

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



## Form **990**

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

2011

න්ඩැපිණකාල අත්වෘදයෝ

<u>A</u>	For the 20	111 calend	dar year, or tax year beginning , 2011, and ending					
В	Check if appl	ıcable	C Name of organization DAKOTA TERRITORY GUN COLLECTORS ASSOC	, INC. D Emple	yer Identifica	ition Number		
	Address	change	Doing Business As	23-	23-7286477			
	Name d	hange	Number and street (or P O. box if mail is not delivered to street addr)  Room/su	ırte E Telepi	one number			
	Initial re	turn	PO BOX 5053	(70	1) 237	-3330		
	Termina	ted	City, town or country State ZIP code + 4					
	Amende	d return	WEST FARGO ND 58078	G Gross	receipts \$	272,210.		
	$\vdash$	ion pending		I(a) Is this a group reti				
			VICKI L SANDVIG PO BOX WEST FARGO ND 58078	H(b) Are all affiliates in		Yes No		
1	Tax-exemp	nt status	501(c)(3) X 501(c) ( 6 ) ◄ (Insert no.) 4947(a)(1) or 527	If 'No,' attach a lis	t. (see instruc	tions)		
Ţ		: > N/	<del></del>	H(c) Group exemption	umber >			
ĸ			X Corporation Trust Association Other ► L Year of Formatic			domicile ND		
		ummar		<u> </u>	Oute of lege	110		
			pe the organization's mission or most significant activities: TO PROMOTE I	AN INTEREST IN	GUNS ANI	O GUN COLLECTING		
		, 4000	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
Activities & Governance								
raa						- <b></b>		
8	2 Che	ck this bo	x > If the organization discontinued its operations or disposed of more	than 25% of its	et assets.			
g			ting, members of the governing body (Part VI, line 1a)			11		
9			ependent voting members of the governing body (Part VI, line 1b)			0		
ŧ			of individuals employed in calendar year 2011 (Part V, line 2a)			1		
ᇴ			of volunteers (estimate if necessary)			10		
•			d business revenue from Part VIII, column (C), line 12		7a 7b	0.		
	1 1		business taxable income from Form 990-T, line 34			0		
		JUJ (D) F	and grants (Part VIII, line 1h)	Prior Yea		Current Year		
9	8Con	Tributions	and-grants (Part VIII, line In)		396.	16,742.		
Revenue			ice revenue (Part VIII, line 2g)		291.	2,135.		
ۿ			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		753.	59,308.		
_	1		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		440.	78,185.		
			milar amounts paid (Part IX, column (A), lines 1-3)		325.	9,050.		
	i		to or for members (Part IX, column (A), line 4)		323.	9,030.		
	1	-	er compensation, employee benefits (Part IX, column (A), lines 5-10)		000.	12,000.		
စ္				141	000.	12,000.		
Expenses			fundraising fees (Part IX, column (A), line 11e)	•				
×	<b>b</b> Tota	I fundrais	ing expenses (Part IX, column (D), line 25) ►					
ш	17 Othe	er expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	29,	103.	49,301.		
	18 Tota	l expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	. 69,	428.	70,351.		
	19 Rev	enue less	expenses Subtract line 18 from line 12	-12,	988.	7,834.		
8 8				Beginning of Curr		End of Year		
	<b>20</b> Tota	ıl assets (	Part X, line 16)	. 150,	919.	160,095.		
Net Assets Fund Balan	<b>21</b> Tota	ıl habilitie:	s (Part X, line 26)	45,	934.	47,276.		
Š.	22 Net	assets or	fund balances. Subtract line 21 from line 20	104,	985.	112,819.		
(De	រស់រៀ S	ignatur	e Block					
Ond:	er penalties of	perjury, I de	clare that I have examined this return, including accompanying schedules and statements, and to the reporter than officer) is pased on all information of which preparer has any knowledge.	he best of my knowled	e and belief,	it is true, correct, and		
<u>600</u>	piete Deciara	tion of prepa	rer (other than onicer) is based on all information of which preparer has any knowledge.	<del></del>				
-	,		iche Sandrey	03/26/	12	<del> </del>		
Sig	jn	Signatu	re of officer	Date				
Hee	re		KI L SANDVIG	EXECUTIVE	SECRET	TARY		
			print name and title					
	<u> </u>	Print/Type p	reparer's name Preparer's signature Date	Check	U ₁ PT	1N		
Pa Pa	id [	MARK S	GIDDINGS Nah 14/2/1	Z self-emple	yed P(	00011040		
Pr	eparer	Firm's name	► Giddings & Associates, Ltd.					
Uş	e Only	Firm's addre	ss > 2700 12th Ave. So. Suite E	Firm's Ell	<u> 45-0</u>	418224		
C 00			Fargo ND 58103-8723	Phone no	(701)	232-7612		
May	the IRS d	iscuss thi	s return with the preparer shown above? (see instructions)			X Yes No		

