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1053 02/01/2012 8 50 AM

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 tax year beginning 07/01/10 and ending 06/30/11

OMB No 1545-0047 2010 Open to Public Inspection

<u>A</u> _	For the	2010 calendar year, or tax year beginning U//UI/IU, and ending U6/3U/I	<u> </u>		
В	Check if ap	pplicable C Name of organization		D Emplo	oyer identification number
Ш	Address c	hange THE BANQUET			
	Name cha	Doing Business As		46-	0387495
吕		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	none number
Ц	Initial retur	900 E. 8TH STREET		· ·	3-335-7066
П	Terminate				
$\overline{\Box}$	A a d a -d			C C	espts\$ 835,182
님	Amended		1	G Gross rece	ipis\$ 833,182
Ш	Application		H(a) Is this a g	roup return for a	affiliates? Yes X No
		BARB OHME	11/65 4 .00.	, , , , , , , , , , , , , , , , , , ,	ded? Yes No
		900 E. 8TH STREET	H(b) Are all a		
		SIOUX FALLS SD 57103		o, attach a ii	ist (see instructions)
<u> </u>	Tax-exe	mpt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	_		
J_	Websit	e: > WWW.THEBANQUETSF.ORG	H(c) Group e	xemption nu	mber 🕨
K	Form of o	rganization X Corporation Trust Association Other ► L	rear of formation 2	004	M State of legal domicile SD
F	art I	Summary	•		
	T	Briefly describe the organization's mission or most significant activities			
4.	1	See Schedule O			
JC	1				
nai					
Activities & Governance	l				
ő	2 (Check this box $ ightharpoonup$ if the organization discontinued its operations or disposed of more than 25	5% of its net ass	1 1	
ಹ	1 8	Number of voting members of the governing body (Part VI, line 1a)		3	15
es	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	15
<u>₹</u>	5 7	Fotal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	16
=5	6 7	Fotal number of volunteers (estimate if necessary)		6	15000
		Total unrelated business revenue from Part VIII, column (C), line 12		7a	
<u> </u>	[Net unrelated business taxable income from Form 990-T, line 34		7b	0
	 	tot ametatea basinesse taxable moonte nom reim ese 1; inte e 1	Prior Yea		Current Year
Ī.	8 0	Contributions and grants (Part VIII, line 1h)	86	5,183	808,734
ĕĕ	9 F	Program service revenue (Part VIII, line 2g)			
Revenue	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	2,	4,658	24,382
8	10 1		<u></u>	1,030	24,302
•	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.0	0 0 4 1	022 116
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,841	833,116
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5	7,828	107,703
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)			
Ś	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	24	6,983	262,100
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)			
ě	. b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 51,419		1	
ũ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	51:	2,335	521,456
				7,146	891,259
	10 0	Total expenses—Add-ines 13-17 (must-equal Part IX, column (A), line 25) Revenue less expenses—Subtract-line 18 from line 12		2,695	-58,143
5.5	<u> 13 1</u>		Beginning of Cui		End of Year
Net Assets or	iii 20 -	Total assets Part X time 267 2012		3,138	3,025,812
Ass	21 -	Total liabilities (Part X, line 26)		0,399	16,599
Ę.	S			2,739	3,009,213
		Net assets or fund balances_Subtract.line(2) from line 20	3,02	2,133	3,009,213
	Part II	Signature Block N UT			
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and statements		f my knowled	ige and belief, it is
tr	rue, corre	ect, and complete Declaration of preparer (other than officer) is based on all information of which preparer has	any knowledge		
		x Bail Ime		X ć	2/21//2
Sig	gn	Signature of officer		Date	7
He	ere	BARB OHME PRESI	DENT		
		Type or print name and title			
_		Print/Type preparer's name Reparer's signatured (1)	Date	Check	If PTIN
Pai	id		.	l l	mployed P00608028
	eparer	MARY PAT MULLEN			
	•	Firm's name	<u></u>	ırm's ElN ▶	46-0387944
US	e Only	6009 S Sharon Ave Ste 101			COE 006 5011
		Firm's address > Sioux Falls, SD 57108	F	Phone no	605-336-7213
Ма	y the IR	RS discuss this return with the preparer shown above? (see instructions)			Yes No
		work Reduction Act Notice, see the separate instructions.			Form 990 (2010)
DA	~				

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? (see instructions)	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		X
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-		l	
	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,	1		
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
_	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40.	x	
	Schedule D, Parts XI, XII, and XIII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	401		v
4.0	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		
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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
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		х
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 (see instructions)	17		х
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		х
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		х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	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		
			000	40040

