

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



Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

Department of the Treasury Internal Revenue Service

The foundation may be able to use a copy of this return to satisfy state reporting requirements

2010

OMB No 1545-0052

Foi	cale	ndar year 2010, or tax y	ear beginning			,	2010, and en	ding		, 20	
G	Chec	k all that apply	Initial return		4		er public cha	rity		ınal return	
			Amended ret	um	Address	change	Na Na	me change			
N	ame	of foundation	_ ~~					, -	-	ication number	
		MARK WERR				TRUST	,		607643		
N	umbe	er and street (or P O box		s not deliver	ed to street a	address)	Room/suite			er (see the instruct	tions)
		118 6TH S					L		-642-8	-	
С	ity or	town, state, and ZIP code						C theck i	ption application nere	is pending,	▶
		Wahpeton							eign organizatior eign omanizatior	is, check here is meeting the 85%	▶
H		x type of organization		(c)(3) exem				_ test	, check here and	attach computation	▶ _
Μ <u></u>	Secti	on 4947(a)(1) nonexempt				ate foundation		termina	e foundation sta- ited under sectio	n	. –
		arket value of all assets at	cond or	Accounting		Cash	Accrual	1	1)(A), check hen undation is in a (▶∟
•		om Part II, col. (c), line 16		Other (s				termina	ition under sectio	n	
<u>▶ \$</u>		Analysis of Revenue ar	,342.	(Part I, colu	mn (d) must	be on cash t	oasis)	507(b)(1)(B), check her		•
<u></u>		(The total of amounts in o	columns (b),	1 ' '	enue and	(b) Net in	vestment	(c) Adju	sted net	(d) Disbursem for charitable	
		(c), & (d) may not necess		1	ises per oks	inco	ome	inc	ome	purposes (cash basis of	
—	1 4	amounts in column (a) (se Contributions, gifts, grants, etc.,		<u> </u>	,000.					(Casii basis oi	iii y)
	'	(attach schedule)		<u> </u>	, , , , , , .	· · · · · · · · · · · · · · · · · · ·		•	, "	1	. !
	2	• • • • • • • • • • • • • • • • • • • •	undation is not								,
		required to attach Sch E						**		ł	
	3	Interest on savings and temp of			535.	 -	535.		535.	} . ,	
	4	Dividends and interest fr	om securities	· 	JJJ.	 	-333.		JJJ.	•	-
	١.	Gross rents (Net rental				,					:
	b	ncome or (loss) Net gain/(loss) from sale of asse	te not on line 10			1 , ;	,			, ,	
Revenue	6a	Gross sales price for	its not on line 10	777		* (35 * * *		,	•		,
Ve	b	all assets on line 6a	nd B/ kno 2)	, 4 a							,
&	8	Capital gain net income (from Pa Net short-term capital ga								٠, ١	1
	9	Income modifications .			• •	_	.				
	10a	Gross sales less		* 1 1 /- 2	Jan 2 12 1	1 , 1,		,			
	ь	rtns & allowances Less Cost of		- 1 	~ P × 14 M 4		· · · · · · · · · · · · · · · · · · ·		1		
		goods sold Gross profit or (loss) (att	tach schedule)			1	Γ	**-		1	
	11	Other income (attach so									i
	12	Total. Add lines 1 through	•		,535.		535.		535.		
_	13	Compensation of officers, directors, trustees, etc				 			-		
	14	Other employee salaries	and wages								
nses	15	Pension plans, employe	e benefits								
ens	16a	Legal fees (attach sched	tule) .								-
Operating and Administrative Expe	l	Accounting fees (attach									
-	С	Other professional fees	attach schedule)			-					
É	17	Interest				REC	PIVEN				
131	18	Taxes (attach schedule) (see	instructions) .		4.		0 6				
Ē	19	Depreciation (attach sch.)	and depletion		Œ	M Jen		ပ္တု			
5	20	Occupancy			(C)	MUN S	3 2019	Ċ			
	21	Travel, conferences, and	d meetings	·				10			
<u> </u>	22	Printing and publications	 .			UGD	EN 15				
atır	23	Other expenses (attach	schedule)								
ber	24	Total operating and ad	ministrative]		-		
)		expenses Add lines 13	through 23		4.						
	25	Contributions, gifts, gran	its paid		459.						59.
	26	Total exp & disbursements Add		<u> </u>	463.	<u> </u>				45	59.
	27 a	Subtract line 26 from line Excess of revenue ove				1					
		and disbursements		<u> 4</u>	,072.	ļ					
	l	Net investment income		1		L	535.		E 2 E	1	
	C	Adjusted net income (f neg , enter -0-)	ŀ			1		535.	l	