Form		GUN COLLECTORS ASSOC, INC.	23-7286477	Page 2
Par	Statement of Program Se	rvice Accomplishments		
	Check if Schedule O contains a	response to any question in this Part III		П
1	Briefly describe the organization's missi			
•		IN GUNS AND GUN COLLECTING		
2	Did the organization undertake any sign	ificant program services during the year which were no		_
			Yes 🗓 Yes	No
	If 'Yes,' describe these new services on			,
3	Did the organization cease conducting,	or make significant changes in how it conducts, any pro	ogram services? Yes 🛚 🗵	No
	If 'Yes,' describe these changes on Sch			
4	Section 501(c)(3) and 501(c)(4) organize	rvice accomplishments for each of its three largest progrations and section 4947(a)(1) trusts are required to repert, if any, for each program service reported.	ram services, as measured by exper ort the amount of grants and allocati	ises ons to
4a	(Code: ) (Expenses \$	203, 075. including grants of \$ 9,	050.) (Revenue \$ 253,	333.)
		S 14 GUN SHOWS IN AN EFFORT TO DIS		
		PUBLIC IN REGARD TO THE COLLECTION		
		HE SHOWS ARE USED TO FUND VARIOUS		
	ALSO PROMOTE THIS PURPOS			
	1207 1 201015 1222 1 2223			
4h	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
-712	(code:) (Expenses +	moduling grants of T		
40	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
	(esse:) ( <u></u> , (			
				<b>-</b>
				- <del>-</del>
4 d	Other program services (Describe in S	chedule O )		
		including grants of \$ ) (R	evenue \$	
4 e	Total program service expenses ►	203,075.		
BAA		TEEA0102 07/05/11	Form 9	<b>990</b> (2011)

23-7286477 Page 2

DAKOTA TERRITORY GUN COLLECTORS ASSOC, INC. 23-7286477 Form 990 (2011) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х 2 Х 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 Х 4 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 . . . Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 X Part I . .. ... . . . . . . . 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III ... 8 Х 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 9 X Schedule D, Part IV . . . 10 X If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule 11 a Х . . . 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 ...... 11 b Х 11 c Х Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X ..... 11 e Х 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... 11 f 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 Х 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 Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E ......... 13 14a Х 14a Did the organization maintain an office, employees, or agents outside of the United States? . b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 14b X 15 Х 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 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

complete Schedule G, Part III 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

Х

Х

Х

18

19

20

20 b

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'

Form 990 (2011) DAKOTA TERRITORY GUN COLLECTORS ASSOC, INC. 23-7286477 Page 4 Part W Checklist of Required Schedules (continued) Yes No 21 Х 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 Х 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 23 Х Schedule 1 24a Х 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 240 d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? ..... 24d 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 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 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 Х 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 Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV ..... .... 28b X 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M .... Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . . 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part II 32 Х 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 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х 

BAA Form 990 (2011)

. .

