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## Form 990

#### 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)

OMB No. 1545-0047 2011

Open to Public

**CT** 

Preparer

Use Only

Firm's name

Firm's address

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements For the 2011 calendar year, or tax year beginning 2011, and ending D Employer Identification Number Check if applicable C Name of organization VESSEL FOUNDATION, 32-0061088 Address change Doing Business As Number and street (or P O box if mail is not delivered to street addr) Room/suste E Telephone number Name change Initial return 2315 LIBRARY CIRCLE (701) 772-3452 ZIP code + 4 City, town or country Terminated X Amended return GRAND FORKS ND 58201 G Gross receipts \$ 1,008,861 H(a) Is this a group return for affiliates? F Name and address of principal officer Application pending H(b) Are all affiliates included? CHARLIE VEIN 1204 S 23RD GRAND FORKS ND 58201 If 'No,' attach a list (see instructions) 4947(a)(1) or Tax-exempt status ) ◀ (insert no.) Website: ► H(c) Group exemption number Form of organization X Corporation Trust L Year of Formation 2006 M State of legal domicile Partill Summary PROMOTE TRADITIONAL CHRISTIAN VALUE Briefly describe the organization's mission or most significant activities: Governance If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 6 ō Total number of volunteers (estimate if necessary) 7 a 0. 7a Total unrelated business revenue from Part VIII, column (C), REQEI b Net unrelated business taxable income from Form 990-T, line 34 S **Current Year Prior Year** JUL **2 6** 2013 285,071 1,007,063. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) . Investment income (Part VIII, column (A), lines 3, 4, and 7dOGDEN, UT 672 798. SCANNED AUG Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c 42. 0. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 785 008.861. 245,572 405,563 Grants and similar amounts paid (Part IX, column (A), lines 1-3). Benefits paid to or for members (Part IX, column (A), line 4) 59,817 58,524 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ► 41,652. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17,716 19,497. 323**,**105 483,584 :-Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). -37,320Revenue less expenses Subtract line 18 from line 12 525,277: Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 413,166. 939,136. 21 Total liabilities (Part X, line 26) . 2,556 3,249. Net assets or fund balances Subtract line 21 from line 20 410,610 935,887. Partill Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of office Sign ARLYCE Here SECRETAR Type or print name and title Print/Type preparer's name PTIN Preparer signature Date Check LOWELL B NELSON 06/24/13 P00427353 self-employed Paid

746-0437

No

Form 990 (2011)

Yes

Firm's EIN - 45-0399012

(701)

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

GRAND FORKS

► 200 1ST AVE

► OVERMOE & NELSON,

LTD.

STE 20

58203

	1990 (2011) VESSEL FOUNDATION, INC	32-0	0610	38		age 2
Par	は川邊 Statement of Program Service Accomplishments					
	Check if Schedule O contains a response to any question in this Part III		<u> </u>	<u></u>	<u>.</u>	
1	Briefly describe the organization's mission					
	PROMOTE TRADITIONAL CHRISTIAN VALUES BY SUPPORTING THOSE NONE					
	WHO MINISTER TO THE SPIRITUAL, PHYSICAL, EDUCATIONAL & EMOTIO	NAL				
	NEEDS OF THE GENERAL PUBLIC					
2	Did the organization undertake any significant program services during the year which were not listed	on the prior				
	Form 990 or 990-EZ?			Yes	X	No
	If 'Yes,' describe these new services on Schedule O.					
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services?	П	Yes	X	No
_	If 'Yes,' describe these changes on Schedule O.				ري	
Δ	Describe the organization's program service accomplishments for each of its three largest program service	ervices as m	easured	hv exr	nense	ς .
-	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the	amount of g	rants ar	d alloc	ation	s to
	others, the total expenses, and revenue, if any, for each program service reported.					
4 a	(Code:) (Expenses \$ 432,424. including grants of \$ 405,563.	) (Revenue	\$	1,00	8,86	51.·)
	TO ASSIST LOCAL CHRISTIAN ORGANIZATIONS FULLFILL					
	THEIR STATED MISSION BY PROVIDING FINANCIAL RESOURCES					
	(Code) (Expenses \$including grants of \$	) (Payanya	ė			
46						
	(0.1	<u> </u>			-	
40	(Code:) (Expenses \$ including grants of \$	) (Revenue	Ş			)
						- <b>-</b> -
						- <b></b> -
						- <b></b>
4 d	Other program services (Describe in Schedule O.)					
	(Expenses \$ including grants of \$ ) (Revenue	\$			)	
_ 4e	• Total program service expenses ► 432, 424.					_

Form 990 (2011)