For Paperwork Reduction Act Notice, see the instructions.



Part I	Attached schedules and amounts in the description column should be for	Beginning of year	End	of year
	end-of-year amounts only. (See inst.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	100.	25.	
2	Savings and temporary cash investments			
3	Accounts receivable			,
	Less: allowance for doubtful accts ▶			<u> </u>
4	Pledges receivable ▶			
	Less: allowance for doubtful accts ▶			
5	Grants receivable			
l				
6	Receivables due from officers, directors, trustees, and other	}		
7	disqualified persons (attach schedule) (see the instructions) . Other notes and loans			
'	receivable (attach schedule)		<u> </u>	
	Less allowance for doubtful accounts			
र्हे 8	Inventories for sale or use			
Assets 6 8	Prepaid expenses and deferred charges			
₹ 10a	Investments - U S and state govt obligations (attach schedule).			
b	Investments - corporate stock (attach schedule)			
0	Investments - corporate bonds (attach schedule)	5,793.	·	
11	Investments - land, buildings, and equipment basis Less accumulated depreciation	1		<u>,</u>
	(attach schedule)		·	
12	Investments - mortgage loans			
13	Investments - other (attach schedule)			10,342.
14	Land, buildings, and equipment, basis Less accumulated depreciation			1
	(attach schedule)		· · · · · · · · · · · · · · · · · · ·	
15	Other assets (describe)		 	
16	Total assets (to be completed by all filers - see the			
	instructions Also, see page 1, item l)	5,893.	10,367.	10,342.
17	Accounts payable and accrued expenses			
18	Grants payable			
υ 19 20	Deferred revenue			The improvement of the second
₩ 20	disqualified persons · · · · · · · · · · · · · · · · · · ·			Enlandian lancon de.
Ciabilities 20 21 21 22	Mortgages and other notes payable (attach schedule)			
- 22	Other liabilities (describe ►)			to the rate of the contract the state of the
ĺ				ed for the minute open
23	Total liabilities (add lines 17 through 22)			The state of the s
	Foundations that follow SFAS 117, check here ▶ ☐			in page and it is
	and complete lines 24 through 26 and lines 30 and 31.			7.7.7.
တ္မ 24	Unrestricted		. <u></u> <u></u>	<u></u>
Net Assets or Fund Balances	Temporanly restricted			1
हु 26	Permanently restricted			
ᅙ	Foundations that do not follow SFAS 117, ck. here ▶ 🏻			ا المعادل المع
Ī	and complete lines 27 through 31.			, , ,
් 27	Capital stock, trust principal, or current funds	5,793.	10,342.	<u>_</u> l,
ध 28	Paid-in or capital surplus, or land, bldg., and equipment fund	100.	25.	· .
S 29	Retained earnings, accumulated income, endowment, or other funds .			_ '
a	}			, , ,
2 30	Total net assets or fund balances (see the instructions)	5,893.	10,367.	
31	Total liabilities and net assets/fund balances (see the		40	1
	instructions)	5,893.	10,367.	<u> </u>
	Analysis of Changes in Net Assets or Fund Bala			,
	I net assets or fund balances at beginning of year - Part II, column	(a), line 30 (must agree w	ıth	
	of-year figure reported on prior year's return)		<u>1</u>	5,893.
			2	4,072.
	r increases not included in line 2 (itemize) FRANKLIN F	UND UNREALIZE	<u> 3</u>	402.
	lines 1, 2, and 3		4	10,367.
	eases not included in line 2 (itemize)			
6 Tota	I net assets or fund balances at end of year (line 4 minus line 5) - P	Part II, column (b), line 30	6	10,367.