35a

35b

36

37

Х

Х

X

Х

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

organization? If 'Yes,' complete Schedule R, Part V, line 2

Note. All Form 990 filers are required to complete Schedule O

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2

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

7	William De Ciliam De Ciliam De Ciliam De Control De Control De Ciliam De Cil	<u>.                                     </u>	<u> </u>	age .
<b>⊬</b> @`	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	<u></u>	<del></del> ,	. X
	1 1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 10			
ь	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 reportable gaming (gambling) winnings to prize winners?	1 c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	· 		
b	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		Х
4 a	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.			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	·	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
	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		х
b	If 'Yes.' did the organization include with every solicitation an express statement that such contributions or gifts were			
7	not tax deductible?	6 b		
а	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		Χ
b	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 required to file Form 8282?	7с		х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	i		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
q	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		х
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.			
а	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?	9ь		
10	Section 501(c)(7) organizations. Enter			
а	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			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	•		
	against amounts due or received from them )		r	
12 a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
	Enter the amount of reserves on hand	14		v
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	l	X

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

14b

Pai	Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b later a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or characteristics.  Check if Schedule O contains a response to any question in this Part VI	below, a anges ii	and fo n	or ☑
Sec	ction A. Governing Body and Management			<u></u>
	Mon A. doverning body and indiagonom		Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year	11		
ŀ	Enter the number of voting members included in line 1a, above, who are independent 1b	0		
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		Х
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		х
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	Did the organization have members or stockholders?	6	X	
7 a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	х	
ł	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	. 8a	Х	<del></del>
ł	Each committee with authority to act on behalf of the governing body?	8ь	X	-
9	Is there any officer, director or 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	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
-10	D. H	10a	Yes	No_X
	a Did the organization have local chapters, branches, or affiliates?	104		
ı	o if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
ŀ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12 a	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	<u></u>
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12ь	х	
C	C Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	х	
13 14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?		х	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?			
ā	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	X
ŀ	Other officers of key employees of the organization	15b		X
16:	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)  3 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		t,	
	taxable entity during the year?	16a		Х
	o If 'Yes,' did the organization follow 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?	16 b		
Sec	tion C. Disclosure			
17	.,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) inspection. Indicate how you make these available. Check all that apply	avaılable	for p	plic
10	Own website 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 a	ivailable to		
	the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the ordinary telephone number of the person who possesses the books and records of the ordinary telephone number of the person who possesses the books and records of the ordinary telephone number of the person who possesses the books and records of the ordinary telephone number of the person who possesses the books and records of the ordinary telephone number of the person who possesses the books and records of the ordinary telephone number of the person who possesses the books and records of the ordinary telephone number of the person who possesses the books and records of the ordinary telephone number of the person who possesses the books and records of the ordinary telephone number of the person who possesses the books and records of the ordinary telephone number of the person who possesses the books and records of the ordinary telephone number of the person who possesses the books are the person who possesses the books are the person who possesses the books are the person who person telephone number of the person telephone number of telephone number of the person telephone number of telephone number of telephone num		۱۰	
		(701)		5010
BAA				(2011)

DAKOTA TERRITORY GUN COLLECTORS ASSOC, INC. Form 990 (2011) Part VIII 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

- 1 a 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.

(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	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other
(W-2/1099-MISC)	(W-2/1099-MISC)	compensation
		compensation from the organization and related organizations
0	0	0.
- 0.		<del></del>
0.	0.	0.
0.	0.	0.
0.	0.	0.
0.	0.	0.
		· · · · · · · · · · · · · · · · · · ·
0.	0.	0.
0.	0.	0.
0	0	0.
ļ	· ·	<u>~.</u>
0.	0.	0.
0.	0.	0.
12,000.	0.	0.
	0. 0. 0. 0. 0.	0.       0.         0.       0.         0.       0.         0.       0.         0.       0.         0.       0.         0.       0.         0.       0.         0.       0.         0.       0.         0.       0.         0.       0.         0.       0.

