Form **990** Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 **2010** Open to Public Inspection

A For the 2010 calendar year, or tax year beginning FEB 1, 2010 and ending JAN 31, 2011

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [X] Amended return [ ] Application pending

C Name of organization: THEODORE ROOSEVELT MEDORA FOUNDATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): PO BOX 198 | Room/suite

City or town, state or country, and ZIP + 4: MEDORA, ND 58645-0198

D Employer identification number: 45-0397662

E Telephone number: (701)623-4444

G Gross receipts $ 13,022,004.

F Name and address of principal officer: RANDY HATZENBUHLER SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.MEDORA.COM

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶ **L** Year of formation: 1986 **M** State of legal domicile: ND

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: PRESERVE THE EXPERIENCE OF THE BADLANDS, THE HISTORIC CHARACTER OF MEDORA AND THE VALUES AND

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)	3	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	402
6	Total number of volunteers (estimate if necessary)	6	489
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,410,337.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,185,282.	1,597,366.
	9	Program service revenue (Part VIII, line 2g)	7,504,089.	8,790,321.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<337,881.>	192,080.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<87,421.>	18,749.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,264,069.	10,598,516.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	55,879.	41,854.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,152,603.	3,494,492.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 375,269.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,584,383.	5,580,898.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,792,865.	9,117,244.
	19	Revenue less expenses. Subtract line 18 from line 12	1,471,204.	1,481,272.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	30,094,937.	32,353,436.
	21	Total liabilities (Part X, line 26)	5,426,678.	6,258,750.
	22	Net assets or fund balances. Subtract line 21 from line 20	24,668,259.	26,094,686.

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

▶ Randy C. Hatzenbuhler — Signature of officer — Date 8/17/12

▶ RANDY HATZENBUHLER, PRESIDENT — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
LISA CHAFFEE, CPA	LISA CHAFFEE, CPA	08/13/12		

Firm's name ▶ EIDE BAILLY LLP — Firm's EIN ▶

Firm's address ▶ PO BOX 1914 BISMARCK, ND 58502 — Phone no. 701-255-1091

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED SEP 18 2012

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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:
SEE SCHEDULE O FOR ORGANIZATION'S MISSION STATEMENT.

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 $ 7,695,898. including grants of $ 41,854.) (Revenue $ 4,262,715.)
THE ORGANIZATION EDUCATES VISITORS ABOUT THE HISTORICAL IMPORTANCE OF THE MEDORA AREA THROUGH THE OPERATION OF MUSEUMS, SHOWS, AND A MUSICAL. THE MEDORA MUSICAL IS A SEASONAL HISTORICAL AND PATRIOTIC PERFORMING ARTS PROGRAM AND IS THE SINGLE LARGEST PROGRAM IN SUPPORT OF THE THEODORE ROOSEVELT MEDORA FOUNDATION'S PRIMARY EXEMPT PURPOSE. IN 2010, DURING ITS 100 DAY RUN, THE MEDORA MUSICAL EDUCATED, INFORMED AND ENTERTAINED OVER 92,000 GUESTS.

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

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 7,695,898.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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*	3		X
4	**Section 501(c)(3) organizations.** 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*	4		X
5	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*	5		
6	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*	6		X
7	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*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	X	
9	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*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
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*	11b		X
c	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*	11c		X
d	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*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	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*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		X
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*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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*	14b		X
15	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*	15		X
16	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*	16		X
17	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*	17		X
18	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*	18	X	
19	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*	19		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	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? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	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? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	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? *If "Yes," complete Schedule J*	23		X
24a	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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
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? *If "Yes," complete Schedule L, Part I*	25b		X
26	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? *If "Yes," complete Schedule L, Part II*	26	X	
27	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? *If "Yes," complete Schedule L, Part III*	27		X
28	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):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
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? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	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," complete Schedule R, Part V, line 2* ☐ Yes ☒ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	35			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	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	2a	402			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	X	
4a	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)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	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?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	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?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
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	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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 [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 23			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 23			
2	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?		2	X	
3	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?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	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*		9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

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 [X] 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

