accumulated depreciation . . . . .                                                                                                                                                                                                                                                | 10b 211,000              | 10c     | 211,000            |
|                                                                               | 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 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 295,805                                                                                                                                                                                                                                                                                   | 16                       | 285,580 |                    |
| <b>Liabilities</b>                                                            | 17 Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                        |                          | 17      |                    |
|                                                                               | 18 Grants payable . . . . .                                                                                                                                                                                                                                                               |                          | 18      |                    |
|                                                                               | 19 Deferred revenue . . . . .                                                                                                                                                                                                                                                             |                          | 19      |                    |
|                                                                               | 20 Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                  |                          | 20      |                    |
|                                                                               | 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                                                                                                                        |                          | 21      |                    |
|                                                                               | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .                                                                                                         |                          | 22      |                    |
|                                                                               | 23 Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                               |                          | 23      |                    |
|                                                                               | 24 Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                 |                          | 24      |                    |
|                                                                               | 25 Other liabilities. Complete Part X of Schedule D . . . . .                                                                                                                                                                                                                             |                          | 25      |                    |
|                                                                               | 26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                                                                                            |                          | 26      |                    |
| <b>Net Assets or Fund Balances</b>                                            | <b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>                                                                                                                                                     |                          |         |                    |
|                                                                               | 27 Unrestricted net assets . . . . .                                                                                                                                                                                                                                                      |                          | 27      |                    |
|                                                                               | 28 Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                            |                          | 28      |                    |
|                                                                               | 29 Permanently restricted net assets . . . . .                                                                                                                                                                                                                                            |                          | 29      |                    |
|                                                                               | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>                                                                                                                                                                   |                          |         |                    |
|                                                                               | 30 Capital stock or trust principal, or current funds . . . . .                                                                                                                                                                                                                           |                          | 30      |                    |
|                                                                               | 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .                                                                                                                                                                                                             |                          | 31      |                    |
|                                                                               | 32 Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                                                                                                                             |                          | 32      |                    |
|                                                                               | 33 <b>Total net assets or fund balances</b> . . . . .                                                                                                                                                                                                                                     | 295,805                  | 33      | 285,580            |
|                                                                               | 34 <b>Total liabilities and net assets/fund balances</b> . . . . .                                                                                                                                                                                                                        | 295,805                  | 34      | 285,580            |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

- 1 Total revenue (must equal Part VIII, column (A), line 12) . . . . .
- 2 Total expenses (must equal Part IX, column (A), line 25) . . . . .
- 3 Revenue less expenses. Subtract line 2 from line 1 . . . . .
- 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .
- 5 Other changes in net assets or fund balances (explain in Schedule O) . . . . .
- 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .

|   |          |
|---|----------|
| 1 | 179,093  |
| 2 | 189,960  |
| 3 | (10,867) |
| 4 | 295,805  |
| 5 | 642 *    |
| 6 | 285,580  |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .
- b Were the organization's financial statements audited by an independent accountant? . . . . .
- c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

|    | Yes | No |
|----|-----|----|
| 2a |     | X  |
| 2b |     | X  |
| 2c |     |    |
| 3a |     | X  |
| 3b |     |    |

Form **990** (2010)

\* outstanding checks



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(ii) and 170(b)(1)(B)**  
 (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 I. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar 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 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 <b>Total.</b> Add lines 1 through 3 . . . . .                                                                                                                                                                 |          |          |          |          |          |           |
| 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 <b>Public support.</b> Subtract line 5 from line 4.                                                                                                                                                           |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                              | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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 <b>Total support.</b> Add lines 7 through 10 . . . . .                                                                                                                                  |          |          |          |          |          |                          |
| 12 Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                               |          |          |          |          | 12       |                          |
| 13 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)(2) organization, check this box and stop here . . . . . |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                               |    |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                                           | 14 | % |
| 15 Public support percentage from 2000 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                                                 | 15 | % |
| 16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>                                                                                                                                                                                |    |   |
| b 33 1/3% support test—2000. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>                                                                                                                                                                             |    |   |
| 17a 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. ► <input type="checkbox"/>         |    |   |
| b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/> |    |   |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>                                                                                                                                                                                                                                                             |    |   |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                               | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                                 | 15321    | 40231    | 16826    | 20865    | 34244    | 127497    |
| <b>2</b> 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 . . . . . | 80695    | 103541   | 130300   | 134941   | 143449   | 592926    |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                                       |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .                                                                                                                                             | 96026    | 143772   | 147126   | 155806   | 177693   | 720423    |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .                                                                                                |          |          |          |          |          |           |
| <b>b</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 . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .                                                                                                                          | 96026    | 143772   | 147126   | 155806   | 177693   | 720423    |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                    | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .                                                                                                                                                                           | 96026    | 143772   | 147126   | 155806   | 177693   | 720423    |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .                                                              | 158      | 711      | 636      | 1184     | 1400     | 4089      |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                                                                                       |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .                                                                                                                                                                         | 158      | 711      | 636      | 1184     | 1400     | 4089      |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .                                                                  |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .                                                                                              |          | 2925     |          |          |          | 2925      |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .                                                                                                                                               | 96184    | 144483   | 147762   | 156990   | 179093   | 724412    |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                              |      |         |
|----------------------------------------------|------|---------|
| Public support percentage for 2006 . . . . . | 100% | 99.910% |
| Public support percentage for 2007 . . . . . | 100% | 99.910% |
| Public support percentage for 2008 . . . . . | 100% | 99.910% |
| Public support percentage for 2009 . . . . . | 100% | 99.910% |
| Public support percentage for 2010 . . . . . | 100% | 99.910% |