	10 - Hotel Ail Forth 500 meta are required to complete deficació o				(2010)
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 VI		37		X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,				.
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	related organization? If "Yes," complete Schedule R, Part V, line 2		36	 	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	Part V, line 2	Yes X No			l
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,				
а	Did the organization receive any payment from or engage in any transaction with a				
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		35	<u> </u>	X
	IV, and V, line 1		34	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,				
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		33	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1		
	complete Schedule N, Part II		32		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	Part I		31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,				
	conservation contributions? If "Yes," complete Schedule M		30		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29	Х	
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		28c	L	x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)				
D	Schedule L, Part IV		28b		х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete				
9	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28a	1	x
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions)				
26	If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L,				-
			27		x
27	substantial contributor, or a grant selection committee member, or to a person related to such an individual?				
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		- 20		
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		26		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		230		
	If "Yes," complete Schedule L, Part I		25b		х
U	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				_
_ya	with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		х
					_
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
U	to defease any tax-exempt bonds?		24c		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year		270		_
ь			24b		
	through 24d and complete Schedule K. If "No," go to line 25		24a		x
270	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		25		
	employees? If "Yes," complete Schedule J		23		х
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				
22	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States		22	х	
00	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21		<u> </u>
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations				v
	Pulling and the second of the			Yes	No
				Yes	No

Form 990 (2010) THE BANQUET

Page 5 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 Nο 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 16 Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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 X account)? 4a 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 Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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 Х organization solicit any contributions that were not tax deductible? 6a 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 X and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? e X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g a If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? X 7h h 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 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 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 13c Enter the amount of reserves on hand X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI

Form 990 (2010) THE BANQUET

•	<u>, </u>	DIMOODI	10 0307133	гаус
	Governa	ance, Management, and Disclosure For each "Ye	es" response to lines 2 through 7b belo	w, and for a
	"No" res	ponse to line 8a, 8b, or 10b below, describe the	circumstances, processes, or changes	in Schedule
	O See ii	nstructions	· · · · · · · · · · · · · · · · · · ·	

	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	jes in Sc	hedu	ıle
	O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
<u>Sec</u>	ction 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 15			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
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		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
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		$\frac{x}{x}$
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	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
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Cod	e.)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
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	
þ	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		<u>X</u>
¢	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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
Ь	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		<u>X</u>
b				i —
	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

- List the states with which a copy of this Form 990 is required to be filed ▶ SD 17
- 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 X Another's website X Upon request

- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization > SHILOH OORLOG 900 E. 8TH ST.

SIOUX FALLS

SD 57103

605-335-7066

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 orga		y rela	ited	orga	nıza	tions	com	npensated any current offic	er, director, or trustee	
(A) Name and Title			((2)	that ap	oply)	(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) KATHY REDINIUS										
PAST PRESIDENT	1.00	X		X				0	0	0
(2) MARICARROL KUETE										
BOARD MEMBER	1.00	X						0	0	0
(3) BARBARA OHME								;		
PRESIDENT	1.00	X	<u> </u>	X		\perp		0	0	0
(4) DARYL THURINGER						1				
VICE PRESIDENT	1.00	X		X				0	0	0
(5) CINDY FRIESSEN				ŀ						
BOARD MEMBER	1.00	X						0	0	0
(6) RICHARD CASEY										
BOARD MEMBER	1.00	X						0	0	0
(7) MEGAN DAHLE					ļ					
TREASURER	1.00	X		X				0	0	0
(8) PASTOR JEFF EISE	LE									
BOARD MEMBER	1.00	X		<u></u>				′ 0	0	0
(9) TOM FULLER										
SECRETARY	1.00	X		X				0	0	0
(10) MARILYN HARMS					1					
BOARD MEMBER	1.00	X					L.	0	0	0
(11) TERESA JACKSON										
BOARD MEMBER	1.00	X			<u> </u>			0	0	0
(12) SCOTT MOELLER						1				
BOARD MEMBER	1.00	X						0	0	0
(13) MIKE MOORE										
BOARD MEMBER	1.00	X	L		L			0	0	0
(14) PAT RIEPEL										
BOARD MEMBER	1.00	X	<u> </u>		<u> </u>			0	0	0
(15) MARK JENSEN										
BOARD MEMBER	1.00	X						0	0	0
(16) TAMERA JERKE-LIS										
EXECUTIVE DIRECTOR	40.00			X			L_,	50,368	0	9,333
DAA										Form 990 (2010)