Form 990 (2011) VESSEL FOUNDATION, INC

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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_		Х
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		<u>x</u>
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		х
6	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, 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_	-	х_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable	<del>بر</del> ۲۰۰۰ ۲	ال استسلما	
а	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	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		<u>x</u> _
c	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		<u>x</u> _
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		<u>x</u> _
е	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e		<u> </u>
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		<u>x</u> _
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		<u>x</u>
	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		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u> _
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 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		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		x
20 a	aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		х
b	off 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

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Part IV: Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 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 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25. 24a Х **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Х 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 Х 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 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 5. Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х Schedule L, Part IV and the second of the second o c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M* 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Х 31 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 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 line 1 ... ... ... ... ... ... ... 35 a Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? ... 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 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 

# Form 990 (2011) VESSEL FOUNDATION, INC Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V		_	$\Box$
		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       .       1a	0		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a	1	1	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3/		1
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X_
<b>b</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 account)?	4a		х
b If 'Yes,' enter the name of the foreign country: ►		1	rt
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	المُعَمِّدُ مُنْ الْمُعَمِّدُ مُنْ الْمُعَمِّدُ مُنْ الْمُعَمِّدُ مُنْ الْمُعَمِّدُ مُنْ الْمُعْمِدُ	1	أغنت
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	. 6a		х
<b>b</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).	4	3.	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	3		الأشسا
services provided to the payor?	7a		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		<u>x</u>
d If 'Yes,' indicate the number of Forms 8282 filed during the year			المُ يُحَالِ
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. <u>7e</u>		<u> </u>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		3
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	سنشد	X
9 Sponsoring organizations maintaining donor advised funds.		شسية	
a Did the organization make any taxable distributions under section 4966?	9a		X
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		Х
10 Section 501(c)(7) organizations. Enter	· F,	1, 5,	.:
a Initiation fees and capital contributions included on Part VIII, line 12.			:1
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	] · ∵	1. 7.	
11 Section 501(c)(12) organizations. Enter:	7,3	2.5	-
a Gross income from members or shareholders		74:	· : :
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a	ļ	<u> </u>
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . 12b	``;		] 1
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	<u>`</u>	<u> </u>	
a is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<del> </del>
Note. See the instructions for additional information the organization must report on Schedule O	٠.		
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		 	1
c Enter the amount of reserves on hand	—	ļ <u> </u>	<del> </del>
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	<b></b>	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	L	<u> </u>

Form 990 (2011) VESSEL FOUNDATION, INC 32-0061088 Page 6 Part VI. Governance. Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Х Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Х a The governing body? . 8b Х **b** Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х 10 a Did the organization have local chapters, branches, or affiliates? b 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? 10b 11 a 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Contract of the second b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Schedule O how this is done 13 13 Did the organization have a written whistleblower policy? 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . Х 15a 15b **b** Other officers of key employees of the organization 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? 16 a b 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed F North Dakota 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. 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 during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

BAA

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2315 LIBRARY CIRCLE GRAND FORKS ND 58201

Form <b>990</b> (20	11) VES	SEL FOUN	DATION,	INC

32-0061088

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Rartivila 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

Check this box if neither the organization	nor any r	elated	org	anız	zatio	n con	npen	sated any current office	cer, director, or truste	e
(A) Name and title	(B) Average hours per week	(do no unles	Position (do not check more than one box, unless person is both an officer and a director/trustee)			box.	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other compensation	
	(describe hours for related organizations in Schedule O)	adividual frascee or director	nstitutional trustee	Offirer	Key employee	Higt est axinçiensated employee	Furner	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) CHARLIE VEIN									_	
PRESIDENT	4.00	<u>X</u>		X				0.	0.	0.
(2) LEE REDDIG VICE PRES	1.00	¥		х				0.	0.	0.
(3) ARLYCE GIBBS	1.00	-21								
SECRETARY	1.00	_X		х				0.	0.	0.
_(4) PAUL_KNIGHT TREASURER	1.00	х		х				0.	0.	0.
(5)										
<u>(6)</u>										
_(8)										
(9)										
(19)										
(1)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trust	ees, l	Кеу	En	ıplo	ye	es,	and	d Highest Con	pensated Emp	loyees (cont)
					C)					
(A) Name and title	(B) Average hours	box	, unle	heck ss pe	rson	than is bot or/trus	h an	(D)  Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (describ e hours for related organi- zations	or di	Inst	Officer	ě	emp	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
	e hours for	rector	Institutional trustee	er	Key employee	nest co	ner			and related organizations
	related organi-	trust	al tru		oyee	ompe				
	Sch O)		stee		}   	Highest compensated employee				
(15)										
(16)				-						
(17)						ļ				
<u>(18)</u>						<u> </u>				
<u>(19)</u>										
(20)			-				_	2000	-	
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(24)										
(25)										
1 b Sub-total	L	l	<u> </u>		<u> </u>	<u></u>	<b></b>	0.	0.	0.
c Total from continuation sheets to Part VII, Section A	٠						•			
d Total (add lines 1b and 1c)					<u></u>		<u> </u>	0.	0	0.
2 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 reportal	ole compensation
							-			Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust	ee, k	кеу б	empl	loye	e, o	hıg	hest compensated	l employee	3 X
4 For any individual listed on line 1a, is the sum of reg			nnar	acatı		and .	otho	r componention fr		
the organization and related organizations greater th	an \$15	0,00	00? /	f Ye	es' c	omp	lete	Schedule J for	OIII	4 X
<ul><li>such individual</li><li>5 Did any person listed on line 1a receive or accrue co</li></ul>		atio	n fro	m a	nv i		ated	· · · · · · · · · · · · · · · · · · ·		
for services rendered to the organization? If 'Yes,' co	mplete	Sci	hedu	ile J	for	such	per	rson .	· · · · · · · · · · · · · · · · · · ·	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensate	d inde	pend	lent	cont	ract	ors	that	received more that	n \$100,000 of	<del> </del>
compensation from the organization. Report compen	<u>sation</u>	for t	he c	alen	dar	yea	r end			
Name and business addres	s		_		_			Description	of services	(C) Compensation
				_						
									<del></del>	
2 Total number of independent contractors (including t \$100,000 in compensation from the organization ►	out not	lımıl	ted t	o the	ose	liste	d ab	ove) who received	d more than	
4.001000 00portoction from the organization								<u>-</u>		