CLARENCE SITTER, CFO - (701) 623-4444
C/O TRMF, PO BOX 198, MEDORA, ND 58645

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) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
LARSON, FRANK CHAIRMAN OF BOARD	1.00	X		X				0.	0.	0.
ED SCHAFER VICE CHAIRMAN OF BOARD	1.00	X		X				0.	0.	0.
BERG, RICK SECRETARY	1.00	X		X				0.	0.	0.
CLEMENT, DON TREASURER	1.00	X		X				0.	0.	0.
LANTERMAN, A. KIRK DIRECTOR	1.00	X						0.	0.	0.
ANDRIST, JOHN M. DIRECTOR	1.00	X						0.	0.	0.
ANGERER, JANE DIRECTOR	1.00	X						0.	0.	0.
BLOTSKY, TWYLAH DIRECTOR	1.00	X						0.	0.	0.
BULLINGER, PEGGY DIRECTOR	1.00	X						0.	0.	0.
CLAIRMONT, WILLIAM DIRECTOR	1.00	X						0.	0.	0.
CLEMENS, JAY DIRECTOR	1.00	X						0.	0.	0.
DAVIS, JOHN JR DIRECTOR	1.00	X						0.	0.	0.
HILDEBRAND, JOEY DIRECTOR	1.00	X						0.	0.	0.
KACK, DAVID DIRECTOR	1.00	X						0.	0.	0.
KINGSBURY, BILL DIRECTOR	1.00	X						0.	0.	0.
KNAPP, JOHN DIRECTOR	1.00	X						0.	0.	0.
MOOS, GUY DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
SATROM, KATHERINE DIRECTOR	1.00	X						0.	0.	0.
SIMMONS, JOHN DIRECTOR	1.00	X						0.	0.	0.
SWETICH, DAN DIRECTOR	1.00	X						0.	0.	0.
WEIR, PATRICK DIRECTOR	1.00	X						0.	0.	0.
KAREN KREBSBACH DIRECTOR	1.00	X						0.	0.	0.
ANDERSON, KENT ASST TREASURER/CFO (FEB-MARCH)	40.00			X				24,253.	0.	6,583.
JOHN MOTLEY COO	40.00			X				59,419.	0.	8,746.
HATZENBUHLER, RANDY PRESIDENT	40.00			X				115,478.	0.	19,006.
JODI JOHNSON (APRIL - JANUNARY) CONTROLLER	40.00			X				44,709.	0.	8,042.
1b Sub-total ▶								243,859.	0.	42,377.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								243,859.	0.	42,377.

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 ▶ 1

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 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? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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) Name and business address	(B) Description of services	(C) Compensation
CAPITAL CITY CONSTRUCTION PO BOX 7337, BISMARCK, ND 58502	GENERAL CONSTRUCTION	1,091,821.
STAGEWEST ENTERTAINMENT, INC., 528 HENNEPIN AVE SUITE 206, MINNEAPOLIS, MN	PRODUCTION OF MUSICAL	642,636.
CENTRAL MECHANICAL INC., 4001 33RD AVE NW, PO BOX 682, MANDAN, ND 58554-0682	MECHANICAL CONSTRUCTION	491,600.
ODNEY ADVERTISING, 1400 W CENTURY AVE, PO BOX 2035, BISMARCK, ND 58502	ADVERTISING	292,651.
BERGER ELECTRIC 265 21 ST E, DICKINSON, ND 58601	ELECTRICAL CONSTRUCTION	264,356.

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 ▶ 5

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts						
1 a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c	33,605.				
d Related organizations	1d					
e Government grants (contributions)	1e	169,610.				
f All other contributions, gifts, grants, and similar amounts not included above	1f	1,394,151.				
g Noncash contributions included in lines 1a-1f $						
h **Total.** Add lines 1a-1f ▶			1,597,366.			
Program Service Revenue		Business Code				
2 a ACTIVITIES		453220	5,034,033.	4,983,633.	50,400.	
b HISTORIC MEDORA		721110	3,756,288.		3756288.	
c						
d						
e						
f All other program service revenue						
g **Total.** Add lines 2a-2f ▶			8,790,321.			
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts) ▶			128,945.		10,639.	118,306.
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
	(i) Real	(ii) Personal				
6 a Gross Rents	390,578.	7,500.				
b Less: rental expenses						
c Rental income or (loss)	390,578.	7,500.				
d Net rental income or (loss) ▶			398,078.		247,500.	150,578.
	(i) Securities	(ii) Other				
7 a Gross amount from sales of assets other than inventory	948,970.	47,400.				
b Less: cost or other basis and sales expenses	929,404.	3,831.				
c Gain or (loss)	19,566.	43,569.				
d Net gain or (loss) ▶			63,135.		<571.>	63,706.
8 a Gross income from fundraising events (not including $ 33,605. of contributions reported on line 1c). See Part IV, line 18	a	17,625.				
b Less: direct expenses	b	22,117.				
c Net income or (loss) from fundraising events ▶			<4,492.>			<4,492.>
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities ▶						
10 a Gross sales of inventory, less returns and allowances	a	1093299.				
b Less: cost of goods sold	b	1468136.				
c Net income or (loss) from sales of inventory ▶			<374,837.>	<720,918.>	346,081.	
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e **Total.** Add lines 11a-11d ▶						
12 **Total revenue.** See instructions. ▶			10598516.	4,262,715.	4410337.	328,098.