Pa	······································	T	stees	s, Ke			yees	s, ar	nd Highest Compensated		(F)	
	' (A) Name and Title	(B) Average	Average Position (check all that ap							(E) Reportable	(F) Estimated	
		hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
(17)												
(18)												
(19)												
(20)				İ								
(21)												
(22)		 	-									
(23)		-										
(24)				-	ļ					-		
(25)			-									
(26)												
(27)												
(28)												
1b	Sub-total	oto to Bort VIII S		A		<u> </u>	1	>	50,368		9,3	33
c d_	Total from continuation shee Total (add lines 1b and 1c)	ets to Part VII, S		JII A				<u> </u>	50,368		9,3	33
2	Total number of individuals (ir reportable compensation from				thos	se lis	sted a	abov	ve) who received more than	\$100,000 in		
3	Did the organization list any fo				rust	ee, k	ey e	mple	oyee, or highest compensa	ted		<u>No</u>
4	employee on line 1a? If "Yes, For any individual listed on lin organization and related orga	e 1a, is the sum	of re	port	able	con	npen	satio				x x
5	Individual Did any person listed on line for services rendered to the o									r individual		x x
Sec	ction B. Independent Contract	ors										
	Complete this table for your fi compensation from the organ	ızatıon	ensa	ated	ınde	pend	dent	cont			(C)	
	Name and	(A) d business address						+	Descrip	(B) otion of services	(C) Compensation	<u>n</u>
		<u>-</u>						<u> </u>				
			<u>.</u>					<u> </u>				 -
	P											
2	Total number of independent	contractors (incl	udını	g but	not	lımıt	ted to	the	ose listed above) who			
DAA	received more than \$100,000			_						0	Form 990 (2	2010)

Par		III Statement of Reve				10-0307433		Fage 3
•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
និវិ	1a	Federated campaigns	1a				.,	<i>i</i>
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
an, c	С	Fundraising events	1c					
	d	Related organizations	1d					
έ. <u>Ε</u>	е	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants,		_				
털		and similar amounts not included above	1f	808,734				
ᅙ	g	Noncash contributions included in lines 1a	+1f \$	73,425				
	h	Total. Add lines 1a-1f		▶	808,734			
e l				Busn. Code				
Program Service Revenue	2a							
ᇫ	þ							
<u>Ş</u>	С							
Ser	d							
E	е							
ğ	f	All other program service reve	enue					
<u>-</u>	g	Total. Add lines 2a-2f		>	<u> </u>			
	3	Investment income (including	dividends,	interest,				
		and other similar amounts)		▶ _	21,871			21,871
	4	Income from investment of ta	x-exempt b	ond proceeds 🕨 📙				
	5	Royalties		•			·····	
		(ı) Real		(II) Personal				
	6a	Gross Rents						
	þ	Less rental exps						
	С	Rental inc or (loss)						
	d	Net rental income or (loss)		•			· · · · · · · · · · · · · · · · · · ·	
	/a	Gross amount from (i) Securities		(II) Other				
		other than inventory 4	,577					
	b	Less cost or other						
- 1		basis & sales exps		2,066				
		, ,	,577	-2,066				
		Net gain or (loss)		•	2,511	2,511		
e l	8a	Gross income from fundraising ev	ents					
ē		(not including \$.					
<u>§</u>		of contributions reported on line 10	· I					
Other Revenu		See Part IV, line 18	a					
₹		Less direct expenses	. b					
		Net income or (loss) from fun		ents >				
	ча	Gross income from gaming activities						
		See Part IV, line 19	a					
		Less direct expenses	b					
١.		Net income or (loss) from gar		es 🕨				
	IVa	Gross sales of inventory, less returns and allowances						
	h	Less cost of goods sold	a b					
		Net income or (loss) from sal		'on'		i		
┢		Miscellaneous Revenu		Busn. Code				
┟.	11a							
	b							1
	c							1
		All other revenue		 				
- 1		Total. Add lines 11a-11d		•				
	е	Total. Add lilles Tide Tid						

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)

	All other organizations must co				
	not include amounts reported on lines 6b, , 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				
2	Grants and other assistance to individuals in				•••••
	the U.S. See Part IV, line 22	107,703	107,703		
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	59,700	17,910	32,835	8,955
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	179,687	114,852	50,640	14,195
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	22,713	12,492	7,950	2,271
11	Fees for services (non-employees)				
а	Management			·····	·····
b	Legal		250	5 000	7.50
С	Accounting	7,500	750	6,000	750
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	2 220		2 220	
f	Investment management fees	2,338		2,338	
g	Other	1,217	911	78	228
12	Advertising and promotion	56,120	24,950	13,171	17,999
13	Office expenses	30,120	24,950	13,1/1	11,333
14 15	Information technology Royalties				
16	Occupancy	57,456	51,791	4,073	1,592
17	Travel	37,7130	3-7,73-	1,075	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	75,026	67,524	3,751	3,751
23	Insurance	16,775	1,678	13,419	1,678
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)				
а	MEALS	255,837	255,837		
b	MILK	40,549	40,549		
С	EQUIPMENT	4,361	4,361		
d	IN KIND EXPENSE	1,869	1,869		
е	MISC	1,288	1,106	182	
f	All other expenses	1,120	1,120		
25	Total functional expenses. Add lines 1 through 24f	891,259	705,403	134,437	51,419
26					
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column				
	(B) joint costs from a combined educational				
DAA	campaign and fundraising solicitation				Form 990 (2010)