Pa	rt_VIII Statement of Revenue					
	Washington Control of the Control of		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
Ī			ji	revenue	revenue	512, 513, or 514
S .0	1a Federated campaigns 1a		4 · · · · ·	1 = 1,,	7. 6 7. 7. 1.	12 1 1 2 2 2
AN	b Membership dues 1b		· - : * - ,			
E S	c Fundraising events 1c					
FTS R A	d Related organizations 1d					
ਰੂ≦	e Government grants (contributions) 1 e			1	1 3 - 1 mil.	
SIN		<del></del>	, , , ,			
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above	1,007,063.				
E Q	g Noncash contributions included in lns 1a-1f: \$_				· · ·	
	h Total. Add lines 1a-1f	. •	1,007,063.	· · · · · · · · · · · · · · · · · · ·	•)	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PROGRAM SERVICE REVENUE		Business Code				
KE	2a	_				
RE	b					
Ş	c					
Ě	d					
¥.	e					
S <sub>E</sub>	f All other program service revenue .					-
8	g Total. Add lines 2a-2f	<b>&gt;</b>		ar a sign for the t		147.1 44 147.47
	3 Investment income (including dividends,		<del></del>		<u> </u>	
	other similar amounts)	interest and	1,798.	1,798.	0.	0.
	4 Income from investment of tax-exempt to	ond proceeds				
	5 Royalties	<b>▶</b>		<del></del>		
	(i) Real	(ii) Personal	i yanii a	1.5 1.56 · 1.65 ·	1 - 1 may 4 1 1 1 1 1 1 1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	6a Gross rents	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		A STATE OF THE STA	14.70万万马克	
	b Less: rental expenses					
	c Rental income or (loss) .	<del>                                     </del>			135 237 25	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	d Net rental income or (loss)		latin Manual Manual	k-i-ii	ب الشائد المستحد	المقتمان أأعلنات المستسا
	() ()	(ii) Other	1 7 S. S. W. 1 7	1 1 1 1 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1	- Jan 1997	16.1 · 16.1
	/ a Gross amount from sales of	(ii) Other			1 man	
	assets other than inventory		[ =			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	<b>b</b> Less cost or other basis	Ì	To the state of th		The state of the s	1
	and sales expenses	<del></del>				
	c Gain or (loss)	1	سده تسمست سدم	المستنشد المستنسب	سنش سنتسب	أستنونه حسك أرا تستكسما
	d Net gain or (loss)	<u> </u>				
	8a Gross income from fundraising events	ľ				
Ž	(not including \$	Ì				
OTHER REVENU	of contributions reported on line 1c).	1	172		,	
R.	See Part IV, line 18 a	·				
ͳ	b Less: direct expenses	o[		ļ.,		,r
0	c Net income or (loss) from fundraising ev	vents_		1		
	9a Gross income from gaming activities. See Part IV, line 19					
	b Less direct expenses t		•	ľ		
	c Net income or (loss) from gaming activity	tues Þ				
	10a Gross sales of inventory, less returns and allowances					* ^
	<b>b</b> Less: cost of goods sold	·L				
	c Net income or (loss) from sales of inver	itory -				
	Miscellaneous Revenue	Business Code				
	11a OTHER	N/A	0.	0.	0.	0.
	b		<u> </u>			
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	>	0.			
	12 Total revenue. See instructions .	<b>&gt;</b>	1,008,861.		0.	0.