032009 12-21-10

Form **990** (2010)

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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	16,354.	16,354.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	25,500.	25,500.		
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	283,789.		218,403.	65,386.
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	2,723,587.	2,401,406.	228,804.	93,377.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	72,680.	57,557.	9,748.	5,375.
9 Other employee benefits	204,261.	163,193.	29,025.	12,043.
10 Payroll taxes	210,175.	169,047.	30,013.	11,115.
11 Fees for services (non-employees):				
a Management	6,621.		6,621.	
b Legal	6,919.		6,919.	
c Accounting	25,825.		24,500.	1,325.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,213.			2,213.
g Other	68,468.	25,484.	23,354.	19,630.
12 Advertising and promotion	632,149.	631,574.	575.	
13 Office expenses	550,892.	417,814.	86,682.	46,396.
14 Information technology				
15 Royalties				
16 Occupancy	1,025,607.	966,185.	21,563.	37,859.
17 Travel	217,852.	108,694.	82,971.	26,187.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	27,515.	6,279.	16,732.	4,504.
20 Interest	285,811.	147,507.	103,205.	35,099.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,551,500.	1,481,009.	59,669.	10,822.
23 Insurance	98,779.	89,690.	8,590.	499.
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 ENTERTAINMENT CONTRACTS	613,650.	613,650.		
b BANK FEES	191,665.	186,338.	5,327.	
c THEATRICAL PROPS	63,446.	63,446.		
d LICENSES & TAXES	63,054.	31,115.	31,748.	191.
e CLEANING & LAUNDRY	39,049.	39,049.		
f All other expenses	109,883.	55,007.	51,628.	3,248.
25 **Total functional expenses.** Add lines 1 through 24f	9,117,244.	7,695,898.	1,046,077.	375,269.
26 **Joint costs.** Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			1,012,127.	2	3,042,465.
	3	Pledges and grants receivable, net			1,869,300.	3	1,218,080.
	4	Accounts receivable, net			103,403.	4	117,266.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	16,000.
	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			369,439.	8	272,550.
	9	Prepaid expenses and deferred charges			44,034.	9	37,413.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	40,034,548.			
	b	Less: accumulated depreciation	10b	15,043,691.	23,966,623.	10c	24,990,857.
	11	Investments - publicly traded securities			2,306,435.	11	2,327,479.
	12	Investments - other securities See Part IV, line 11			<121,165.>	12	<297,451.>
	13	Investments - program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			544,741.	15	628,777.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			30,094,937.	16	32,353,436.
Liabilities	17	Accounts payable and accrued expenses			251,494.	17	296,862.
	18	Grants payable				18	
	19	Deferred revenue			214,314.	19	79,293.
	20	Tax-exempt bond liabilities			2,998,688.	20	5,061,819.
	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			1,562,827.	23	582,165.
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			399,355.	25	238,611.
	26	**Total liabilities.** Add lines 17 through 25			5,426,678.	26	6,258,750.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			21,840,246.	27	23,400,155.
	28	Temporarily restricted net assets			668,250.	28	498,422.
	29	Permanently restricted net assets			2,159,763.	29	2,196,109.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.					
	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	Total net assets or fund balances			24,668,259.	33	26,094,686.
	34	Total liabilities and net assets/fund balances			30,094,937.	34	32,353,436.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,598,516.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,117,244.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,481,272.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,668,259.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<54,844.>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	26,094,687.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [ ]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] 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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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?	2c	X	
	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 [X] 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?	3a		X
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	3b		

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
THEODORE ROOSEVELT MEDORA FOUNDATION

Employer identification number
45-0397662

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 [X] 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 to 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 it 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
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(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 col. (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of support
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule A (Form 990 or 990-EZ) 2010**

032021 12-21-10

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 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 **Total.** 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 **Public support.** 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 **Total support.** 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)(3) organization, check this box and **stop here** ▶ ☐