Par		Balance Sheet	-0307433		rage II
	·		(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		1	. <u> </u>
	2	Savings and temporary cash investments	1,068,426	2	1,046,909
	3	Pledges and grants receivable, net	2,500	3_	
ļ	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of		,	
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		:	
,,		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use	50,608	8	80,703
٩	9	Prepaid expenses and deferred charges		9	
1	i0a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 1,904,239			
	b	Less accumulated depreciation 10b 309,362	1,663,595	10c	1,594,877
1	11	Investments—publicly traded securities		11	
1	2	Investments—other securities See Part IV, line 11		12	
1	13	Investments—program-related See Part IV, line 11		13	
1	14	Intangible assets		14	
1	15	Other assets See Part IV, line 11	258,009	15	303,323
1	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,043,138	16	3,025,812
1	17	Accounts payable and accrued expenses	20,399	17	16,599
1	18	Grants payable		18	· · · · · · · · · · · · · · · · · · ·
1	19	Deferred revenue		19	
2	20	Tax-exempt bond liabilities		20	
8 2	21	Escrow or custodial account liability Complete Part IV of Schedule D	······································	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
<u> </u>		employees, highest compensated employees, and disqualified persons			
ובֿי		Complete Part II of Schedule L		22	···
2	23	Secured mortgages and notes payable to unrelated third parties		23	
2	24	Unsecured notes and loans payable to unrelated third parties		24	·
2	25	Other liabilities Complete Part X of Schedule D		25	
_ 2	26	Total liabilities. Add lines 17 through 25	20,399	26	16,599
es		Organizations that follow SFAS 117, check here ▶ X and complete			
2		lines 27 through 29, and lines 33 and 34.			
ᇛ	27	Unrestricted net assets	2,632,928		2,605,704 123,483
m 2	28	Temporarily restricted net assets	109,785		
밑	29	Permanently restricted net assets	280,026	29	280,026
ᆲ		Organizations that do not follow SFAS 117, check here ▶ and			
5		complete lines 30 through 34.			
S 3	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As S	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or Fund Balances	33	Total net assets or fund balances	3,022,739		3,009,213
Z j	34	Total liabilities and net assets/fund balances	3,043,138	34	3,025,812

Form 990	(2010) THE BANQUET	46-0387495			Pa	ge 12
Part XI	Reconciliation of Net Assets					
	Check if Schedule O contains a response to	any question in this Part XI				
1 Tota	al revenue (must equal Part VIII, column (A), line 12)		1	8:	33,	116
	al expenses (must equal Part IX, column (A), line 25)		2			259
	enue less expenses Subtract line 2 from line 1		3	-	58,	143
4 Net	assets or fund balances at beginning of year (must equal Part.)	X, line 33, column (A))	4	3,0	22,	739
5 Othe	er changes in net assets or fund balances (explain in Schedule	O)	5			617
6 Net	assets or fund balances at end of year. Combine lines 3, 4, and	5 (must equal Part X, line 33,				
colu	mn (B))		6	3,0	09,	<u>21</u> 3
Part XI	Financial Statements and Reporting					
	Check if Schedule O contains a response to	any question in this Part XII				
					Yes	No
1 Acc	ounting method used to prepare the Form 990 Cash	X Accrual Other				
If the	e organization changed its method of accounting from a prior y	ear or checked "Other," explain in				
Sch	edule O					
2a Wer	e the organization's financial statements compiled or reviewed	by an independent accountant?		2a		X
b Wer	e the organization's financial statements audited by an indeper	ndent accountant?		2b	X	ļ <u>.</u>
	es" to line 2a or 2b, does the organization have a committee th	, ,				
of th	he audit, review, or compilation of its financial statements and s	selection of an independent accountant?		2c	X	
	e organization changed either its oversight process or selection	process during the tax year, explain in				
	edule O					
	es" to line 2a or 2b, check a box below to indicate whether the	financial statements for the year were				
	ed on a separate basis, consolidated basis, or both					
		ated and separate basis				•
	a result of a federal award, was the organization required to unc	lergo an audit or audits as set forth in				,,
	Single Audit Act and OMB Circular A-133?			3a		X
	es," did the organization undergo the required audit or audits?	-				
requ	ured audit or audits, explain why in Schedule O and describe a	ny steps taken to undergo such audits		3b		L
				Form	1 990	(2010)

SCHEDULE A (Form 990 or 990-EZ)

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.