#### 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).

	Check if Schedule O contains a re	esponse to any question	in this Part IX	<u> </u>	
	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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	405,563.	405,563.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				in the second second
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members .				
5	Compensation of current officers, directors, trustees, and key employees	53,640.	16,092.	5,364.	32,184.~
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	4,884.	1,465.	488.	2,931.~
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)				
á	n Management .				
ŀ	Legal				
(	: Accounting	2,443	2,263.	180	0.
•	Lobbying				
6	Professional fundraising services See Part IV, line 17		The same of the sa	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
f	Investment management fees .	3,716.	3,706.	10.	0.
ç	Other				
	Advertising and promotion .	1,164.	0.	0.	1,164
13	Office expenses	2,185.	0.	2,185.	0.
14	Information technology				<u> </u>
15	Royalties				
16	Occupancy	4,892.	1,467.	489.	2,936.
17	Travel	4,080.	1,793.	0.	2,287.
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	· <u></u>			
22	Depreciation, depletion, and amortization .				
23	Insurance				
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.)				
	a WORKER COMP INSURANCE	250 -	75.	25.	150
		719.	75.		
	PRINTING, POSTAGE & PUBLICATIONS	48.	0.	719. 48.	0.
	OTHER	40.		40.	<u></u>
	All other expenses	<del></del>	<del></del>		<u> </u>
	All other expenses Total functional expenses. Add lines 1 through 24e	483,584.	432,424.	9,508.	A1 650
25		403,304.	432,424.	9,508.	41,652.
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 ► If following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet (A) Beginning of year End of year 185,665. 220,337. Cash - non-interest-bearing . Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 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 Notes and loans receivable, net . . . 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 a 10b 10 c **b** Less: accumulated depreciation Investments - publicly traded securities. 227,501 11 718,799 Investments - other securities See Part IV, line 11. 12 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) 413,166 16 939,136 16 2,556. 17 3,249 17 Accounts payable and accrued expenses Grants payable 18 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, 3 5 highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 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 25 26 Total liabilities. Add lines 17 through 25 2,556. 26 3,249

Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 54,110. 27 -67,479 27 Unrestricted net assets 343,800. 28 951,542 Temporarily restricted net assets 12,700. 29 51,824 Permanently restricted net assets Organizations that do not follow SFAS 117, check here lines 30 through 34. 30 30 Capital stock or trust principal, or current funds ... 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32

BAA

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

B

939,136. Form 990 (2011)

935,887

410,610.

413,166

33

34

Form 990		32-0061088	Page <b>12</b>
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	1,008,861.
2 Tota	al expenses (must equal Part IX, column (A), line 25)	. 2	483,584.
3 Rev	venue less expenses. Subtract line 2 from line 1	3	525,277.
4 Net	assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	410,610.
5 Oth	er changes in net assets or fund balances (explain in Schedule O)	5	
	assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, umn (B))	6	935,887.
Rart XI	Financial Statements and Reporting		
	Check if Schedule O contains a response to any question in this Part XII		
	counting method used to prepare the Form 990: X Cash Accrual Other		Yes No
	ne organization changed its method of accounting from a prior year or checked 'Other,' explain Schedule O.		
2a Wei	re the organization's financial statements compiled or reviewed by an independent accountant?.		2a X
<b>b</b> Wei	re the organization's financial statements audited by an independent accountant?		2b X
	es' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight ew, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2c X
If th in S	ne organization changed either its oversight process or selection process during the tax year, explain schedule O.		
	'es' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were larate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ssued on a	
_			التشاعف اعتمادا المستدا
3a Asa Aud	a result of a federal award, was the organization required to undergo an audit or audits as set forth in hit Act and OMB Circular A-133?	the Single	3a X
<b>b</b> If 'Y or a	es,' did the organization undergo the required audit or audits? If the organization did not undergo the audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3ь
BAA			Form <b>990</b> (2011)