Form 990-PF (2010)

Х

8b

9

10



names and addresses

8a Enter the states to which the foundation reports or with which it is registered (see the instructions)

designate) of each state as required by General Instruction G? If "No," attach explanation . . .

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or

4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV in instructions)? If "Yes,"

Form	990-PF (2010) MARK WERRE COMM	UNITY SERVI	CE TRUST	4!	<u>5-6</u> 07	76434	Pa	age 6
Par	VII-B Statements Regarding Activ	vities for Which F	orm 4720 May Be R	equired (co	ntinue	d)		
5a	During the year did the foundation pay or incur	any amount to						· ·
	(1) Carry on propaganda, or otherwise attemp	t to influence legislation	n (section 4945(e))?	∏ Ye	s 🛛 N	10	-	, - :
	(2) Influence the outcome of any specific publi	ic election (see section	4955), or to carry	_				•
	on, directly or indirectly, any voter registrat	tion drive?		.∏ Ye	s 🛛 N	lo ·		ŀ
	(3) Provide a grant to an individual for travel,		•	∏ Ye	sဩΝ	lo		ţ
	(4) Provide a grant to an organization other th	an a chantable, etc , or	ganization described	_		l	1 1	ľ
	in section 509(a)(1), (2), or (3), or section 4	4940(d)(2)? (see instru	ctions)	Ye	s 🛛 N	lo	1	,
	(5) Provide for any purpose other than religiou	is, charitable, scientific	, literary, or	_	_	ļ		
	educational purposes, or for the preventior	of cruelty to children	or animals?	∏ Ye	s 🗓 N	lo]]	,
ь	If any answer is "Yes" to 5a(1)-(5), did any of t	he transactions fail to o	qualify under the exception	s described in				
	Regulations section 53.4945 or in a current no	tice regarding disaster	assistance (see the instru	ctions)?		51	ا ا	
	Organizations relying on a current notice regar	ding disaster assistanc	e check here		▶ 🗍		,	1
С	If the answer is "Yes" to question 5a(4), does t	he foundation claim ex	emption from the				1	i
	tax because it maintained expenditure respons	sibility for the grant?		Ye	s 🗌 R	lo	;	į.
	If "Yes," attach the statement required by Regu	ulations section 53 494	5-5(d).	_	_	i i	.0 4	
6a	Did the foundation, during the year, receive an	y funds, directly or indi	rectly, to pay			1 4		- 3.1
	premiums on a personal benefit contract?			. Ye	s 🗓 N	lo 🚆		
b	Did the foundation, during the year, pay premit	ums, directly or indirect	ly, on a personal benefit o	ontract?		. 61	.	Χ
	If "Yes" to 6b, file Form 8870						203	71
7a	At any time during the tax year, was the foundation	ation a party to a prohit	oited tax shelter transactio	n? .∏ Ye	s 🖾 N	lo		1
	If "Yes," did the foundation receive any procee					71	5	
	t VIII Information About Officers,				hly Pai	d Emp	loyees	,
	and Contractors							
1 L	ist all officers, directors, trustees, foundatio	n managers and their	r compensation (see the	instructions).				
		(b) Title, and average	(c) Compensation	(d) Contribut	ons to	(a) Eve	ense ac	count
	(a) Name and address		(a) componidation			. (e) Exh	Chiac ac	ωuπ,
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee bendand deferred	efit plans		allowan	
	JIM OLIVER	hours per week devoted to position DIRECTOR	(If not paid, enter -0-)	employee ben	efit plans			
		hours per week devoted to position DIRECTOR	(a) componidation	employee ben	efit plans			
	JIM OLIVER	hours per week devoted to position DIRECTOR	(If not paid, enter -0-)	employee ben	efit plans			
	JIM OLIVER	hours per week devoted to position DIRECTOR	(If not paid, enter -0-)	employee ben	efit plans			
	JIM OLIVER	hours per week devoted to position DIRECTOR	(If not paid, enter -0-)	employee ben	efit plans			
	JIM OLIVER	hours per week devoted to position DIRECTOR	(If not paid, enter -0-)	employee ben	efit plans			
	JIM OLIVER	hours per week devoted to position DIRECTOR	(If not paid, enter -0-)	employee ben	efit plans			
	JIM OLIVER	hours per week devoted to position DIRECTOR	(If not paid, enter -0-)	employee ben	efit plans			
	JIM OLIVER	hours per week devoted to position DIRECTOR 1	(If not paid, enter -0-)	employee ben and deferred	efit plans comp			
2 0	JIM OLIVER 18 N 6TH ST Wahpeton ND	hours per week devoted to position DIRECTOR 1	(If not paid, enter -0-)	employee bendand deferred	efit plans			