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 2009 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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ")	1647450.	2026710.	2389997.	2185282.	1596197.	9845636.
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	4102057.	5072262.	4852135.	5126386.	5460250.	24613090.
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	5749507.	7098972.	7242132.	7311668.	7056447.	34458726.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	648,800.	310,915.	1428204.	293,020.	145,423.	2826362.
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						0.
c Add lines 7a and 7b	648,800.	310,915.	1428204.	293,020.	145,423.	2826362.
8 **Public support** (Subtract line 7c from line 6.)						31632364.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	5749507.	7098972.	7242132.	7311668.	7056447.	34458726.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	250,607.	373,798.	377,450.	188,606.	273,741.	1464202.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	250,607.	373,798.	377,450.	188,606.	273,741.	1464202.
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)	85,317.	12,680.				97,997.
13 **Total support** (Add lines 9, 10c, 11, and 12)	6085431.	7485450.	7619582.	7500274.	7330188.	36020925.

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	87.82 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	85.67 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	4.06 %
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	4.36 %

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 ▶ ☒

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 ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization: THEODORE ROOSEVELT MEDORA FOUNDATION

Employer identification number: 45-0397662

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 6.

		(a) Donor advised funds	(b) Funds and other accounts
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		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ______

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ 0.

(ii) Assets included in Form 990, Part X ▶ $ 293,467.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e [X] Other STORAGE

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes [X] No

Part IV | Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b 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	2,311,327.	1,883,760.	2,292,208.		
b Contributions	36,346.	31,875.			
c Net investment earnings, gains, and losses	237,062.	462,027.	<408,448.>		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	<357,003.>	<66,335.>			
g End of year balance	2,227,732.	2,311,327.	1,883,760.		

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ 1.00 %

b Permanent endowment ▶ 1.00 %

c Term endowment ▶ 98.00 %

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

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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		2,080,553.		2,080,553.
b Buildings		28,516,939.	8,978,593.	19,538,346.
c Leasehold improvements				
d Equipment		8,534,353.	5,334,456.	3,199,897.
e Other		902,703.	730,642.	172,061.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				24,990,857.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: 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)		
Total. (Col (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: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ANNUITY & CHARITABLE UNITRUST	
(3) OBLIGATIONS	207,639.
(4) DEFERRED COMPENSATION	30,972.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	238,611.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports 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	10,598,516.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,117,244.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,481,272.
4	Net unrealized gains (losses) on investments	4	124,159.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	<179,003.>
9	Total adjustments (net) Add lines 4 through 8	9	<54,844.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,426,428.

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

1	Total revenue, gains, and other support per audited financial statements			1	11,446,183.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	124,159.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	1,024,547.		
e	Add lines **2a** through **2d**			2e	1,148,706.
3	Subtract line **2e** from line **1**			3	10,297,477.
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	301,039.		
c	Add lines **4a** and **4b**			4c	301,039.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	10,598,516.

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

1	Total expenses and losses per audited financial statements			1	10,019,755.
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	902,511.		
e	Add lines **2a** through **2d**			2e	902,511.
3	Subtract line **2e** from line **1**			3	9,117,244.
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	0.
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	9,117,244.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4: THE ORGANIZATION HAS A COLLECTION OF NATIVE AMERICAN ARTIFACTS WHICH ARE DIRECTLY RELATED TO THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE OF EDUCATING VISITORS ABOUT THE HISTORICAL IMPORTANCE OF THE MEDORA AREA. THE COLLECTION IS CURRENTLY IN STORAGE UNTIL SUCH TIME THAT AN APPROPRIATE EXHIBITION VENUE IS ESTABLISHED IN THE MEDORA AREA.

THE ORGANIZATION RECEIVED A DONATION OF HISTORIC STAINED GLASS WHICH IS NOW ON DISPLAY IN THE RESTORED ROUGH RIDERS HOTEL DINING ROOM.

Part XIV Supplemental Information *(continued)*

PART V, LINE 4: THE ORGANIZATION'S INTENDED USE OF ENDOWMENT FUNDS IS AS SPECIFIED BY DONOR'S INTENT.

PART X, LINE 2: THE FOUNDATION HAS ADOPTED THE PROVISIONS OF FASB ACCOUNTING STANDARDS CODIFICATION TOPIC ASC 740-10(PREVIOUSLY FINANCIAL INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES), ON FEBRUARY 1, 2009. THE IMPLEMENTATION OF THIS STANDARD HAD NO IMPACT ON THE FINANCIAL STATEMENTS. AS OF BOTH THE DATE OF ADOPTION, AND AS OF JANUARY 31, 2011, THE UNRECOGNIZED TAX BENEFIT ACCRUAL WAS ZERO.

THE FOUNDATION UNDERGOES AN ANNUAL ANALYSIS OF ITS VARIOUS TAX POSITIONS, ASSESSING THE LIKELIHOOD OF THOSE POSITIONS BEING UPHELD UPON EXAMINATION WITH RELEVANT TAX AUTHORITIES, AS DEFINED BY FIN NO. 48.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

UNREALIZED LOSS ON INVESTMENT IN SUBSIDIARY	-179,003.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

REVENUE FROM SUBSIDIARY	1,024,547.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENTS RECEIVED FROM SUBSIDIARY	240,000.
MANAGEMENT FEES RECEIVED FROM SUBSIDIARY	50,400.
IMPUTED INTEREST RECEIVABLE	10,639.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	301,039.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

Part XIV Supplemental Information *(continued)*

EXPENSES FROM SUBSIDIARY 902,511.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization: THEODORE ROOSEVELT MEDORA FOUNDATION

Employer identification number 45-0397662

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 ROD TJADEN GOLF TOURNAM (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	51,230.			51,230.
	2 Less: Charitable contributions	33,605.			33,605.
	3 Gross income (line 1 minus line 2)	17,625.			17,625.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	5,268.			5,268.
	8 Entertainment	5,154.			5,154.
	9 Other direct expenses	11,695.			11,695.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(22,117.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				<4,492.>

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

9 Enter the state(s) in which the organization operates gaming activities: ____________

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: ____________

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain ____________

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility **13a** %

b An outside facility **13b** %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ______ and the amount of gaming revenue retained by the third party ▶ $ ______ .

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization: THEODORE ROOSEVELT MEDORA FOUNDATION

Employer identification number 45-0397662

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? [X] 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

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

3 Enter total number of other organizations ▶

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
SCHOLARSHIPS < $5,000 EACH	22	25,500.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: TJADEN EDUCATIONAL ASSISTANCE PROGRAM: EACH YEAR, APPROXIMATELY 25 AWARDS OF $500 EACH ARE AWARDED TO SEASONAL EMPLOYEES WHO HAVE DEMONSTRATED OUTSTANDING WORK QUALITIES, LEADERSHIP, AND GOOD CHARACTER.

HUBBARD SCHOLARSHIP: UP TO TWO STUDENTS ATTENDING THE UNIVERSITY OF NORTH DAKOTA WILL BE PRESENTED WITH A $1,500 DON HUBBARD EDUCATIONAL ASSISTANCE AWARD.

Part IV Supplemental Information

TIM JOHNSON MEMORIAL SCHOLARSHIP: UP TO TWO $500 SCHOLARSHIPS ARE AWARDED EACH YEAR TO EMPLOYEES WHO EXHIBIT LEADERSHIP AND POSITIVE INFLUENCE ON GUESTS AND CO-WORKERS THROUGH COURAGE AND HUMOR.

MINOT STATE UNIVERSITY BOARD OF REGENTS SCHOLARSHIP: UP TO FOUR $1,500 SCHOLARSHIPS ARE AWARDED TO EMPLOYEES WHO ATTEND MINOT STATE UNIVERSITY.

WINSTON SATRAN SCHOLARSHIP: A $500 SCHOLARSHIP IS AWARDED EACH YEAR TO AN EMPLOYEE WHO DEMONSTRATES LEADERSHIP THROUGH COMPASSION, PATIENCE, AND - MOST OF ALL - HARD WORK.

SUNSHINE AWARD: A $500 SCHOLARSHIP TO HONOR SHEILA SCHAFER IS AWARDED EACH YEAR TO A STUDENT WORKER WHO IS A TRUE "DAYMAKER" - SOMEONE WHO ENRICHES THE LIVES OF CO-WORKERS AND GUESTS THROUGH A POSITIVE ATTITUDE, ENERGY IN THEIR WORK, AND GENUINE KINDNESS.

ELIGIBILITY REQUIREMENTS INCLUDE THE FOLLOWING CRITERIA:

1. INDIVIDUALS MUST HAVE GRADUATED FROM HIGH SCHOOL.
2. THE MONIES MUST BE USED WITHIN 13 MONTHS OF THE AWARD OR IS FORFEITED.
3. TOP-LEVEL TRMF OFFICERS OR THEIR DEPENDENTS ARE INELIGIBLE.
4. THE INDIVIDUAL MUST HAVE WORKED A MINIMUM OF 480 HOURS FOR TRMF DURING THE PERIOD OF MAY 14 - SEPTEMBER 3.