Pan VII Section A. Officers, Directors, Trust	ees, k	(ey	Em	plo	ye	es,	anc	l Highest Com	pensated Emp	loyees (	cont)
(A) Name and title	(B) Average hours	box,	, unle	ss pe	ition more rson	than is both or/trus	n an	(D)  Reportable compensation from	(E) Reportable compensation from	(I Estin amount	nated
	per week (describ e hours for related organi- zations in Sch O)			Officer		Highest compensated employee	_	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compe from organ and r	nsation
(15)											
(16)											
(17)											
<u>(18)</u>						<u> </u>	İ				
(19)											
(20)											
(21)					-						
(22)											
(23)											
(24)											
(25)											
1 b Sub-total							<b></b>	12,000.	0.		0.
c Total from continuation sheets to Part VII, Section Ad Total (add lines 1b and 1c)	·							12,000.		<del>'</del>	0.
Total number of individuals (including but not limited from the organization	to thos	se lis	sted	abo	ve)	who	rece	eived more than \$	100,000 of reportab	le comper	nsation
										,	res No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust <i>dıvidua</i>	ee, i	кеу	emp ·	ioye ·	e, o	r nig 	nest compensated	i employee	. 3	Х
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the	ıan \$15	0,00	1 ?00	f 'Ye	es' c	omp	lete	Schedule J for		4	X
<ul> <li>such individual</li></ul>	mpens	atio	n fro	m a	ny ι	ınrel	ated	organization or in	ndividual		X
Section B. Independent Contractors											
<ol> <li>Complete this table for your five highest compensate compensation from the organization. Report compensation.</li> </ol>										tax year.	
(A) Name and business addres	s							(B Description	of services	(C) Compen	
2 Total number of independent contractors (including t	out not	lımıl	ed t	o the	ose	liste	d ab	ove) who received	d more than		. <del>.</del>

CONTRIBUTIONS, GIFTS, GRAN AND OTHER SIMILAR AMOUNT	b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) . 1e	16,742.				
NTRIBUTIC ND OTHER	f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lns 1a-1f: \$					
	h Total. Add lines 1a-1f		16,742.	ali totalization ili	ert in de la de la	
SERVICE REVENUE		Business Code				
Ž.	2a					
2	b				<u> </u>	
ᅙ	c					
SER	d					
¥	e					
PROGRAM	f All other program service revenue					
PRC	g Total. Add lines 2a-2f					
	3 Investment income (including dividends other similar amounts)	interest and	2,135.	2,135.	0.	0.
	4 Income from investment of tax-exempt	1				
	5 Royalties					
	(i) Real	(ii) Personal				
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	· <u>···</u>				
OTHER REVENUE	8a Gross income from fundraising events (not including \$			•		
EVE	of contributions reported on line 1c).					
8	See Part IV, line 18					
THE	b Less: direct expenses	b 194,025.				
0	c Net income or (loss) from fundraising e	events ►	59,308.		0.	59,308.
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activ	ities				
	10a Gross sales of inventory, less returns and allowances	a		i e	7	
	<b>b</b> Less: cost of goods sold	b				
	c Net income or (loss) from sales of inve	ntory . ►				
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue		0.	0.	0.	0.
	e Total. Add lines 11a-11d .	<b>&gt;</b>	0.			
	12 Total revenue. See instructions .	<b>&gt;</b>	78,185.	2,135.	0.	59,308.
RΔΔ		TEE	A0109 07/06/11			Form 990 (2011)