2 (JIM OLIVER 18 N 6TH ST Wahpeton ND Compensation of five highest-paid employees frome, enter "NONE."	hours per week devoted to position DIRECTOR 1 s (other than those in	(If not paid, enter -0-)	e instructions)	efit plans comp	othe	allowan	ces
2 (JIM OLIVER 18 N 6TH ST Wahpeton ND Compensation of five highest-paid employees	hours per week devoted to position DIRECTOR 1 s (other than those in hours per week hours per week	(If not paid, enter -0-)	e instructions) (d) Contribut employee b plans and de	efit plans comp	(e) Exp	pense ac	count
2 (a)	OLIVER 18 N 6TH ST Wahpeton ND Compensation of five highest-paid employees finance, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position DIRECTOR 1 s (other than those in	(If not paid, enter -0-)	e instructions) (d) Contribut employee b	efit plans comp	(e) Exp	allowan	count
2 (a)	JIM OLIVER 18 N 6TH ST Wahpeton ND Compensation of five highest-paid employees none, enter "NONE."	hours per week devoted to position DIRECTOR 1 s (other than those in hours per week hours per week	(If not paid, enter -0-)	e instructions) (d) Contribut employee b plans and de	efit plans comp	(e) Exp	pense ac	count
2 (a)	OLIVER 18 N 6TH ST Wahpeton ND Compensation of five highest-paid employees finance, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position DIRECTOR 1 s (other than those in hours per week hours per week	(If not paid, enter -0-)	e instructions) (d) Contribut employee b plans and de	efit plans comp	(e) Exp	pense ac	count
2 (a)	OLIVER 18 N 6TH ST Wahpeton ND Compensation of five highest-paid employees finance, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position DIRECTOR 1 s (other than those in hours per week hours per week	(If not paid, enter -0-)	e instructions) (d) Contribut employee b plans and de	efit plans comp	(e) Exp	pense ac	count
2 (a)	OLIVER 18 N 6TH ST Wahpeton ND Compensation of five highest-paid employees finance, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position DIRECTOR 1 s (other than those in hours per week hours per week	(If not paid, enter -0-)	e instructions) (d) Contribut employee b plans and de	efit plans comp	(e) Exp	pense ac	count
2 (a)	OLIVER 18 N 6TH ST Wahpeton ND Compensation of five highest-paid employees finance, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position DIRECTOR 1 s (other than those in hours per week hours per week	(If not paid, enter -0-)	e instructions) (d) Contribut employee b plans and de	efit plans comp	(e) Exp	pense ac	count
2 (a)	OLIVER 18 N 6TH ST Wahpeton ND Compensation of five highest-paid employees finance, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position DIRECTOR 1 s (other than those in hours per week hours per week	(If not paid, enter -0-)	e instructions) (d) Contribut employee b plans and de	efit plans comp	(e) Exp	pense ac	count
2 (a)	OLIVER 18 N 6TH ST Wahpeton ND Compensation of five highest-paid employees finance, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position DIRECTOR 1 s (other than those in hours per week hours per week	(If not paid, enter -0-)	e instructions) (d) Contribut employee b plans and de	efit plans comp	(e) Exp	pense ac	count
2 (a)	OLIVER 18 N 6TH ST Wahpeton ND Compensation of five highest-paid employees finance, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position DIRECTOR 1 s (other than those in hours per week hours per week	(If not paid, enter -0-)	e instructions) (d) Contribut employee b plans and de	efit plans comp	(e) Exp	pense ac	count
2 (a)	OLIVER 18 N 6TH ST Wahpeton ND Compensation of five highest-paid employees finance, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position DIRECTOR 1 s (other than those in hours per week hours per week	(If not paid, enter -0-)	e instructions) (d) Contribut employee b plans and de	efit plans comp	(e) Exp	pense ac	count
2 C III (a)	OLIVER 18 N 6TH ST Wahpeton ND Compensation of five highest-paid employees finance, enter "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position DIRECTOR 1 s (other than those in hours per week devoted to position	(If not paid, enter -0-)	e instructions) (d) Contribut employee b plans and de	efit plans comp	(e) Exp	pense ac	count