- 33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☒
- 33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☒
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐



## 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. Also complete this part for any additional information. (See instructions).

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Society of St Vincent de Paul 450335854

**Part I** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 5.

- 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: \_\_\_\_\_

| Donor advised funds | Other similar funds or accounts |
|---------------------|---------------------------------|
|                     |                                 |
|                     |                                 |
|                     |                                 |

Do you have a policy regarding the use of donor advised funds to avoid self-dealing?

☐ Yes ☐ No

Do you have a policy regarding the use of donor advised funds to ensure that the funds are used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose containing impermissible private inurement?

☐ Yes ☐ No

**Part II** Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- ☐ Preservation of land for public use (e.g., recreation, education) ☐ Preservation of an historic or archeological site
- ☐ Preservation of open space ☐

Indicate the date of the conservation easement on the last day of the tax year.

- a Total number of conservation easements
- b Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 8/17/08 and not on a historic structure listed in the National Register

|    | Held at the End of the Tax Year |
|----|---------------------------------|
| 2a |                                 |
| 2b |                                 |
| 2c |                                 |
| 2d |                                 |

tax year ▶

Number of states where property subject to conservation easement is located ▶

- 5 Does the organization have a written policy regarding the periodic monitoring, inspecting, and enforcing of conservation easements?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
- 8 Does each conservation easement reported on line 2(c) above satisfy the requirements of Section 170(e)(4)(B) ("qualified conservation easement")?
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and organization's accounting for conservation easements.

**Part III**

Complete if the organization answered "Yes" to Form 990, Part IV, line 9.

Works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of

the collection, display, or preservation of such assets. Report in its revenue statement and balance sheet

public service and the collection, display, or preservation of such assets

total value of such assets

total value of such assets

total value of such assets

▶

▶

▶

▶

\$

**Part III Organizations Maintaining Collections or Archives**

3 Using the organization's acquisition, accession, and other records, check any of the following that

- ☐ Full-time staff ☐ Part-time staff
- ☐ Full-time volunteers ☐ Part-time volunteers
- ☐ Full-time or part-time consultants

4 Provide a description of the organization's collections and explain how they further the organization's exempt purposes in Part XIV.

5 During the year, did the organization acquire or receive donations of any historical treasures of other similar objects? ☐ Yes ☐ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.1a Is the organization an agent for (a) acquisition or (b) disposition of capital assets for commitments or other obligations? ☐ Yes ☐ No

b If "Yes," explain the arrangements in Part XIV and attach supporting documents.

- c Beginning balance
- d Contributions during the year
- e Dispositions during the year
- f Ending balance

|   | Amount |
|---|--------|
| c |        |
| d |        |
| e |        |
| f |        |

g Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

h If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|                                                  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

- h Board designated or quasi-endowment ☐ %
- i Permanent endowment ☐ %
- j Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                   |                                      |                                 |                              |                |
| b Buildings               |                                      | 211,000                         |                              |                |
| c Leasehold improvements  |                                      |                                 |                              |                |
| d Equipment               |                                      |                                 |                              |                |
| e Other                   |                                      |                                 |                              |                |

Total. Add lines 1a through 1e. (Column (a) must equal Form 990, Part X, column (B), line 10(c).) **211,000**

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)     | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|-----------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1) Financial derivatives                                                   |                |                                                             |
| (2) Closely-held equity interests                                           |                |                                                             |
| (3) Other                                                                   |                |                                                             |
| (A)                                                                         |                |                                                             |
| (B)                                                                         |                |                                                             |
| (C)                                                                         |                |                                                             |
| (D)                                                                         |                |                                                             |
| (E)                                                                         |                |                                                             |
| (F)                                                                         |                |                                                             |
| (G)                                                                         |                |                                                             |
| (H)                                                                         |                |                                                             |
| (I)                                                                         |                |                                                             |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |                                                             |

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type                                        | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1)                                                                       |                |                                                              |
| (2)                                                                       |                |                                                              |
| (3)                                                                       |                |                                                              |
| (4)                                                                       |                |                                                              |
| (5)                                                                       |                |                                                              |
| (6)                                                                       |                |                                                              |
| (7)                                                                       |                |                                                              |
| (8)                                                                       |                |                                                              |
| (9)                                                                       |                |                                                              |
| (10)                                                                      |                |                                                              |
| <b>Total</b> (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ |                |                                                              |

**Total** (Column (b) must equal Form 990, Part X, col (B) line 13) ►

## Part IX

[illegible]

## Part X

|                                                                             |  |  |
|-----------------------------------------------------------------------------|--|--|
| (1)                                                                         |  |  |
| (2)                                                                         |  |  |
| (3)                                                                         |  |  |
| (4)                                                                         |  |  |
| (5)                                                                         |  |  |
| (6)                                                                         |  |  |
| (7)                                                                         |  |  |
| (8)                                                                         |  |  |
| (9)                                                                         |  |  |
| (10)                                                                        |  |  |
| (11)                                                                        |  |  |
| <b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶</b> |  |  |

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

2. **FIN 48 (ASC 740) Footnote.** In Part XIV provide the text of the footnote to the organization's financial statements that discloses the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|    |                                                                                          |    |  |
|----|------------------------------------------------------------------------------------------|----|--|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 1  |  |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  |  |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  |  |
| 4  | Net unrealized gains (losses) on investments                                             | 4  |  |
| 5  | Donated services and use of facilities                                                   | 5  |  |
| 6  | Investment expenses                                                                      | 6  |  |
| 7  | Prior period adjustments                                                                 | 7  |  |
| 8  | Other (Describe in Part XIV.)                                                            | 8  |  |
| 9  | Total adjustments (net). Add lines 4 through 8                                           | 9  |  |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 |  |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |                                                                                 |    |    |  |
|---|---------------------------------------------------------------------------------|----|----|--|
| 1 | Total revenue, gains, and other support per audited financial statements        |    |    |  |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |    |  |
| a | Net unrealized gains on investments                                             | 2a |    |  |
| b | Donated services and use of facilities                                          | 2b |    |  |
| c | Recoveries of prior year grants                                                 | 2c |    |  |
| d | Other (Describe in Part XIV.)                                                   | 2d |    |  |
| e | Add lines 2a through 2d                                                         |    | 2e |  |
| 3 | Subtract line 2e from line 1                                                    |    | 3  |  |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |    |  |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |    |  |
| b | Other (Describe in Part XIV.)                                                   | 4b |    |  |
| c | Add lines 4a and 4b                                                             |    | 4c |  |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5  |  |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |                                                                                  |    |    |  |
|---|----------------------------------------------------------------------------------|----|----|--|
| 1 | Total expenses and other support per audited financial statements                |    |    |  |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |    |  |
| a | Donated services and use of facilities                                           | 2a |    |  |
| b | Prior year adjustments                                                           | 2b |    |  |
| c | Other losses                                                                     | 2c |    |  |
| d | Other (Describe in Part XIV.)                                                    | 2d |    |  |
| e | Add lines 2a through 2d                                                          |    | 2e |  |
| 3 | Subtract line 2e from line 1                                                     |    | 3  |  |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |    |  |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |    |  |
| b | Other (Describe in Part XIV.)                                                    | 4b |    |  |
| c | Add lines 4a and 4b                                                              |    | 4c |  |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    | 5  |  |

**Part XIV Supplemental Information**

Supplemental information for the reconciliation of revenue and expenses per audited financial statements with revenue and expenses per return.

1. Description of the supplemental information provided:

2. Amount of the supplemental information provided:

3. Explanation of the supplemental information provided:

4. Other information:

**Part XIV**   **Supplemental Information** *(continued)*



SCHEDULE I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

2010

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

Society of St Vincent de Paul

Employer identification number

45033856

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed. ☐

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------|---------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1)                                                  |         |                               |                          |                                   |                                                       |                                        |                                    |
| (2)                                                  |         |                               |                          |                                   |                                                       |                                        |                                    |
| (3)                                                  |         |                               |                          |                                   |                                                       |                                        |                                    |
| (4)                                                  |         |                               |                          |                                   |                                                       |                                        |                                    |
| (5)                                                  |         |                               |                          |                                   |                                                       |                                        |                                    |
| (6)                                                  |         |                               |                          |                                   |                                                       |                                        |                                    |
| (7)                                                  |         |                               |                          |                                   |                                                       |                                        |                                    |
| (8)                                                  |         |                               |                          |                                   |                                                       |                                        |                                    |
| (9)                                                  |         |                               |                          |                                   |                                                       |                                        |                                    |
| (10)                                                 |         |                               |                          |                                   |                                                       |                                        |                                    |
| (11)                                                 |         |                               |                          |                                   |                                                       |                                        |                                    |
| (12)                                                 |         |                               |                          |                                   |                                                       |                                        |                                    |

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Cat No 50055P

Schedule I (Form 990) (2010)

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance                                                                                                                                 | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
| 1 Food & Utilities                                                                                                                                              | 217                      | 24,584                   |                                   |                                                       |                                        |
| 2 Medical Expense                                                                                                                                               | 5                        | 568                      |                                   |                                                       |                                        |
| 3 Rent                                                                                                                                                          | 304                      | 32,005                   |                                   |                                                       |                                        |
| 4 Special needs                                                                                                                                                 | 14                       | 1710                     |                                   |                                                       |                                        |
| 5 Shoes                                                                                                                                                         | 255                      | 6397                     |                                   |                                                       |                                        |
| 6 Natural Disaster                                                                                                                                              | N/A                      | 2261                     |                                   |                                                       |                                        |
| 7                                                                                                                                                               |                          |                          |                                   |                                                       |                                        |
| <b>Part IV</b> <b>Supplemental Information.</b> Complete this part to provide the information required in Part I, line 2, and any other additional information. |                          |                          |                                   |                                                       |                                        |



# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

|                                                                                            |                                                                                                                           |                                                     |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of Exempt Organization<br><u>Society of St. Vincent de Paul</u>                                                      | Employer identification number<br><u>45-0335836</u> |
|                                                                                            | Number, street, and room or suite no. If a P.O. box, see instructions.<br><u>P.O. Box 245</u>                             |                                                     |
|                                                                                            | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><u>Fargo, N.D. 58107-0245</u> |                                                     |

Check type of return to be filed (file a separate application for each return):

- |                                              |                                                                   |                                    |
|----------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► Society of St. Vincent de Paul

Telephone No. ► (701) 235-5944 FAX No. ► ( )

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)           . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug. 15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 2007 or
  - ☐ tax year beginning Jan. 1, 2007, and ending Dec. 31, 2007.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

|                                                                                                                                                                                                                               |           |    |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|---|
| <b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                                                    | <b>3a</b> | \$ | . |
| <b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.                                               | <b>3b</b> | \$ |   |
| <b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | <b>3c</b> | \$ |   |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☐ **Note**. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** You must file original and one copy.

|                                                                                             |                                                                                          |  |                                |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--|--------------------------------|
| Type or print<br><br>File by the extended due date for filing the return. See instructions. | Name of Exempt Organization                                                              |  | Employer identification number |
|                                                                                             | Number, street, and room or suite no. If a P.O. box, see instructions.                   |  | For IRS use only               |
|                                                                                             | City, town or post office, state, and ZIP code. For a foreign address, see instructions. |  |                                |

Check type of return to be filed (File a separate application for each return):

- |                                      |                                                                   |                                      |                                    |
|--------------------------------------|-------------------------------------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990    | <input type="checkbox"/> Form 990-PF                              | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ▶ \_\_\_\_\_  
Telephone No. ▶ (\_\_\_\_\_) \_\_\_\_\_ FAX No. ▶ (\_\_\_\_\_) \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until \_\_\_\_\_, 20\_\_\_\_.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|                                                                                                                                                                                                                                     |    |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                                                                 | 8a | \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ |
| c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.       | 8c | \$ |

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶

*James Pyle*

Title ▶

*TREASURER*

Date ▶

*4-7-2008*