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

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

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

4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Name o	e of the organization Employer identification number											
VES	ΞE	L FOUNDATION,	_INC						32-00	61088	3	
Part	1	Reason for Pub	lic Charity Status	(All organizations	must d	comple	te this	part.)	See ii	nstruct	ions.	
The or	ga	nization is not a priva	te foundation because	it is: (For lines 1 through	gh 11, cl	heck onl	y one b	ox.)				
1		A church, convention	of churches or assoc	ation of churches desci	ribed in s	section '	170(b)(1	)(A)(i).				
2		A school described in	section 170(b)(1)(A)(	(ii). (Attach Schedule E	)							
3		A hospital or a coope	erative hospital service	organization described	in sect	ion 170(	b)(1)(A)	(iii).				
4		A medical research of	organization operated	in conjunction with a ho	spital de	escribed	ın secti	on 170(l	o)(1)(A)(	iii). Ente	er the hospital's	
		name, city, and state	-	•	•							
5		An organization oper 170(b)(1)(A)(iv). (Co	ated for the benefit of mplete Part II)	a college or university	owned o	r operat	ed by a	governn	nental u	nit desci	ribed in <b>section</b>	_
6				vernmental unit describ								
7	Ц	in section 170(b)(1)(/	A)(vi). (Complete Part			_	ernment	al unit c	or from t	he gene	ral public described	
8	닏			<b>0(b)(1)(A)(vi).</b> (Complete		•						
9	X	from activities related investment income a	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
10		, ,	•	clusively to test for pub		•						
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.											
	a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III — Other											
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).											
f			ceived a written deteri	mination from the IRS th	hat is a	Type I, 1	Type II o	r Type I	li suppo	rting org	anization,	]
g		Since August 17, 200	06, has the organization	on accepted any gift or	contribu	tion fror	n any of	the follo	owing p	ersons?		_
											Yes No	<u>,                                     </u>
		(i) A person who obelow, the gove	directly or indirectly co erning body of the sup	ntrols, either alone or to ported organization?	ogether v	with per	sons de:	scribed i	ın (ıı) ar	ıd (III)	11 g (i)	_
		(ii) A family memb	er of a person describ	ed in (i) above?					•		11 g (ii)	_
		(iii) A 35% controlle	ed entity of a person d	lescribed in (i) or (ii) ab	ove?						11 g (iii)	_
<u>h</u>		Provide the following	information about the	supported organization	n(s).						115	_
		(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column ( your go	is the sation in library in listed in overning ment?	(v) Did y the organ colum your su	ou notify ization in n (i) of ipport?	organiz colun	s the ation in in (i) ed in the S ?	(vil) Amount of support	
					Yes	No	Yes	No	Yes	No		
												_
(A)					ļ							
												_
(B)												
	•											_
(C)						]						
												_
(D)												
												_
(E)												_
					1,-	. '	,		ļ ,			
Total			7.		<u> </u>	<u> </u>		1		17 3		
BAA	Fo	r Paperwork Reductio	n Act Notice, see the	Instructions for Form 9	90 or 99	0-EZ.			Schedul	e A (For	m 990 or 990-EZ) 201	11

Schedule A (Form 990 or 990-EZ) 2011 VESSEL FOUNDATION, INC

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						
Cale: begir	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	-					
Cale:	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	<b>(f)</b> Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10				· · · ·		
12	Gross receipts from related activ	ities, etc (see inst	ructions) .			12	
13	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶[
Sec	tion C. Computation of Pu						
14	Public support percentage for 20	11 (line 6, column	(f) divided by line	e 11, column (f))		. 14	%_
15	Public support percentage from 2	2010 Schedule A,	Part II, line 14			. 15	%
16 a	33-1/3% support test - 2011. If and stop here. The organization	the organization d qualifies as a pub	id not check the b blicly supported or	ox on line 13, and ganization .	the line 14 is 33-	1/3% or more, che	eck this box
t	33-1/3% support test — 2010. If and stop here. The organization	the organization d qualifies as a pub	id not check a box licly supported or	c on line 13 or 16a ganization	, and line 15 is 33	3-1/3% or more, c 	heck this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	' test, check this b	ox and stop here.	Explain in Part I\	/ how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances' (	nd-circumstances test The organiza	test, check this b tion qualifies as a	ox and stop here. publicly supporte	Explain in Part I\ d organization	/ how the ·
	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,			
RΔΔ					So	chedule A (Form 9	90 or 990-EZ) 201

#### 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.)

Sec	tion A. Public Support		on piece i die ii.	<del>/</del>	·				
	dar year (or fiscal yr beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
	Gifts, grants, contributions	<b>1</b>		, , , , ,	<u> </u>	1 2 2 2 2 2	1		
	and membership fees received (Do not include any 'unusual grants.')	260,389.	399,834.	211,345.	285,071.	1,007,063	3. 2,163,702.		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
	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.	260,389.	399,834.	211,345.	28 <u>5,</u> 071.	1,007,063	3. 2,163,702.		
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	135,000.	245,000.	150,000.	120,000.	122,000	772,000.		
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 .	135,000.	245,000.	150,000.	120,000.	122,000	772,000.		
	Public support (Subtract line 7c from line 6)		经等人的				1,391,702.		
<u>Sec</u>	tion B. Total Support	<del> </del>					<del></del>		
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total		
-	Amounts from line 6 .	260,389.	399,834.	211,345.	285,071.	1,007,063	3. 2,163,702.		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses	1,516.	4,321.	2,141.	672.	1,798	3. 10,448.		
	acquired after June 30, 1975 .	1 516	4 201	2 141	670	1 700	10 440		
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	1,516.	4,321.	2,141.	672.	1,798	3. 10,448.		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)		-		42.		42.		
13	Total support. (Add Ins 9, 10c, 11, and 12)	261,905.	404,155.	213,486.	285,785.	1,008,86	1. 2,174,192.		
14		s for the organiza							
Sec	tion C. Computation of Pu		ercentage						
15	Public support percentage for 20	11 (line 8, column	(f) divided by line	13, column (f))		1	5 64.01 %		
16	Public support percentage from 2	· ·	•	<u> </u>	<u> </u>	1			
_	tion D. Computation of Inv								
17	Investment income percentage for				n (f))	1	7 0.48 %		
18									
	33-1/3% support tests — 2011. If is not more than 33-1/3%, check	the organization of	did not check the l	oox on line 14, an	d line 15 is more a publicly suppoi	than 33-1/3%,	and line 17		
b	33-1/3% support tests - 2010. If line 18 is not more than 33-1/3%	the organization of the check this box a	did not check a bo nd <b>stop here.</b> The	x on line 14 or lin organization qual	e 19a, and line 19 ifies as a publicly	6 is more than some supported organic	33-1/3%, and		
20	Private foundation. If the organiz	zation did not ched	k a box on line 14	1, 19a, or 19b, che	eck this box and s	see instructions	▶∏		