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

THE BANQUET

Employer identification number 46-0387495

The	orga	nization is not	a private foundation becaus	e it is (For lines 1 through 11, o	check only	one box)								
1		A church, cor	nvention of churches, or ass	ociation of churches described	ın section	170(b)(1)(A)(i).								
2	\Box	A school des	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
3	\Box	A hospital or	a cooperative hospital servi	ce organization described in se	ction 170	(b)(1)(A)(i	iii).								
4	П	A medical res	search organization operated	d in conjunction with a hospital	described	ın sectio	n 170(b)	(1)(A)(ii	i). Ente	r the ho	ospital's name) ,			
		city, and state	- ·	,											
5		-		of a college or university owned	or operate	ed by a g	overnme	ntal uni	descri	bed in					
			b)(1)(A)(iv). (Complete Part		,	, ,									
6				overnmental unit described in s	ection 17	0(b)(1)(A)(v).								
7	X	•	•					rom the	genera	oldua l	1				
·		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	П	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)													
9	H	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross													
J	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its														
				nd unrelated business taxable in											
			•	0, 1975 See section 509(a)(2)	•			, 110111 6	usines	503					
40			-	exclusively to test for public saf											
10	H	•	•	exclusively to test for public said	-			to carn	out the						
11		-													
				ed organizations described in s						Section	•				
				he type of supporting organizati			ſ	_		har					
		a Type		c Type III–Function			d [e III–Ot		_				
е	Ш			anization is not controlled direct											
				er than one or more publicly sup	pported or	garnzatioi	is desci	ibed iii s	ection	505(a)(1)				
		or section 50		and the IBS that it is	a Tuna I	Tune II	or Tuno I	III aunna	ndina.						
f		•		ermination from the IRS that it is	saiypei,	rype II,	or Type	iii suppo	rung						
		-	check this box			6 41							LJ		
g		-		tion accepted any gift or contrib	oution from	any or tr	ie								
		following per											T		
			•	ontrols, either alone or together	with perso	ons descr	ibed in (ii) and			[Yes	No		
			w, the governing body of the	• •							11g(ı)		-		
		• •	member of a person descri	• • •							11g(ii)		-		
		• •	•	described in (i) or (ii) above?							11g(iii)	<u> </u>		
<u>h</u>		Provide the f	following information about t	he supported organization(s)	1		ı		T						
(i)		e of supported	(iı) EIN	(iii) Type of organization	1 ' '	organization		ou notify	(vi) (organizat	s the	(viı) Am				
	OIG	janization		(described on lines 1–9 above or IRC section	1 ''	sted in your document?		of your	(i) organı	zed in the		port			
				(see instructions))	<u> </u>	T		ort?	 	S ?					
					Yes	No	Yes	No	Yes	No					
(A)															
					_				ļ						
(B)						ļ	1								
					1										
(C)															
(D)															
						ļ									
(E)					1										
						1	ļ		ļ	<u> </u>					
						1									
Tota	<u>1 </u>				<u>.l</u>	<u> </u>	<u> </u>	L	<u> </u>		l				

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.)

Sec	tion A. Public Support						_
Caler	idar 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")	1,465,848	692,497	849,362	865,183	808,73	4,681,624
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					<u>-</u>	
4	Total. Add lines 1 through 3	1,465,848	692,497	849,362	865,183	808,73	4 4,681,624
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			111111111111111111111111111111111111111			
	shown on line 11, column (f)						28,827
6	Public support. Subtract line 5 from line 4				i		4,652,797
	tion B. Total Support	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
		' '				808,73	
7 8	Amounts from line 4 Gross income from interest, dividends,	1,465,848	692,497	849,362	865,183	808,73	4 4,681,624
0	payments received on securities loans, rents, royalties and income from similar sources	19,169	29,816	33,344	22,848	21,87	1 127,048
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					<u></u>	4,808,672
12	Gross receipts from related activities, etc	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first	t, second, third, fou	irth, or fifth tax yea	r as a section 501	(c)(3)	
	organization, check this box and stop her		4				<u> </u>
	tion C. Computation of Public Su				 	144	24.749/
14	Public support percentage for 2010 (line 6			n (t))		14 15	
15	Public support percentage from 2009 Sch 33 1/3% support test—2010. If the organ			2 and line 14 is 2	2 1/20/ or more of		97.23/6
16a	box and stop here. The organization qual				3 1/3 /8 Of IIIO16, CI	ieck tills	► X
b	33 1/3% support test—2009. If the organ				5 is 33 1/3% or mo	ire	
-	check this box and stop here. The organi					,	▶ □
17a	10%-facts-and-circumstances test—201				a, or 16b, and line	14 is	- [
	10% or more, and if the organization mee						
	Part IV how the organization meets the "fa						
	organization						▶ □
b	10%-facts-and-circumstances test—200	9. If the organizati	on did not check a	box on line 13, 16	a, 16b, or 17a, and	l line	
	15 is 10% or more, and if the organization	meets the "facts-a	and-circumstances	" test, check this b	ox and stop here.		
	Explain in Part IV how the organization me	eets the "facts-and	-circumstances" te	st The organizatio	n qualifies as a pu	blicly	
	supported organization						>
18	Private foundation. If the organization did instructions	d not check a box o	on line 13, 16a, 16l	o, 17a, or 17b, che	ck this box and se	e	▶ [

Page 3

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.)