	45-6076434 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Hig	ghly Paid Employees,
and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see the instructions). If none, enter	er "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Tatal number of others recovers over \$50,000 for professional convers	
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	·
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info such	-h
as the number of organizations and other beneficiaries served, conferences convened, research papers produced	i Pynenses
as the number of organizations and other beneficiaries served, contened, research papers produced 1 COMMUNITY SERVICE AWARD - AWARD GIVEN ANNUALLY WHEN SUIT	
	6-05-
RECIPIENT IS IDENTIFIED 1 AWARD GIVEN IN 2009-08-07-06 04-03-02-01-98-97 2 GIVEN 2000-99-96 JOINT AWARD GIVEN	
	2010 459
2	
_ 	
3	
4	
Part IX-B Summary of Program-Related Investments (see the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	nd 2 Amount
1	
2	
All other program-related investments See instructions.	
3	
Tetal Add lines 1 through 3	▶

Form 990-PF (2010) MARK WERRE COMMUNITY SERVICE TRUST 4	5-6076434	Page 8
Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign for	ındatıons, see the ır	nstructions)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a Average monthly fair market value of securities	. 1a	
b Average of monthly cash balances	1b	26.
c Fair market value of all other assets (see the instructions)	1c	
d Total (add lines 1a, b, and c)	1d	26.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)	1	
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	. 3	26.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,		
see the instructions)	. 4	
Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	26.
6 Minimum Investment return. Enter 5% of line 5	6	1.
Part XI Distributable Amount (see the instructions) (Section 4942(j)(3) and (j)(5) private operating four	ndations	
and certain foreign organizations check here ▶ ☐ and do not complete this part)		
1 Minimum investment return from Part X, line 6	1	1.
2 a Tax on investment income for 2010 from Part VI, line 5		
b Income tax for 2010 (This does not include the tax from Part VI) 2b		
c Add lines 2a and 2b	2c	5.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	
6 Deduction from distributable amount (see the instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	
Part XII Qualifying Distributions (see the instructions)	<u> </u>	
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a Expenses, contributions, gifts, etc -total from Part I, column (d), line 26	. 1a	459.
b Program-related investments-total from Part IX-B	1b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the		
a Suitability test (pnor IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4.	4	459.
Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	-	
Enter 1% of Part I, line 27b (see the instructions).	5	5.
and the contract of the contra	6	454.
• • • •		
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	TOUTIUALIUIT	•
qualifies for the section 4940(e) reduction of tax in those years		

Form 990-PF (2010)