### PartIX 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).

	Check if Schedule O contains a response to any question in this Part IX						
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	and organizations in the United States. See Part IV, line 21			·			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22			:			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	9,050.	9,050.				
4 5	Benefits paid to or for members	12,000.		12,000.			
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						
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)						
9	Other employee benefits						
10	Payroll taxes						
11	Fees for services (non-employees):						
a	Management	147.		147.			
t	Legal						
•	Accounting	1,361.		1,361.			
(	Lobbying						
6	Professional fundraising services. See Part IV, line 17			1			
f	Investment management fees	i i					
ç	Other						
12	Advertising and promotion						
13	Office expenses						
14	Information technology						
15	Royalties						
16	Occupancy						
17	Travel	5,172.	<del> </del>	5,172.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
	Conferences, conventions, and meetings	31,135.		31,135.			
20	Interest		<u>-</u> -				
21	Payments to affiliates			· · · · · · · · · · · · · · · · · · ·			
22	Depreciation, depletion, and amortization						
23	Insurance	3,076.	······································	3,076.			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	; ;					
	OFFICE EXPENSE	2,626.		2,626.			
t	DUES AND SUBSCRIPTIONS	155.		155.			
c	PROMOTIONAL	2,403.	<del></del>	2,403.			
C	POSTAGE	2,788.		2,788.			
	All other expenses	438.	<u></u> -	438.			
25	Total functional expenses. Add lines 1 through 24e	70,351.	9,050.	61,301.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here						
		İ					
	SOP 98-2 (ASC 958-720)		<del></del>	<u> </u>	<u> </u>		

Part X Balance Sheet (A) Beginning of year (B) End of year 1 Cash - non-interest-bearing . . . 2 132,798 142,241 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net .... Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L....... 5 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 17,854. 18,121 8 Inventories for sale or use ........... 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ............ 10a b Less: accumulated depreciation ..... 10b 10 c 11 11 12 12 Investments — other securities, See Part IV, line 11 ... . 13 Investments – program-related. See Part IV, line 11 .... ... 13 14 14 Intangible assets ..... ...... ..... ..... ..... ..... 15 15 Total assets. Add lines 1 through 15 (must equal line 34) ..... 150,919. 16 160,095. 16 45,934. 17 47,276. 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 22 23 24 24 Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . 26 45,934 26 47,276 Total liabilities. Add lines 17 through 25 . . . Organizations that follow SFAS 117, check here and complete lines 27 through 29 and lines 33 and 34. ASSETS 27 27 Unrestricted net assets ..... . . 28 28 29 29 P Organizations that do not follow SFAS 117, check here lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . . . . 31 31 Paid-in or capital surplus, or land, building, or equipment fund ..... 104,985. 32 Retained earnings, endowment, accumulated income, or other funds 32 112,819. 104,985. 112,819. 33 Total net assets or fund balances ... 33 150,919. 160,095. 34 Total liabilities and net assets/fund balances . . .

BAA

Form 990 (2011)

Forr	m 990 (2011) DAKOTA TERRITORY GUN COLLECTORS ASSOC, INC. 23-7	286477		Page 12
Pa	Reconciliation of Net Assets	-		
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>	🔲
	,			
Ì	Total revenue (must equal Part VIII, column (A), line 12)	1	78	,185.
2	Total expenses (must equal Part IX, column (A), line 25)	2	70	,351.
3	Revenue less expenses. Subtract line 2 from line 1	3	7	,834.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	104	,985.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		
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	112	,819.
Pa	column (B)) Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			$\prod$
				es No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain			
	in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a }	<u> </u>
	<b>b</b> Were the organization's financial statements audited by an independent accountant?	[	2b	Х
,	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c	х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	1		
	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued separate basis, consolidated basis, or both:	on a		
	X Separate basis Consolidated basis Both consolidated and separate basis			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	gle	3a	x
	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits	d audit	3Ь	
BAA			Form 9	90 (2011)