500	tion A. Public Support	quality under	the tests lister	u below, pleas	e complete ra		
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	T (a) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	(a) 2006	(8) 2007	(6) 2008	(a) 2009	(e) 2010	(i) Total
2	grants *) Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support			·			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						<u>.</u>
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		<u> </u>		<u> </u>		
14	First five years. If the Form 990 is for the organization, check this box and stop her		st, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	> []
Sec	tion C. Computation of Public Si	upport Percer	ntage				
15	Public support percentage for 2010 (line 8	, column (f) divide	ed by line 13, colun	nn (f))		15	%_
16	Public support percentage from 2009 Sch					16	%_
Sec	tion D. Computation of Investme	nt Income Pe	rcentage				
17	Investment income percentage for 2010 (I			3, column (f))		17	
18	Investment income percentage from 2009					<u> 18 </u>	%_
19a	33 1/3% support tests—2010. If the orga						
	17 is not more than 33 1/3%, check this b						▶ [
b	33 1/3% support tests—2009. If the orga						▶ □
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization did						
20	ritvate roundation. If the organization di	THOU CHECK A DOX	OIL HITE 14, 13a, 01	TOD, CHECK IIIS DC	A AIIU SEE IIISIIUU		

Schedule A (Form 990 or 990-EZ) 2010 THE BANQUET

46-0387495

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II, Line 10 - Other Income Detail

Other income

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SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

OMB No. 1545-0047

▶ Attach to Form 990. ▶ See separate instructions. Internal Revenue Service Inspection Name of the organization Employer identification number THE BANQUET 46-0387495 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 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? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? 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 (ii) Assets included in Form 990, Part X 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 Revenues included in Form 990, Part VIII, line 1

<u>Scrie</u>	dule D (Form 990) 2010 IRE BANGUE	<u> </u>			40-030	/473			<u> </u>	e z
Pa	rt III Organizations Maintaining	Collections of Art, H	istorical Treas	ures, o	r Other Si	milar Ass	ets (c	ontinue	ed)	
3	Using the organization's acquisition, accession collection items (check all that apply)	, and other records, check	any of the followin	g that are	a significant	use of its			-	
а	Public exhibition	d Loan or	exchange program	s						
b	Scholarly research	e Other	3.,							
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain how the	ev further the organ	nization's	exempt purpo	ose in Part				
	XIV		-,							
5	During the year, did the organization solicit or r	eceive donations of art. his	storical treasures.	or other si	mılar					
	assets to be sold to raise funds rather than to b						[Yes		No
Pa	rt IV Escrow and Custodial Arrai				swered "Y	es" to Fo	rm 990			
	line 9, or reported an amoun							•	•	
1a	Is the organization an agent, trustee, custodian			er assets	not			•	-	
	included on Form 990, Part X?	· · · · · · · · · · · · · · · · · · ·					ſ	Yes		No
b	b If "Yes," explain the arrangement in Part XIV and complete the following table									
	3	•					A	mount		
С	Beginning balance					1c	·			_
	Additions during the year					1d		-		_
е	Distributions during the year					1e	1			
f	Ending balance					1f				_
2a	Did the organization include an amount on Fori	m 990, Part X, line 21?						Yes		— No
	If "Yes," explain the arrangement in Part XIV	,					-			
	ert V Endowment Funds. Comple	te if organization an	swered "Yes" to	o Form	990, Part	IV, line 10	0.			
	•	(a) Current year	(b) Prior year			d) Three year		e) Four ye	ears ba	ick
1a	Beginning of year balance	237,780	219,582		273,755					
b	Contributions									
С	Net investment earnings, gains, and									
	losses	54,186	28,112		-47,188					
d	Grants or scholarships	9,906	7,665		4,888					
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses	2,338	2,249		2,097					
g	End of year balance	279,722	237,780		219,582					
2	Provide the estimated percentage of the year e	end balance held as								
а	Board designated or quasi-endowment ▶	%								
b	Permanent endowment ► 100.00 %									
С	Term endowment ▶ %									
За	Are there endowment funds not in the possess	ion of the organization tha	t are held and adm	ınıstered	for the			_		
	organization by									No
	(i) unrelated organizations							3a(i)	x	
	(ii) related organizations							3a(iı)	_	<u>X</u>
b	If "Yes" to 3a(ii), are the related organizations I	isted as required on Schei	dule R?				Į	3b		
4	Describe in Part XIV the intended uses of the o			 						
Pa	ert VI Land, Buildings, and Equip									
	Description of investment	(a) Cost or other basis	(b) Cost or other	basis	(c) Accum		(d) Book va	lue	
		(investment)	(other)		deprecia	ation				<u> </u>
1a	Land			,289),2	
b	Buildings		1,406		17	76,150		L,230		
С	Leasehold improvements			,804	.a	9,921			5,8	
	Equipment	<u> </u>	181	,769	12	23,291	-	58	3,4	<u> 78</u>
	Other	<u> </u>								
Tota	I. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part X, colu	mn (B), line 10(c))			<u> </u>		L,594		
						Sah	Aluba D	(Corm (2001 2	040