L	Undistributed income (see th	e instructions)			
1	Distributable amount for 2010 from Part XI,	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
	line 7				
2	Undistributed income, if any, as of the end of 2010				
	Enter amount for 2009 only				
	Total for prior yrs. 20 , 20, 20				
3	Excess distribs carryover, if any, to 2010				· · · · · · · · · · · · · · · · · · ·
		1		,	
	From 2005				
	From 2006				
	From 2007				
	From 2008	i			
	From 2009				
	Total of lines 3a through e				
4	Qualifying distributions for 2010 from Part XII,				
	line 4 ▶ \$ 459.		:	-	
а	Applied to 2009, but not more than line 2a				
b	Applied to undistributed income of prior				
	years (Election required - see the instr) .				
С	Treated as distributions out of corpus		[
	(Election required - see the instructions)		· · · · · · · · · · · · · · · · · · ·		
d	Applied to 2010 distributable amount				
е	Remaining amt distributed out of corpus	459.			
5	Excess distribs carryover applied to 2010			•	
	(If an amount appears in column (d), the				
	same amount must be shown in col (a))	- 1			
6	Enter the net total of each column as	alter the state of	, ,		M
	indicated below:	A Park happe or an exercise	abe year a creme or hi	* // (6.74.45 A. // (4.9	
а	Corpus Add lines 3f, 4c, & 4e Subtract line 5	459.	<u> </u>	١	
b	Prior years' undistributed income. Subtract	, , , , , , , , , , , , , , , , , , , ,			
	line 4b from line 2b	2 4 7 4 7 1			
С	Enter the amount of prior years' undistributed	, , ,			
	income for which a notice of deficiency	- '			
	has been issued, or on which the section				
	4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
	amount - see the instructions				
е	Undistributed income for 2009. Subtract	. *			
	line 4a from line 2a Taxable amount -	3 4			
	see the instructions	, , , , , , , , , , , , , , , , , , ,		<u></u>	
f	Undistributed income for 2010 Subtract				
	lines 4d and 5 from line 1 This amount				
	must be distributed in 2011				
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see the				
	instructions)	459.			
8	Excess distributions carryover from 2005				
•	not applied on line 5 or line 7 (see the				
	instructions)				
9	Excess distributions carryover to 2011.				
_	Subtract lines 7 and 8 from line 6a	1			
10	Analysis of line 9				
	Excess from 2006				
	Excess from 2007	1			
-	Excess from 2008	1			
_	Excess from 2009 .	1			
u	Excess from 2010	1			

Pa	art XIV Private Operating Found	ations (see the i	nstructions and Part	VII-A, question 9)				
1a	if the foundation has received a ruling or de	etermination letter th	nat it is a private oper	rating				
	foundation, and the ruling is effective for 2010, enter the date of the ruling							
b	Check box to indicate whether the foundati	on is a private opera	ating foundation desc	cribed in section	4942(j)(3	3) or 4942(j)(5)		
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years				
	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total		
	investment return from Part X for each year listed		†					
h	85% of line 2a	· · · · · · · · · · · · · · · · · · ·	<u> </u>					
	Qualifying distributions from Part XII,							
Ç								
a	Inne 4 for each year listed	<u> </u>						
	directly for active conduct of exempt activities							
е	Qualifying distributions made directly							
	for active conduct of exempt activities							
	Subtract line 2d from line 2c							
3	Complete 3a, b, or c for the alternative							
	test relied upon							
а	"Assets" alternative test - enter							
	(1) Value of all assets							
	(2) Value of assets qualifying							
	under section 4942(j)(3)(B)(i)							
ь	"Endowment" alternative test - enter							
_	2/3 of minimum investment return shown							
	in Part X, line 6 for each year listed							
С	"Support" alternative test - enter							
	(1) Total support other than gross investment income (interest,							
	dividends, rents, payments							
	on securities loans (section							
	512(a)(5)), or royalties)							
	(2) Support from general public and 5							
	or more exempt organizations as							
	provided in section 4942(j)(3)(B)(iii)							
	(3) Largest amount of support							
	from an exempt organization							
	(4) Gross investment income							
P	art XV Supplementary Informat	on (Complete	this part only if	the foundation	had \$5,000 or n	nore in		
	assets at any time during	g thè year - see	the instruction	s.)	·			
1	Information Regarding Foundation Man							
	List any managers of the foundation who h	-	re than 2% of the tota	al contributions recei	ved by the foundation	n before the close		
_	of any tax year (but only if they have contri				•			
	of any tax year (out only if they have contain	54.04 111010 111411 40	,000) (000 000.0	,				
<u>_</u>	List any managers of the foundation who o	wn 10% or more of	the stock of a cornor	ation (or an equally I	arge portion of the o	wnership of a		
D	partnership or other entity) of which the four			anon (or an oquan) .	ango portion of the o	o.o.np o. a		
	partnership of other entity) of which the foc	indation has a 1076	or greater interest					
	L.C. and Describe Contribution Co	Cift Loon Co	helembin etc. Dree					
2	Information Regarding Contribution, Gr				and door not seen	t unachoited		
	Check here ► ☐ if the foundation only							
	requests for funds If the foundation makes	s giπs, grants, etc. (s	see the instructions) i	to individuals or orga	nizations under othe	r conditions,		
	complete items 2a, b, c, and d							
а	The name, address, and telephone number	r of the person to w	hom applications sho	ould be addressed.				
		110 17 677	. Om 12 1 - 1	ND FOOT	Е			
	M OLIVER 701-642-8744				<u> </u>			
b	The form in which applications should be s	ubmitted and inform	nation and materials t	they should include				
Ţ.F	ETTERS OF APPLICATION	INCLUDING	A LISTING	OF COMMUNT	TY CONTRIB	UTIONS		
_	Any submission deadlines							
Ü	Any Submission deadilles							
PF	RIOR TO NOVEMBER 1ST O	F EACH YEA	ΛR					
	Any restrictions or limitations on awards, si			fields, kinds of instit	utions, or other facto	rs		
RE	ESIDENTS OF THE WAHPET	ON, RICHLA	AND COUNTY,	ND AREA				