Schedule A (Form 990 or 990-EZ) 2011	VESSEL	FOUNDATION,	INC	32-0061088	Page 4
Part II, line 17a or 17th (See instructions).	ation. Compo; and Part	plete this part to III, line 12. Also	provide the explanations re complete this part for any	equired by Part II, line 10 additional information.	0;
Other Income Part III, I	ine 12				
Description: OTHER		<del>-</del>			
2010: 42.			<del>-</del>		
				<del>-</del>	
			- <b></b>		
					- <b></b> -

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 **2011** 

Open to Public

Employer identification number

VESS	SEL_FOUNDATION, INC			32-0061088	
	W Organizations Maintaining Dono	Advised Funds or Other Similar Fur	ids or Ac		e ıf
	the organization answered 'Yes' to	o Form 990, Part IV, line 6.		'	
		(a) Donor advised funds	(b	) Funds and other acc	ounts
1 7	Total number at end of year .	15.			8.
2 /	Aggregate contributions to (during year)	832,306.			174,757.
3 /	Aggregate grants from (during year)	249,198.		<u></u>	164,000.
4 /	Aggregate value at end of year	707,948.			38,106.
<b>5</b> (	Old the organization inform all donors and donors are the organization's property, subject to	or advisors in writing that the assets held in doing the organization's exclusive legal control?	nor advised	X Yes	□No
6 [	Old the organization inform all grantees, donor used only for charitable purposes and not for the	s, and donor advisors in writing that grant fund ne benefit of the donor or donor advisor, or for	s can be	_	
	ourpose conferring impermissible private benef	fit?		X Yes	∐ No
Part	Conservation Easements. Compl	ete if the organization answered 'Yes'	to Form	990, Part IV, line	<u>7.                                    </u>
2 (		creation or education)	of a certifie	rically important land and the distoric structure as conservation easem	
ı	ast day of the tax year.		2.8	Held at the End of the	ho Tay Year
<b>.</b>	Total number of conservation easements .		2a	Held at the Elid of th	ne lax lear
	Total number of conservation easements:  Total acreage restricted by conservation easem	nonte.	2b	<del></del>	<del></del>
	Number of conservation easements on a certifi		2c		
		• •	<del></del>		
d f	Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, and not on a histori	C 2d		
t	Number of conservation easements modified, t ax year ► Number of states where property subject to cor	ransferred, released, extinguished, or terminate inservation easement is located >	ed by the or	rganization during the	
<b>5</b> (	Does the organization have a written policy regand enforcement of the conservation easemen	arding the periodic monitoring, inspection, han ts it holds?	dling of vio	lations, . <b>Yes</b>	☐ No
6 9	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing conservation easer	ments durir	ng the year	
	Amount of expenses incurred in monitoring, ins	specting, and enforcing conservation easement	s during th	e year	
8 [	Does each conservation easement reported on 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sec	tion	Yes	☐ No
I	n Part XIV, describe how the organization report nclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revenue and the organization's financial statements that de	expense s scribes the	tatement, and balance organization's accou	e sheet, and nting for
Pärti	Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	r Other S 8.	Similar Assets.	
6	f the organization elected, as permitted under art, historical treasures, or other similar assets n Part XIV, the text of the footnote to its finance	SFAS 116 (ASC 958), not to report in its reven held for public exhibition, education, or researchal statements that describes these items	ue stateme ch in furthe	ent and balance sheet grance of public service	works of e, provide,
ŀ	f the organization elected, as permitted under historical treasures, or other similar assets hele following amounts relating to these items:	SFAS 116 (ASC 958), to report in its revenue s d for public exhibition, education, or research in	tatement a furtherand	ind balance sheet wor ce of public service, pi	ks of art, rovide the
(	(i) Revenues included in Form 990, Part VIII,	line 1		▶\$	
(	(ii) Assets included in Form 990, Part X .			. >\$	·
2 I	f the organization received or held works of ar amounts required to be reported under SFAS 1	t, historical treasures, or other similar assets fo 16 (ASC 958) relating to these items:	r financial	gain, provide the follo	wing
	Revenues included in Form 990, Part VIII, line			. <b>▶</b> \$	
b/	Assets included in Form 990, Part X	· <u>. · . · · · </u>	<u></u>	►\$	