Schedule D (F	orm 990) 2010 THE BANQUET		46-0387495	Page 3
Part VII	Investments—Other Securities. See Form 99	90, Part X, line 12.		
	(a) Description of security or category	(b) Book value	(c) Method of valuatio	n
	(including name of security)		Cost or end-of-year market	t value
(1) Financial o	derivatives			
	ld equity interests			
(3) Other	id oddity intologic			
(A)				
				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Related. See Form 9	90. Part X. line 13.		
1 010 2 110	(a) Description of investment type	(b) Book value	(c) Method of valuation	n
	(a) Bossiphon of microsin sypt	(-,	Cost or end-of-year marke	
			<u> </u>	
(1)				
(2)				
(3)			· · · · · · · · · · · · · · · · · · ·	
(4)				
(5)				
(6)				.
(7)				
(8)				
(9)				
(10)				
<u> </u>	n (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
	ENDOWMENT FUNDS			279,722
	MEALS RECEIVABLE			22,839
(2)	OTHER ASSETS			762
(3)	OTHER ABBEID			
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)				
(10)				202 202
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 15.)		<u> </u>	303,323
Part X	Other Liabilities. See Form 990, Part X, line	<u> 25. </u>		
1.	(a) Description of liability	(b) Amount		
(1) Federal	income taxes			
(2)				
(3)				
(4)			7	
(5)			- [
(6)				
<u>(7)</u>				
(8)		_	-	
(9)			_	
(10)			4	
(11)			_	
	nn (b) must equal Form 990, Part X, col (B) line 25)			••••
2. FIN 48 (AS	SC 740) Footnote In Part XIV, provide the text of the footnote	e to the organization's finan	cial statements that reports the	
organization's	liability for uncertain tax positions under FIN 48 (ASC 740)			

Sche	dule D (Form 990) 2010 THE BANQUET	46-038749	5	Page 4
Pa	ನ XI Reconciliation of Change in Net Assets from Form 990 to A	Audited Financial Statem	ents	3
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	833,116
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	891,259
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	-58,143
4	Net unrealized gains (losses) on investments		4	44,617
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	44,617
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	-13,526
_Pa	at XII Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements		1	877,733
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		-	
а	Net unrealized gains on investments	2a 44,617		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	_2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d	2e	44,617	
3	Subtract line 2e from line 1	. ,	3	833,116
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b	İ	
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	833,116
<u> P</u> a	art XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per F	Retur	'n
1	Total expenses and losses per audited financial statements		1	891,259
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		2d	2-	
_	Add lines 2a through 2d		2e 3	891,259
3	Subtract line 2e from line 1	· I	3	091,239
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	4b	4-	
	Add lines 4a and 4b		4c	891,259
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	031,439

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 X - Liability Under FIN 48 Footnote

Part XIV Supplemental Information

THE ORGANIZATION IS A NON-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES. THE ORGANIZATION 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 ASC 740-10 (ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES.)

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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

THE BANQUET

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

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

▶ Attach to Form 990.

Employer identification number

46-0387495

Open to Public. Inspection 2010

OMB No 1545-0047 -

Part 1	General Information on Grants and Assistance	Assistance			-				
1 Does the se	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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	e amount of the gr ce? intoring the use of g	ants or assignants	stance, the grantees' in the United States	eligibility for the grant	s or assistance, and	TO.	Yes	% X
<u>aa</u>	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 ■	vernments and cipient that recipient is needed	d Organi ceived m	zations in the Ur ore than \$5,000.	Organizations in the United States. Complete if the organization answered "Yes" to ived more than \$5,000. Check this box if no one recipient received more than \$5,00	plete if the org no one recipie	anization ansv nt received mo	vered "Yes" to ore than \$5,000. Pa	= A
-	(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	ŧ
(1)									
(2)									
(3)									
(4)									
(5)									
(9)									
(2)					•				
(8)									
(6)									
2 Enter 3 Enter	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	organizations							
For Paperw	For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA	ır Form 990.						Schedule I (Form 990) (2010)	0) (2010)

Page 2

Schedule I (Form 990) (2010) THE BANQUET

46-0387495

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	(c) Amount of	(d) Amount of	(e) Method of valuation (book, EMV, appraisal other)	(e) Method of valuation (book, (f) Description of non-cash assistance EMM, annuals other)
	a and a				
1 SCHOOL SUPPLIES PROGRAM	9209	53,544			
2 CHRISTMAS PROGRAM	1700	9,717			
	12	288			
4 SPECIAL PROJECT	1000	39,152			
5 SPRING PROJECT	200	5,002			
9					
7					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	nplete this part to pro	vide the information	required in Part I, lir	ne 2, and any other addition	onal information.