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of **Amount** any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year JAKE AND ARIELLE KROHN NONE NONE RECOGNITION 459. 844 4th St. N Wahpeton, ND 58075 ▶ 3a 459. b Approved for future payment Total ▶ 3b

Par	t XVI-A Analysis of Income-Produ	cing Activ	ities			
	r gross amounts unless otherwise indicated		ted business income	Excluded	l by section 512, 513, or 514	(e)
		(a)	(b)	(c)	(d)	Related or exempt
		Business	Amount	Excl	Amount	function income
_	Decrees control to to to	code	- Fallount		, anount	(See the
1	Program service revenue	code	 	code		instructions)
а			 			
b			ļ	ļ .		
С						
d						
е						
f	· 					
g	Fees and contracts from government agencies					
2	Membership dues and assessments			1		
3	Interest on savings and temporary cash investments			1		
4	Dividends and interest from securities .	-		14	535.	<u> </u>
5	Net rental income or (loss) from real estate.				Many particular and a section of	P. Salar and J. Salar and J.
				TO TOTAL PARTY		
a		•	, :	-		8" (A) (C) (P) *
b	• • •	•	<u> </u>	- 	<u> </u>	
6	Net rental income or (loss) from personal proper	erty		-		
7	Other investment income			<u> </u>		
8	Gain or (loss) from sales of assets other than inventory			ļ		
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory .			ł		
11	Other revenue a					
b						
С					·	
d		- 		†		
				 		
e		/ BOLEST GAR		4-14-1	535.	
12			''	1.7		535.
	Total. Add line 12, columns (b), (d), and (e)			• • • • • • • • • • • • • • • • • • • •	13	
	worksheet in line 13 instructions to verify calcula		1:-1:	4 1		
	t XVI-B Relationship of Activities					
	e No. Explain below how each activity for v					•
	accomplishment of the foundation's experience.	exempt purpos	ses (other than by provid	ding fund	s for such purposes) (Se	e the instructions)
-		· · · · · · · · · · · · · · · · · · ·				
						
		· · · · ·				
						·
					·	
						
			· · · · · · · · · · · · · · · · · · ·			
			<u>-</u>			
				- 181		
					· · · · · · · · · · · · · · · · · · ·	
						
						