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

(6)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

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

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

OMB No 1545-0047

और एटा हिन्दु हो। व्यक्तिक्त्रहारी

<ul><li>Section</li></ul>	527 organizations: Con	nplete Part I-A only.			
		to Form 990, Part IV, line 4, or Form 990-E that have filed Form 5768 (election under			omplete Part ILP
	• • • •	•			•
Part II-A	501(c)(3) organizations \.	s that have NOT filed Form 5768 (election u	nder section 501(n)).	Complete Part II-B. Do I	not complete
		to Form 990, Part IV, line 5 (Proxy Tax) or	Form 990-EZ, Part V,	line 35a (Proxy Tax), th	en
		ganizations: Complete Part III			
Name of organi	zation			Employer identifica	
		COLLECTORS ASSOC, INC.		23-728647	
		rganization is exempt under section			ration.
		organization's direct and indirect political ca			
	•				
3 Volun	teer hours		·	·····	
िहाती विक	Complete if the or	rganization is exempt under section	on 501(c)(3).	<u>.</u>	
1 Enter	the amount of any exci	se tax incurred by the organization under se	ection 4955		
	•	se tax incurred by organization managers u		-	
	_	section 4955 tax, did it file Form 4720 for the			
4a Was a	correction made?				Yes   No
	,' describe in Part IV.	· · · · · · · · · · · · · · · · · · ·			
		rganization is exempt under section			
1 Enter	the amount directly exp	pended by the filing organization for section	527 exempt function	activities > \$	
2 Enter function	the amount of the filing on activities	organization's funds contributed to other or	ganizations for section	n 527 exempt 	
3 Total of line 17	exempt function expend	litures. Add lines 1 and 2. Enter here and o	n Form 1120-POL,		
4 Did th	e filing organization file	Form 1120-POL for this year?			Yes No
organi	ization made payments	and employer identification number (EIN) or . For each organization listed, enter the amons received that were promptly and directly action committee (PAC). If additional space	ount paid from the fili	ng organization's funds.	Also enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
				1	I

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

Schedule C (Form 990 or 990-EZ) 201						
PartillA Complete if section 501(	the organization)).	n is exen	npt under sec	tion 501(c)(3) and	d filed Form 5768 (e	ection under
A Check ► ☐ If the filin	g organization bel	ongs to an a	ffiliated group (a	nd list in Part IV each	affiliated group member	s name,
address,	EIN, expenses, an	d share of e	xcess lobbying e	xpenditures).		
B Check ► if the filin	g organization che	cked box A	and 'limited cont	rol' provisions apply.		
(The term	Limits on Lobb 'expenditures' me			ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence pu	ıblıc opinion	(grass roots lobl	oying)		
<b>b</b> Total lobbying expenditu	res to influence a	legislative bo	ody (direct lobby	ng)		<del></del>
c Total lobbying expenditu	res (add lines 1a a	and 1b)				.,
d Other exempt purpose e	xpenditures				·	
e Total exempt purpose ex	openditures (add lii	nes 1c and 1	d)			
f Lobbying nontaxable am both columns.	ount. Enter the an	nount from th	ne following table	e in		
If the amount on line 1e, colu	ımn (a) or (b) is:	The lobbyir	ig nontaxable ai	nount is:	;	
Not over \$500,000		20% of the a	mount on line 1e.			
Over \$500,000 but not over \$1,	000,000	\$100,000 plus	s 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$	1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus	5% of the excess of	ver \$1,500,000.	!	
Over \$17,000,000		\$1,000,000.				
g Grassroots nontaxable a	mount (enter 25%	of line 1f)				
h Subtract line 1g from line	e 1a. If zero or les	s, enter -0-				
i Subtract line 1f from line						
j If there is an amount oth section 4911 tax for this	ner than zero on ei vear?	ther line 1h	or line 1, did the	organization file Form	1 4720 reporting	Yes No
(Som	ne organizations th colun	nat made a s	ection 501(h) el	Inder Section 501(h) ection do not have to ons for lines 2a throug	complete all of the five h 2f.)	
	Lot	bying Expe	nditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2008		<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount						
b Lobbying ceiling amount (150% of line 2a, column (e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount				_		
e Grassroots ceiling amount (150% of line 2d, column (e))	e de la companya de l					
f Grassroots lobbying expenditures .			<u> </u>			

(b)

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes		Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?	_		
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?	-		
j Total. Add lines 1c through 1:			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912			
c if 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1		
Complete if the organization is exempt under section 501(c)(4), section 501(section 501(c)(6).	(c)(5)	, or	
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			1 X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			з Х
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.'	(c)(5) R (b)	, or s Part	ection III-A, line 3, is
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		,	
a Current year		2a	
b Carryover from last year		2b	
c Total		2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	al		
expenditure next year?		4	
5 Taxable amount of lobbying and political expenditures (see instructions)	· ··	5	
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part	II-A;	and Pa	irt II-B, line 1.
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part Also, complete this part for any additional information.			rt II-B, line 1.
	- <b>-</b> -		· ·
	- <del></del> -		

Schedule C (Form 990 or 990-EZ) 2011 DAKOTA TERRITORY GUN COLLECTORS ASSOC,	INC.	23-7286477	Page 4
Part W. Supplemental Information (continued)	<del></del>		
			- <del>-</del> ·
			. <del></del>
	<b></b>		
			<b>. – –</b> .
			<del></del> -
	<b></b>		
			<b></b>
	<b></b>	<b></b>	

## SCHEDULE G (Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

2011

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

গাঁটেদী আ ভণ্ট নিক্ষেপ্ৰনী

Name of the organization Employer identification number							
DAKOTA TERRITORY GUN COL	LECTORS A	ssoc,	INC.			23-728647	7
Parill 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			е	Solicitation of non-	governm	ent grants	
b Internet and email solicitations	;		f	Solicitation of gove	rnment o	grants	
c Phone solicitations g Special fundraising events							
d n-person solicitations							
2a 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?							
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or enti e organization.	ties (fundr	aisers) pur	suant to agreements u	nder whi	ch the fundraise	r is to be
(i) Name and address of individual	(ii) Activity		fundraiser	(iv) Gross receipts	(v) Ar	nount paid to	(vi) Amount paid to
or entity (fundraiser)		of contr	dy or control ibutions?	from activity	fundr	retained by) aiser listed in olumn (i)	(or retained by) organization
		Yes	No				
1							
2							
3							
4							
5							
6						-	
7							
8							
9							
10							
		!	<u>'                                    </u>		<u> </u>		
Total							
	- <b></b>	- <b></b>			. <b></b>		
					<b></b> -	<b></b>	
	<b></b> -			_ <b></b>	. <b></b> _		
	<b></b> -	- <b>-</b>		<b></b>	. <b></b> .	<b></b>	
			<del>-</del>	<del></del>			

	Schedule G (Form 990 or 990-EZ) 2011 DAKOTA TERRITORY GUN COLLECTORS ASSOC, INC. 23-7286477 Page 2 Part III Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported					
	****	more than \$15,000 of fundraising List events with gross receipts gre	event contributions	s and gross income	on Form 990-EZ,	lines 1 and 6b.
R			(a) Event #1 FARGO (event type)	(b) Event #2  SIOUX FALLS TROPHY (event type)	(c) Other events 12 (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts	25,543.	41,255.	186,796.	253,594.
E	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	25,543.	41,255.	186,796.	253,594.
	4	Cash prizes		1,400.		1,400.
Þ	5	Noncash prizes	142.	789.	1,674.	2,605.
DIRECT	6	Rent/facility costs	9,408.	10,855.	58,211.	78,474.
	7	Food and beverages				
X P E	8	Entertainment				
EXPENSES	9	Other direct expenses	7,976.	18,306.	86,369.	112,651.
3		Direct expense summary. Add lines 4 thro	• • • • • • • • • • • • • • • • • • • •			195,130. 58,464.
হিন্তা	11 Net income summary. Combine line 3, column (d), and line 10					
REVENUE			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1	Gross revenue				
E	2	Cash prizes				-
DIRECT	3	Non-cash prizes				
C S T E S	4	Rent/facility costs		<u>-</u> .		
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)			
	8	Net gaming income summary. Combine III	nes 1, column (d) and I	ine 7		
	ls th	er the state(s) in which the organization open ne organization licensed to operate gaming o,' explain:	activities in each of the	se states?		. Yes No
		e any of the organization's gaming licenses	s revoked, suspended o	r terminated during the	tax year?	
BΔΔ			TEF A 3702 0	N/24/12	Schedule G (Fo	rm 990 or 990 E7) 2011

Sche	dule G (Form 990 or 990-EZ) 2011 DAKOTA TERRITORY GUN COLLECTORS ASSOC, INC. 23-7286477 Page 3
	Does the organization operate gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name >
	Address
b	Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes If 'Yes,' enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$  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
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
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 > \$
<u>irai</u>	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

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

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

OMB No 1545-0047

4; .