SCHOLARSHIP CHECKS ARE MADE PAYABLE TO THE RECIPIENT AND THE INSTITUTION OF HIGHER EDUCATION AS CO-PAYEES. IF A RECIPIENT DOES NOT ATTEND SCHOOL, THE CHECK IS RETURNED TO TRMF.

SCHEDULE K
(Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization: THEODORE ROOSEVELT MEDORA FOUNDATION
Employer identification number: 45-0397662

Part I Bond Issues SEE PART V FOR COLUMN (F) CONTINUATIONS

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pooled financing Yes	(i) Pooled financing No
A	BILLINGS COUNTY, NORTH DAKOTA	45-6002200	NONE	01/15/08	2,500,000.	CONSTRUCTION OF MEDORA MUSICAL WE		X		X		X
B	BILLINGS COUNTY, NORTH DAKOTA	45-6002200	NONE	08/26/08	3,000,000.	RENOVATION OF ROUGH RIDER HOTEL		X		X		X
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	2,500,000.	3,000,000.		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	53,700.	90,000.		
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	22,000.	28,000.		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	2,424,300.	2,882,000.		
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2009	2010		

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use (Continued)

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b Are there any research agreements that may result in private business use of bond-financed property?		X		X				
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	.00 %		.00 %		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	5.10 %		5.10 %		%		%	
6 Total of lines 4 and 5	5.10 %		5.10 %		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV Arbitrage

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		X					
2 Is the bond issue a variable rate issue?		X		X				
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintergrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X		X				
6 Did the bond issue qualify for an exception to rebate?		X		X				

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: BILLINGS COUNTY, NORTH DAKOTA

(F) DESCRIPTION OF PURPOSE:

CONSTRUCTION OF MEDORA MUSICAL WELCOME CENTER & "SPIRIT OF WORK" VOLUNTEER.

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

(A) ISSUER NAME: BILLINGS COUNTY, NORTH DAKOTA

(F) DESCRIPTION OF PURPOSE:

RENOVATION OF ROUGH RIDER HOTEL DINING ROOM AND KITCHEN

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2010
Open To Public Inspection

Name of the organization: THEODORE ROOSEVELT MEDORA FOUNDATION
Employer identification number: 45-0397662

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
JODI JOHNSON - PU		X	20,000.	16,000.		X	X		X	
Total			▶ $	16,000.						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2010

SEE PART V FOR CONTINUATIONS

032131 12-21-10

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: JODI JOHNSON

(A) PURPOSE OF LOAN:

PURCHASE OF LOT FROM THEODORE ROOSEVELT MEDORA FOUNDATION

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
THEODORE ROOSEVELT MEDORA FOUNDATION	45-0397662

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TRADITIONS OF THE "BULLY SPIRIT" OF THEODORE ROOSEVELT; PRESENT OPPORTUNITIES FOR OUR GUESTS TO BE EDUCATED AND INSPIRED THROUGH INTERPRETIVE PROGRAMS, MUSEUMS AND ATTRACTIONS THAT FOCUS ON THE OLD WEST, OUR PATRIOTIC HERITAGE, AND THE LIFE OF THEODORE ROOSEVELT IN THE BADLANDS; SERVE THE TRAVELING PUBLIC, PROVIDING FOR THEIR COMFORT WHILE VISITING HISTORIC MEDORA, THE BADLANDS AND THEODORE ROOSEVELT NATIONAL PARK.

FORM 990, PART VI, SECTION A, LINE 2: ONE OFFICER AND ONE BOARD MEMBER OF TRMF ALSO SERVE AS BOARD MEMBERS OF STARION BANK.

FORM 990, PART VI, SECTION A, LINE 4: A CORPORATE RESOLUTION WAS APPROVED AUTHORIZING THE PRESIDENT OF TRMF TO SIGN ON BEHALF OF THE FOUNDATION TO RECEIVE DEATH BENEFITS FROM ANY BEQUEATHS NAMING THE THEODORE ROOSEVELT MEDORA FOUNDATION AS BENEFICIARY.

FORM 990, PART VI, SECTION A, LINE 6: MEMBERSHIP: THE CORPORATION SHALL HAVE MEMBERS WITHOUT VOTING RIGHTS. A MEMBER MAY BE AN INDIVIDUAL, A PARTNERSHIP, A CORPORATION OR AN UNINCORPORATED ASSOCIATION. MEMBERS SHALL BE DIVIDED INTO VARIOUS CLASSES AND SHALL QUALIFY AS SUCH BY PAYMENT OF ANNUAL DUES. THE CLASSES OF MEMBERSHIP AND THE DUES FOR EACH CLASS SHALL BE ESTABLISHED AND FIXED FROM TIME TO TIME BY A RESOLUTION OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF THE FORM 990 WILL BE

Name of the organization: THEODORE ROOSEVELT MEDORA FOUNDATION

Employer identification number: 45-0397662

REVIEWED BY THE AUDIT COMMITTEE AND A COPY OF THE DRAFT WILL BE PROVIDED TO THE FULL BOARD PRIOR TO THE FORM 990 BEING FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS, EACH BOARD MEMBER RECEIVES AND IS ASKED TO SIGN A BOARD MEMBER STATEMENT OF COMMITMENT AND UNDERSTANDING WHICH INCLUDES REFERENCES TO THE CONFLICT OF INTEREST POLICY. THIS STATEMENT IS ALSO DISCUSSED AT THE ANNUAL MEETING AS AN AGENDA ITEM. CONFLICTS ARE REVIEWED AT THE BOARD LEVEL. THE PERSON WITH THE CONFLICT IS RECUSED FROM THE DISCUSSION AND VOTING PERTAINING TO THE AREA OF WHICH A CONFLICT EXISTS.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION HAS A COMPENSATION COMMITTEE MADE UP OF BETWEEN 4-6 MEMBERS FROM THE BOARD OF DIRECTORS WHOSE RESPONSIBILITY IS TO ANNUALLY REVIEW COMPENSATION AND BENEFITS FOR ALL EMPLOYEES, INCLUDING THE PRESIDENT AND CFO. DURING THIS ANNUAL REVIEW PROCESS, COMPARABILITY DATA IS REVIEWED ALONG WITH OTHER INFORMATION AS MAY BE REQUESTED BY COMMITTEE MEMBERS AND PROVIDED BY MANAGEMENT. BENEFIT AND INCENTIVE PLANS ARE ALSO REVIEWED AND APPROVED ANNUALLY BY THE COMPENSATION COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	124,159.
UNREALIZED LOSS ON INVESTMENT IN SUBSIDIARY	-179,003.
TOTAL TO FORM 990, PART XI, LINE 5	-54,844.

Name of the organization: THEODORE ROOSEVELT MEDORA FOUNDATION

Employer identification number: 45-0397662

FORM 990, PART III, LINE 1

MISSION STATEMENT:

PRESERVE THE EXPERIENCE OF THE BADLANDS, THE HISTORIC CHARACTER OF MEDORA AND THE VALUES AND TRADITIONS OF THE "BULLY SPIRIT" OF THEODORE ROOSEVELT; PRESENT OPPORTUNITIES FOR OUR GUESTS TO BE EDUCATED AND INSPIRED THROUGH INTERPRETIVE PROGRAMS, MUSEUMS AND ATTRACTIONS THAT FOCUS ON THE OLD WEST, OUR PATRIOTIC HERITAGE, AND THE LIFE OF THEODORE ROOSEVELT IN THE BADLANDS; SERVE THE TRAVELING PUBLIC, PROVIDING FOR THEIR COMFORT WHILE VISITING HISTORIC MEDORA, THE BADLANDS AND THEODORE ROOSEVELT NATIONAL PARK.

FORM 990, PART VI, LINE 1A

AUTHORITY OF COMMITTEE TO ACT ON BEHALF OF BOARD:

AN EXECUTIVE COMMITTEE COMPRISED OF THE CHAIRMAN, VICE CHAIRMAN, PRESIDENT, SECRETARY, TREASURER, TWO DIRECTORS ELECTED BY THE BOARD AND THE IMMEDIATE PAST CHAIR OF THE BOARD FOR ONE YEAR AFTER THE MEMBER CEASES TO SERVE AS CHAIR OF THE BOARD. IF THE CURRENT CHAIR IS SERVING CONSECUTIVE YEARS, THE POSITION HELD FOR AN IMMEDIATE PAST CHAIR SHALL BE FILLED BY A BOARD MEMBER AT LARGE. THE PRESIDENT IS NOT ON THE GOVERNING BODY. THE EXECUTIVE COMMITTEE MAY EXERCISE THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE GOVERNANCE OF THE CORPORATION; PROVIDED, HOWEVER, THAT THE COMMITTEE SHALL NOT HAVE THE AUTHORITY OF THE BOARD OF DIRECTORS IN REFERENCE TO AMENDING, ALTERING OR REPEALING THE BY-LAWS; ELECTING, APPOINTING, OR REMOVING ANY MEMBER OF THE COMMITTEE OR ANY DIRECTOR OR OFFICER OF THE CORPORATION; AMENDING THE ARTICLES OF INCORPORATION; ADOPTING A PLAN OF MERGER OR ADOPTING A PLAN OF CONSOLIDATION WITH ANOTHER CORPORATION; AUTHORIZING THE SALE, LEASE,