Schedule D (Form 990) 2011 VESSI				32-006		Page 2
Part III Organizations Mainta	ining Collections	of Art, Histori	cal Treasures, or	Other Similar Ass	ets (conti	nued)
3. Using the organization's acquisition items (check all that apply):	on, accession, and of	F		that are a significant use	e of its collec	ction
a Public exhibition		<del>  </del>	exchange programs			
b Scholarly research		e U Other _				
c Preservation for future general Provide a description of the organ		and evoluin how th	ev further the organiz	ation's evennt numose	ın	
Part XIV		,	,		_	
assets to be sold to raise funds ra					Yes	No
Part IV* Escrow and Custodia line 9, or reported an	I Arrangements. amount on Form	Complete if the 990, Part X, lir	e organization an ne 21.	swered 'Yes' to For	m 990, P	art IV, ————
1 a Is the organization an agent, trus included on Form 990, Part X?				r assets not 	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and comp	lete the following t	able:		A	
e Regioning balance				1c	Amount	
c Beginning balance d Additions during the year	• •		• •	. 1d		
e Distributions during the year		•	,	1 e		
f Ending balance	• • • •	• •		1 f		
2a Did the organization include an ai	mount on Form 990. F	Part X. line 21?			Yes	No
<b>b</b> If 'Yes,' explain the arrangement		<b></b>				
Part V. Endowment Funds. Co		anization answ	ered 'Yes' to For	m 990, Part IV, line	e 10.	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back		years back
1 a Beginning of year balance	12,700.	12,700	12,70	0. 12,700.	神经算是实际	《於漢記》
<b>b</b> Contributions	39,124.				S. P. S. S.	W. & W. Yes
c Net investment earnings, gains, and losses						
d Grants or scholarships					大學 後雙	Sept.
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance	51,824.	12,70	<del></del>		1. 1. 1. 2. 2. 3. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	
2 Provide the estimated percentage	•	nd balance (line 1)	g, column (a)) held as	2.		
a Board designated or quasi-endow	ment -	<del></del> *				
b Permanent endowment		9.				
c Temporarily restricted endowmen The percentages in lines 2a, 2b, a						
	•					
3a Are there endowment funds not in organization by:	n the possession of th	e organization tha	t are held and admini	stered for the	Ye	
(i) unrelated organizations .	•	•	•		3a(i)	X
(ii) related organizations .				•	3a(ii)	<u>X</u>
b If 'Yes' to 3a(II), are the related o				•	3b	
Part VI Land, Buildings, and						
Description of property		t or other basis	(b) Cost or other	(c) Accumulated	(d) Bool	
Description of property		vestment)	basis (other)	depreciation	( <b>u)</b> 6001	· value
<b>1 a</b> Land				r. 1, 5		
<b>b</b> Buildings						
c Leasehold improvements						
<b>d</b> Equipment						
<u>e Other</u>					<del></del>	
Total. Add lines 1a through 1e (Colum	n (d) must equal Forn	n 990, Part X, colu	mn (B), line 10(c).)	<u></u>	<del></del>	
BAA				Sched	dule <b>D</b> (Form	า 990) 2011

Page 2

BAA

Schedule D (Form 990) 2011 VESSEL FOUNDATION, INC	32-0061088	Page 4
Raft XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1 Total revenue (Form 990, Part VIII, column (A), line 12)		
2 Total expenses (Form 990, Part IX, column (A), line 25)		
3 Excess or (deficit) for the year. Subtract line 2 from line 1		
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses	' <del>                                    </del>	
7 Prior period adjustments	** '	
0. 045 (0.1.1) 0. 13(1)		
9 Total adjustments (net). Add lines 4 through 8		
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Raconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	<del></del>
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1248.8E	
a Net unrealized gains on investments		
e Add lines 2a through 2d	2e	<del></del>
3 Subtract line 2e from line 1	2	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV.)		
c Add lines 4a and 4b	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	nor Poturn	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Keturii	
1 Total expenses and losses per audited financial statements	505000	<del></del>
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIV )		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIV.)  4a  4b		
c Add lines 4a and 4b	. 4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	. 5	
Part XIVE Supplemental Information	· · · · · · · · · · · · · · · · · · ·	
Complete this part to provide the descriptions required for Part II. lines 3, 5, and 9: Part III. lines 1a and 4: Part	IV. lines 1b and 2b:	
Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	lete this part to provide	•
any additional information		
Pt V Line 4 EDUCATIONAL & HOMELESS		
Pt V Line 4 EDUCATIONAL & HOMELESS		
		· <b>-</b>