Part IV - Additional Information

SCHEDULE I, PART 1, LINE 2: THE BANQUET PROVIDES ASSISTANCE TO PERSONS IN

NEED. ASSISTANCE IS PROVIDED THROUGH THE SERVING OF MEALS, DISTRIBUTION OF

BACKPACKS AND SCHOOL SUPPLIES, AND GAS CARDS. NO PERSON IS REQUIRED TO

PROVE THEIR ECONOMIC NEED.

THE BANQUET KEEPS RECORD OF PERSONS RECEIVING BACKPACKS AND SCHOOL

SUPPLIES. RECORDS ARE NOT MAINTAINED OF PERSONS RECEIVING TOWEL PACKS

\$10 (CHRISTMAS PROJECT) OR GAS CARDS. GAS CARDS ARE GIVEN IN THE AMOUNT OF

FROM DONATIONS RECEIVED SPECIFICALLY FOR GAS CARDS.

Schedule I (Form 990) (2010)

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE BANQUET

Employer identification number 46 - 0387495

Pa	rt I Types of Property				10 030713			
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determining	g		
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution am	ounts		
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications	<u></u>						
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock		·					
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial	·						
17 18	Real estate—Other							
19	Collectibles							
20	Food inventory Drugs and medical supplies	-	<u> </u>					
21	Taxidermy							
22	Historical artifacts					-		
23	Scientific specimens							
24	Archeological artifacts	-						
25	Other ►(X	2	73,425				
26	Other ►(
27	Other ►(
28	Other ►()							
29	Number of Forms 8283 received by	the organ	zation during the tax yea	r for contributions for		-		
	which the organization completed F	orm 8283,	Part IV, Donee Acknowle	edgement	29			
						Y	es	No
30a	During the year, did the organization	n receive b	y contribution any prope	rty reported in Part I, lines	1-28 that			
	it must hold for at least three years	from the d	ate of the initial contribut	ion, and which is not requir	ed to be			
	used for exempt purposes for the er	ntire holdin	g period?			30a		<u> </u>
b	If "Yes," describe the arrangement i	n Part II						
31	Does the organization have a gift ac	cceptance	policy that requires the re	eview of any non-standard				
	contributions?					31		<u>_x</u>
32a	Does the organization hire or use th	ird parties	or related organizations	to solicit, process, or sell n	oncash			
	contributions?					32a	_	_X_
b	If "Yes," describe in Part II							
33	If the organization did not report an	amount in	column (c) for a type of	property for which column (a) is checked,			
	describe in Part II							

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

2010 Open to Public Inspection

OMB No 1545-0047

THE BANQUET

Employer identification number 46-0387495

Form 990 - Organization's Mission or Most Significant Activities

THE BANQUET IS A FEEDING MINISTRY THAT SERVES HUNGRY PEOPLE IN THE SIOUX

FALLS COMMUNITY IN THE SPIRIT OF DIGNITY AND RESPECT, WHICH ORGANIZES

VOLUNTEER GROUPS TO PLAN, PURCHASE, PREPARE, AND SERVICE MEALS TO THOSE

IN NEED. THE BANQUET ALSO PROVIDES A SAFE PLACE WHERE PEOPLE CAN GATHER TO

RECEIVE FOOD FOR THE BODY AND SOUL.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
THE BOARD OF DIRECTORS AND MANAGEMENT WILL REVIEW THE 990 PRIOR TO FILING.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
THE BOARD DISCUSSES THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE FINAL
DECISION IS LEFT TO THE EXECUTIVE COMMITTEE. COMPARABLE DATA WAS USED TO
DETERMINE THE EXECUTIVE DIRECTORS SALARY.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE UPON REQUEST.

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

tachment 67

Identifying number Name(s) shown on return 46-0387495 THE BANQUET Business or activity to which this form relates Indirect Depreciation Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 8 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service 14 8,375 14 during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 66,648 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions. Part III Section A 0 17 MACRS deductions for assets placed in service in tax years beginning before 2010 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here 18 Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property Ь 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs S/L h Residential rental 27 5 yrs MM property MM S/L 27 5 yrs MM 39 yrs S/L Nonresidential real property MM S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs b 12-year S/L 40 vrs MM c 40-vear Part IV Summary (See instructions.) 21 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 75,023 and on the appropriate lines of your return Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs