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Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II

22 Cash, savings, and investments
 23 Land and buildings
 24 Other assets (describe in Schedule O) See L-24 Stmt)
 25 **Total assets**
 26 **Total liabilities** (describe in Schedule O)
 27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)

(A) Beginning of year	(B) End of year
48,018.22	55,310.
74,227.23	74,227.
23,203.24	23,493.
145,448.25	153,030.
0.26	0.
145,448.27	153,030.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? INTERPRETIVE EXHIBITS & PROGRAMS

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

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 INTERPRETIVE EXHIBITS & PROGRAMS AT THE PIONEER HERITAGE CENTER AT ICELANDIC STATE PARK, CAVALIER, ND

(Grants \$ 0.) If this amount includes foreign grants, check here 28a 4,949.

29

(Grants \$ 0.) If this amount includes foreign grants, check here 29a

30

(Grants \$ 0.) If this amount includes foreign grants, check here 30a31 Other program services (describe in Schedule O)(Grants \$ 0.) If this amount includes foreign grants, check here 31a32 Total program service expenses (add lines 28a through 31a)32 4,949.**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
KEN SCHWANDT LOCAL CAVALIER ND 58220	DIRECTOR 2.00	0.	0.	
ALFRED BYRON 12994 HWY 5 CAVALIER ND 58220	DIRECTOR 6.00	0.	0.	
TIM HORGAN PO BOX 58 CAVALIER ND 58220	VICE PRESIDENT 1.00	0.	0.	
RONALD BAKER BOX 442 CAVALIER, ND 58220	DIRECTOR 1.00	0.	0.	
VERNICE DEMARS 102 E OAK ST CAVALIER, ND 58220	DIRECTOR 1.00	0.	0.	
MAY GUNDERSON P.O. BOX 282 CAVALIER ND 58220	DIRECTOR 2.00	0.	0.	
BETTY EINARSON 305 E 2ND AVE S CAVALIER, ND 58220	DIRECTOR 2.00	0.	0.	
LYNETTE ERMER 204 MAPLE ST E CAVALIER ND 58220	SECRETARY 4.00	0.	0.	
LESLIE GEIR 8517 HWY 32 EDINBURG, ND 58227	DIRECTOR 5.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V. Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O

	Yes	No
33	X	

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

34	X
----	---

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.

35a	X
-----	---

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

35b	
-----	--

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year (see instructions)?

36	X
----	---

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N

37a	0.
-----	----

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0.

37b	X
-----	---

b Did the organization file **Form 1120-POL** for this year?

38a	X
-----	---

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or were** any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

38b	
-----	--

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39a	
-----	--

39 Section 501(c)(7) organizations Enter

39b	
-----	--

a Initiation fees and capital contributions included on line 9

40b	X
-----	---

b Gross receipts, included on line 9, for public use of club facilities

40c	
-----	--

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____; section 4955 ► _____

40d	
-----	--

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I

40e	X
-----	---

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____

40f	
-----	--

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____

40g	
-----	--

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T

40h	
-----	--

41 List the states with which a copy of this return is filed ► _____

42a The organization's books are in care of ► BRENDA RINDE SAMSON

Telephone no ► (701) 265-8644

Located at ► P.O. BOX 51 CAVALIER ND ZIP + 4 58220

42b	X
-----	---

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If 'Yes,' enter the name of the foreign country ► _____

42c	X
-----	---

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If 'Yes,' enter the name of the foreign country: ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **43** □

43	
----	--

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

44a	X
-----	---

b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

44b	X
-----	---

c Did the organization receive any payments for indoor tanning services during the year?

44c	X
-----	---

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

44d	
-----	--

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45	X	
45a	X	
46	X	

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see 'inst').

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

Part VI | Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

	Yes	No
47	X	
48	X	
49a	X	
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ►

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

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	► <i>Corene Vaughn</i>		Date <i>5-11-11</i>
	Signature of officer		
	► CORENE VAUGHN		
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	SAMANTHA OLAFSON	<i>Samantha Olafson, CPA</i>	05/11/11
	Firm's name ► Mortenson & Rygh		Check <input type="checkbox"/> if self-employed
Firm's address ► PO Box 33 Cavalier	ND 58220		
		Firm's EIN ►	
		Phone no (701) 265-8644	

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

BAA

► Yes No

Form 990-EZ (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

NORTHEASTERN NORTH DAKOTA HERITAGE ASSOCIATION

Employer identification number

45-0397159

Part I: Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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 'unusual grants')	6,206.	24,050.	47,475.	14,357.	12,287.	104,375.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,206.	24,050.	47,475.	14,357.	12,287.	104,375.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						104,375.

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	6,206.	24,050.	47,475.	14,357.	12,287.	104,375.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,359.	1,929.	835.	167.	111.	4,401.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	673.	3,622.	486.	-212.	821.	5,390.
11 Total support. Add lines 7 through 10						114,166.
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)(3) 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	91.42 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	92.56 %
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33-1/3% support test – 2009. 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, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly 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"/>

BAA

Schedule A (Form 990 or 990-EZ) 2010

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 yr 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 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a 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 ► <input type="checkbox"/>		
b 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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.)

Other Income Part II, Line 10

Description: MISC REVENUE

2006: 0.

2007: 0.

2008: 0.

2009: 0.

2010: 0.

Description: GAIN ON SALE OF MERCH

2006: 673.

2007: 3622.

2008: 486.

2009: -212.