Name of the organization: THEODORE ROOSEVELT MEDORA FOUNDATION

Employer identification number: 45-0397662

EXCHANGE OR MORTGAGE OF A SUBSTANTIAL PORTION OF THE PROPERTY AND ASSETS OF THE CORPORATION; AUTHORIZING THE VOLUNTARY DISSOLUTION OF THE CORPORATION; ADOPTING A PLAN FOR THE DISTRIBUTION OF ASSETS OF THE CORPORATION; OR AMENDING, ALTERING OR REPEALING ANY RESOLUTION PROVIDED BY THE BOARD OF DIRECTORS.

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2010
Open to Public Inspection

Name of the organization: THEODORE ROOSEVELT MEDORA FOUNDATION

Employer identification number: 45-0397662

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
BULLY PULPIT, INC. - 45-0549273 PO BOX 198 MEDORA, ND 58645	GOLF COURSE	ND	N/A	C CORP	1,020,914.	318,997.	100%

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a	X	
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d	X	
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n		X
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p		X
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) BULLY PULPIT, INC	A	240,000.	ACCRUAL
(2) BULLY PULPIT, INC	D	174,206.	ACCRUAL
(3) BULLY PULPIT, INC	K	50,400.	ACCRUAL
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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

(A) Name and title	(B) Average hours per week	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
BILL ALTRINGER DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

032201 12-21-10

Theodore Roosevelt Medora Foundation
Explanation of Changes
Fiscal Year Ending 01 31 2011

The return is amended for the following

1 To remove specific program expenses Theodore Roosevelt Medora Foundation (TRMF) wholly owns Bully Pulpit, a for profit C Corporation Doing the year Bully Pulpit incurred expenses which were erroneously included on TRMF's tax return The amended return correctly removes these expenses from TRMF's program expenses

2 To include certain program and fund expenses on form 990-T These expenses were included on form 990, but were erroneously omitted from form 990-T as the expenses are unrelated business expenses The amended return corrects this omission

The following changes have been made

Form 990

Part I, Line 12		
Per Original	10,592,734	
Per Amended	10,598,516	
Increase to Line 12	5,782	To include additional imputed interest
Part I, Line 18		
Per Original	9,218,686	
Per Amended	9,117,244	
Decrease to Line 18	101,442	To reduce expenses included on Bully Pulpit's tax return
Part I, Line 19		
Per Original	1,374,048	
Per Amended	1,481,272	
Increase to Line 19	107,224	To record change to income
Part III, Line 4a, Expenses		
Per Original	7,797,340	
Per Amended	7,695,898	
Decrease to Line 4a, Expenses	101,442	To reduce expenses included on Bully Pulpit's tax return
Part VIII, column C, Line 12		
Per Original	4,404,555	
Per Amended	4,410,337	
Increase to Line 12	5,782	To include imputed interest included
Part IX, column B, Line 25		
Per Original	7,797,340	
Per Amended	7,695,898	
Decrease to Line 25	101,442	To reduce expenses included on Bully Pulpit's tax return
Part X, Column B, Line 7		
Per Original	174,206	
Per Amended	-	
Decrease to Line 7	174,206	To reclass and record cumulative changes in Bully Pulpit note receivable
Part X, Column B, Line 12		
Per Original	141,291	
Per Amended	(297,451)	
Decrease to Line 12	438,742	To record cumulative changes in Bully Pulpit investment
Part X, Column B, Line 15		
Per Original	15,830	
Per Amended	628,777	
Increase to Line 15	612,947	To reclass and record cumulative changes in Bully Pulpit note receivable

Schedule D:

Part XI, Line 3		
Per Original	1,374,048	
Per Amended	1,481,272	
Increase to Line 3	107,224	To record net effect of changes to Bully Pulpit
Part XI, Line 8		
Per Original	(71,779)	
Per Amended	(179,003)	
Decrease to Line 8	107,224	To record net effect of changes to Bully Pulpit
Part XIII, Line 2d		
Per Original	801,069	
Per Amended	902,511	
Decrease to Line 2d	101,442	To reduce expenses included on Bully Pulpit's tax return