TEEA3304 05/25/11

Schedule **D** (Form 990) 2011

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Schedule D (Form 990) 2011 VESSEL FOUNDATION, INC	<u> </u>	Page 5
Schedule D (Form 990) 2011 VESSEL FOUNDATION, INC		
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TEEA3305 05/25/11

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Schedule **D** (Form 990) 2011

# SCHEDULE I

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

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

► Attatch to Form 990.

Employer identification number

ESSEL FOUNDATION, INC 資格語 General Information on Grants and Assistance	080
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	

1 Does the organization maintain records to substantiate the amount the selection criteria used to award the grants or assistance?	s to substantiate the a grants or assistance	amount of the grant ئ	of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ntees' eligibility for the	grants or assistance, a		X Yes No	9
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	procedures for monito	oring the use of gran	nt funds in the United St	ates				
Partill Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to	ice to Governme	nts and Organi	zations in the Unite	ed States. Complet	te if the organizat	ion answered 'Ye	is' 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	for any recipient	that received m	ore than \$5,000. Ch	neck this box if no	one recipient rece	erved more than	\$5,000.	Ĺ
Part II can be duplicated if additional space is needed	additional space	ıs needed					•	$\exists$
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	Ę
(1) RIVERSIDE CHRISTIAN SCHOO								
<u>Local</u>			6					í
EAST GRAND FORKS MN 56721 NOT AVAILBL	NOT AVAILBL		40,000.				GENERAL OPERA	\$
(2) CHILD EVANGELISM FELLOWSH								
Local							3	
ID 58201	NOT AVAILAB		195,200.				GENERAL OPERA	[≥
(3) MOROTO FULL GOSPEL CHURCH								
LOCAL								
OSNABROCK ND 58269	NOT AVAILAB		21,105.				GENERAL OPERA	Z.
(4) NEW HOPE FELLOWSHIP								
LOCAL								
GRAND FORKS ND 58201	NOT AVAILAB		36,000.				GENERAL OPERA	E.
(5) WAREHOUSE MINISTRIES								
LOCAL								
FOUNTAIN HILLS AZ 85269 NOT AVAILAB	NOT AVAILAB		20,000.				GENERAL OPERA	Z S
(6) FAITH EVANGELICAL FREE CH								
LOCAL							1	į
GRAND FORKS ND 5820	NOT AVAILAB		10,000.				GENERAL OPERA	¥.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table (8) PULSE MINISTRIES LOCAL FARGO ND 58102

NOT AVAILAB

17,200.

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

TEEA3901 06/01/11

Schedule I (Form 990) (2011)

GENERAL OPERAT

GENERAL OPERAT

O YOUTH WITH A MISSION

-\_ LOCAL GRANDVIEW MO 64030

40,000.

NOT AVAILAB

MISSIONARY SUP

Continuation Sheet for Schedule I (Form 990)

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Continuation Page

2011

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

GENERAL OPERAT Schedule I Cont (Form 990) 2011 (h) Purpose of grant or assistance Employer identification number (Form 990), Part II.) (g) Description of non-cash assistance 32-0061088 (f) Method of valuation (book, FMV, appraisal, other) Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (e) Amount of non-cash assistance (d) Amount of cash grant 10,000 (c) IRC section if applicable NOT AVAILAB (b) EIN (a) Name and address of organization or government 111111 INC GRAND FORKS ND 58103 VESSEL FOUNDATION, Name of the organization 11111 11111 11111 1 | | | | | 1111 LOCAL YMCA

TEEA4001 08/25/11

Page 2 Schedule I (Form 990) (2011) Grants and Other Assistance to Individuals in the United States. Complete of the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated of additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) REVIEWS ENTITY'S CHARITABLE PURPOSE TO ASCERTAIN IN LINE WITH THE FOUNDATIONS PURPOSE. RECEIVES FINAL REPORT ON EXPENDITURES. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients VESSEL FOUNDATION, INC (a) Type of grant or assistance Schedule I (Form 990) (2011) Pt\_I\_Line\_2\_ Pt\_I\_Line\_2 Part III BAA

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32-0061088

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number
VESSEL FOUNDATION, INC	32-0061088
Pt_VI, Line 11a ORGANIZATION'S PRESIDENT & ACCOUNTANT REVIEW BE	FORE FILING
Pt_VI, Line 19AVAILABLE ON SITE DURING REGULAR BUSINESS HOURS	3
Pt_VI,_Line_15REVIEW_OF_REGIONAL_COMPENSATION_STATISTICS	