2010: 821.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

NORTHEASTERN NORTH DAKOTA HERITAGE ASSOCIATION

Employer identification number

45-0397159

Pt V, Line 35 WE DID NOT FILE A 990T BECAUSE INCOME EARNED FROM OUR
STORE IS CARRYING ON THE GOALS OF OUR ORGANIZATION OF CARRYING
OUR PIONEER HERITAGE.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)

POP MACHINE	88.
REFUNDS	37.
Total	125.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

PROJECT COSTS	2,509.
PROGRAMMING	831.
Total	3,340.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

Name and address	Title and average hours per week devoted to position	Compensa-tion (if not paid, enter -0-)	Contribu-tions to employee benefit plans and deferred compensation	Expense account and other allowances
Business <input type="checkbox"/> Person <input type="checkbox"/> <u>NORMA NASON</u> <u>P.O. BOX 1</u>	Title <u>DIRECTOR</u>			
Foreign city _____ Foreign country _____	Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input type="checkbox"/> <u>MARY ELLEN KIRKING</u> <u>P.O. BOX 102</u>	Title <u>DIRECTOR</u>			
Foreign city _____ Foreign country _____	Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input type="checkbox"/> <u>SALLY ABRAHAMSON</u> <u>13629 HWY 5 W</u>	Title <u>DIRECTOR</u>			
Foreign city _____ Foreign country _____	Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input type="checkbox"/> <u>KEITHA O'TOOLE</u> <u>8126 CTY 12</u>	Title <u>DIRECTOR</u>			
Foreign city _____ Foreign country _____	Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input type="checkbox"/> <u>M MAGNUS OLAFSON</u> <u>P.O. BOX 32</u>	Title <u>DIRECTOR</u>			
Foreign city _____ Foreign country _____	Hours/Week 8.00	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

Name and address	Title and average hours per week devoted to position	Compensation (if not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>ALDEAN NEWELL</u>				
LOCAL	Title <u>DIRECTOR</u>			
CAVALIER ND 58220	Hours/Week 3.00	0.	0.	
Foreign city _____				
Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>CYNTHIA GUNDERSON</u>				
PO BOX 74	Title <u>DIRECTOR</u>			
BATHGATE ND 58216	Hours/Week 1.00	0.	0.	
Foreign city _____				
Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>CLEONE WHELAN</u>				
14155 84TH ST NE	Title <u>DIRECTOR</u>			
CRYSTAL ND 58222	Hours/Week 1.00	0.	0.	
Foreign city _____				
Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>LORRAINE SCHROEDER</u>				
P.O. BOX 461	Title <u>DIRECTOR</u>			
CAVALIER ND 58220	Hours/Week 10.00	0.	0.	
Foreign city _____				
Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>ROSEMARIE MYRDAL</u>				
12985 80TH ST NE	Title <u>PRESIDENT</u>			
EDINBURG, ND 58227	Hours/Week 2.00	0.	0.	
Foreign city _____				
Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>CORENE VAUGHN</u>				
306 BOUNDARY RD E	Title <u>TREASURER</u>			
CAVALIER ND 58220	Hours/Week 2.00	0.	0.	
Foreign city _____				
Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>JOYCE VOORHEES</u>				
P.O. BOX 652	Title <u>DIRECTOR</u>			
CAVALIER ND 58220	Hours/Week 1.00	0.	0.	
Foreign city _____				
Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>KAREN ABRAHAMSON</u>				
LOCAL	Title <u>DIRECTOR</u>			
CAVALIER ND 58220	Hours/Week 2.00	0.	0.	
Foreign city _____				
Foreign country _____				

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

Name and address	Title and average hours per week devoted to position	Compensation (if not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JEAN WIMPFHEIMER 212 E 3RD AVE S CAVALIER ND 58220	Title DIRECTOR			
Foreign city _____ Foreign country _____	Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JANET WERVEN 13337 98TH ST NE CAVALIER ND 58220	Title DIRECTOR			
Foreign city _____ Foreign country _____	Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> HELEN VOLK-SCHILL 505 HOLLY STREET WALHALLA ND 58282	Title DIRECTOR			
Foreign city _____ Foreign country _____	Hours/Week 2.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DELORES KEMP PO BOX 453 CAVALIER ND 58220	Title DIRECTOR			
Foreign city _____ Foreign country _____	Hours/Week 2.00	0.	0.	

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Page 1, Part I, Line 20

Description	Amount
ROUNDING	2.
Total	2.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
INVENTORY	23,203.	23,493.
Total	23,203.	23,493.

Schedule A (Form 990 or 990EZ) - Part IV - Supplemental Information (continued)

Schedule A (Form 990 or 990EZ) - Other Income (continued)

Description	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
MISC REVENUE	0.	0.	0.	0.	0.	0.
GAIN ON SALE OF MERCH	673.	3,622.	486.	-212.	821.	5,390.
Total	<u>673.</u>	<u>3,622.</u>	<u>486.</u>	<u>-212.</u>	<u>821.</u>	<u>5,390.</u>

Supporting Statement of:

Form 990-EZ/Line 22, Column (A)

Description	Amount
CASH ON HAND	200.
GEN ACCT CHKG	2,201.
DONATIONS CHKG	40,851.
STORE ACCT CHKG	4,766.
Total	<u>48,018.</u>

Supporting Statement of:

Form 990-EZ/Line 22, Column (B)

Description	Amount
CASH ON HAND	200.
GENERAL ACCOUNT CHECKING	652.
DONATIONS CHECKING	49,161.
STORE CHECKING	5,297.
Total	<u>55,310.</u>