Form 990)-PF (2010) MARK W	VERRE COM	MUNITY	SERVICE	TRUST		45-607	6434	P	age 1
Part X			ransfers	To and Trans	actions a	nd Relatio	onships With N	oncharit	able	
	Exempt Org									
	ne organization directly o							A Property	Yes	No
	c) of the Code (other than					to political o	rganizations?			36.
a Trans	sfers from the reporting fo	oundation to a no	ncharitable e	exempt organizati	on of				CATE AT	
(1)	Cash				•			1a(1)		X
(2)	Other assets							1a(2)		Х
b Othe	r transactions									
(1)	Sales of assets to a nor	nchantable exemp	ot organizatio	on				1b(1)		X
(2)	Purchases of assets fro	m a noncharitabl	e exempt org	ganization				1b(2)		X
(3)	Rental of facilities, equi	pment, or other a	ssets					. 1b(3)		X
(4)	Reimbursement arrange	ements			٠			1b(4)		Х
(5)	Loans or loan guarantee	es			•			1b(5)		Х
(6)	Performance of services	s or membership	or fundraisin	g solicitations				1b(6)		X
	ng of facilities, equipmer							. 1c		X
	answer to any of the abo									
good	s, other assets, or servic	es given by the re	eporting foun	idation If the four	idation recei	ved less thar	fair market value ir	any transa	action	
or sh	aring arrangement, show	in column (d) the	e value of the	e goods, other as	sets, or servi	ices received	•			
(a) Line no	(b) Amount involved	(c) Name of no	ncharitable e	xempt organization	n (d)Desc	of transfers,	transactions, and s	haring arra	ngem	ents
		<u> </u>								
		<u> </u>								
							 			
		J								
		<u> </u>		·						
		<u></u>								
2a Ist	he foundation directly or	indirectly affiliate	d with, or rel	ated to, one or m	ore tax-exen	npt organizat	ions described in			,
sec	tion 501(c) of the Code	other than section	n 501(c)(3))	or in section 527				. [] Y	es 🏻	No
b If"	Yes," complete the follow	ving schedule								
	(a) Name of organiza	ation	(b)	Type of organiza	tion		(c) Description of r	elationship		
						<u> </u>			_	
	· · · · · · · · · · · · · · · · · · ·									
Sign	Under penalties of	of perjury, I declar	re that I have	examined this re	turn, includir	ng accompar	iying schedules and (other than taxpaye	statement	s, and	to the
Неге	on all information	of which prepare	er has any kn	owledge	. Dogaration	or preparer	(Sinci man taxpaye		. 5/ 13 1	-43 - 0
	Jan	100 O	(m)		14/1	8/1/	EXECUTIV	E DIR	ECT	'OR
	Signature of officer	or trustee			Date		Title			_

Paid Preparer **Use Only**

Signature of officer or trustee Print/Type preparer's name

Firm's name

SIMONE M SANDBERG

Preparer's signature ▶Sandberg Law Office Ltd Firm's address ▶709 Dakota Ave Ste C

Date 4/14/2011 Title Check self-employed

PTIN P0011017

Firm's EIN ▶ 45-0462344 701-672-0022 Phone no

WAHPETON ND 58075-

Form 990-PF (2010)

JS 990	Taxes	Mot investment	Adjusted not	201 Charitable
Description	Expenses per books	Net investment income	Adjusted net income	purposes
ICOME TAXES	4.			<u> </u>
	4.			
			į	
			i	
	İ			
		1		
			•	
		1		
		1	F	1

US 990	Other Increases	201
RANKLIN FUND UNRE	Description	Amount 4.0.3
RANKLIN FUND UNKL	ALIZED GAINS	4 0 2 4 0 2
		-
		-

US 990

Investments - Other 990-PF: Page 2, Line 13

2010

00 330	. 1 ago 2, 2o 10		
Description	Basis of valuation	Book value 10,342. 10,342.	FMV
Description FRANKLIN INCOME FUND CL A	Basis of valuation 10342	10.342.	10,342. 10,342.
PRANKLIN INCOME FOND CE A	1 200.2	10 342	10.342
		10,342.	10,012.
	1 1		
	i		
			İ
			1
•			
	i	i	
	i		
	i l		
		İ	
	1		
	i		
]		
	1		
	1		
		l	
		İ	
		İ	
		İ	
		ļ	

Name FRANCIS WERRE	Substantial Con			2010
	Address (Enter street, zip code, state, and city, in that order) 868 N 2ND STREET 58075- NDWAHPETON			
	868 N 2ND STREET	58075-	NDWAHPETON	
			•	
•				