201

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

DAKOTA TERRITORY GUN COLLECTORS ASSOC, INC. Reneral Information on Grants and Assistance

X Yes 23-7286477 

he selection criteria used Describe in Part IV the org	to award the grants or assistance anization's procedures for month	ance?	the grants of desired for the grantees, and grantees are grantees grants or desired, and the United States.	ates.			X Yes No
<b>Parill Grants and Other Assistance to Governments and Organizations in the United States.</b> 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.	ince to Governme for any recipient	ents and Organi that received m	nd Organizations in the United States. Complete if the organization answered 'Yes' to eceived more than \$5,000. Check this box if no one recipient received more than \$5,00	ed States. Complet heck this box if no	e if the organizat one recipient rec	ion answered 'Ye	
1 (a) Name and address of organization or coveriment or coveriment is applicable.	T additional space (b) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
(1) ERIENDS OF THE NRA - 11250 WAPLES MILL ROAD - FATERAX VA 22030	50-1710886	(1)	r C	C		Z Z Z	SHE HO NIE
	1	-1					
(3)							
(4)							
(5)							
(6)							
Ω							
(8)							
2 Enter total number of section 501(c)(3) and government organization	3) and government or	ganizations listed in	ons listed in the line 1 table				
	ons listed in the line						8

Schedule I (Form 990) (2011)

TEEA3901 06/01/11

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

Page 2 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. (f) Description of non-cash assistance I, line 2, and any other additional information. 23-7286477 (e) Method of valuation (book, FMV, appraisal, other) Partive Supplemental Information. Complete this part to provide the information required in Part (d) Amount of non-cash assistance DAKOTA TERRITORY GUN COLLECTORS ASSOC, INC. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2011) Pakill ນ 7 m 4 9

BAA

Schedule I (Form 990) (2011)

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public

Department of the Treasury

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

Internal Revenue Service	► Attach to Form 990 or 990-EZ.	msisam.
Name of the organization		Employer identification number 23-7286477
DAKOTA TERRITO	DRY GUN COLLECTORS ASSOC, INC.	23-7200477
Pt_V,_Line_3b	THIS ENTITY IS A 501(C)(6) ORGANIZATION THAT HAS	S QUALIFIED TRADE
	ACTIVITIES THAT ARE REGULARLY CONDUCTED AS ONE	OF_ITS
	SUBSTANTIAL EXEMPT PURPOSES. THE INCOME AND EX	KPENSES BARE A
	PROXIMATE AND PRIMARY RELATIONSHIP TO THE CONDU	JCT_OF_THE
	ACTIVITY.	
Pt_VI,_Line_6_	THE ENTITY COLLECTS DUES FROM MEMBERS.	
Pt_VI,_Line_7a	ANY DUE PAYING MEMBER HAS THE RIGHT TO VOTE ON	THE GOVERNING
	BODY. THE VOTE IS DONE BY PROXY BALLOT, WHICH	IS MAILED IN.
	SEE PT. VI-A 7a	
Pt VI, Line 8a	THE BOARD KEEPS MINUTES TO EVERY MEETING.	
Pt_VI,_Line_8b	THE MEMBERS THAT RUN THE GUN SHOWS HAVE THE AU	THORITY FROM
	THE BOARD TO DO SO.	
Pt_VI,_Line_11	a THE FORM 990 IS SENT TO THE EXECUTIVE SECRETAR	Y, WHO THEN REVIEWS AND.
	APPROVES THE FORM 990 AND THEN COPIES ARE SENT TO THE RES	ST OF THE BOARD OF DIRECTORS.
Pt_VI,_Line_12	C THE BOARD MAKES MEMBERS FILE A CONFLICT OF INTEREST	AGREEMENT WITH THE ENTITY
<del>-</del> -		