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## Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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

December 20 11 January 2011, and ending For the 2011 calendar year, or tax year beginning C Name of organization Minuteman Fund of Washington D Employer identification number Check if applicable 94-3151645 Doing Business As Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change c/o NGAW, PO Box 5144 253-584-5411  $\square$ Initial return City or town, state or country, and ZIP + 4  $\Box$ Terminated Tacoma, WA 98430 G Gross receipts \$ Amended return F Name and address of principal officer H(a) Is this a group return for affiliates? Yes No Application pending H(b) Are all affiliates included? Yes No If "No." attach a list (see instructions) 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 501(c)(3) Tax-exempt status H(c) Group exemption number ▶ Website: ▶ 1991 M State of legal domicile Form of organization 🗸 Corporation 🔲 Trust ☐ Association ☐ Other ► L Year of formation Part I Summary Purpose of the Minuteman Fund of Washington Briefly describe the organization's mission or most significant activities: (MMF) is to educate the public members of the Guard on its history and heritage, and support and promote the welfare of the Governance families of the National Guard. We provide emergency assistance to National Guardsmen and their families. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of voting members of the governing body (Part VI, line 1a) . . . ಠ Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) . . . . 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 61773 07 57687.08 Contributions and grants (Part VIII, line 1h) . n Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 129.37 186.60 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 61902 44 57873.68 12 32257.96 58636.61 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 13 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 1593.96 0 14 0 Salaries, other compensation, employee benefits (Part-IX, column (A), lines 5-10) 0 15 0 0 Professional fundraising fees (Part IX-column (A), line 11e) 16a Total fundraising expenses (Part-IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3347 47 1718.74 17 Total expenses. Add lines 13,17 (must equal Part IX, column (A), line 25) 37199.39 60355.35 18 Revenue less expenses. Subtract line 18 from line 12 24703.05 (2481 67) 19 End of Year Beginning of Current Year 81544.56 79062.89 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) . 0 81544.56 79062.89 22 Net assets or fund balances. Subtract line 21 from line 20 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 eparer (other than officer) is based on all information of which preparer has any knowledge true, correct, and complete Declaration of p Sign Date President Here STOHL Type or print name and title Print/Type preparer's name Date Preparer's signature Check [] If **Paid** self-employed Preparer Firm's name Firm's EIN ▶ Use Only Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

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Form **990** (2011)

Cat No 11282Y

Form 99	0 (2011)	Pa	ge 2
Part I			$\overline{}$
	<del> </del>	e to any question in this Part III	<u> </u>
1	Briefly describe the organization's mission:		
	Purpose of the Minuteman Fund of Washington	and an in- history and braits are and supposed and supposed the welfare of the	
		ard on its history and heritage, and support and promote the welfare of the	
	tamilies of the National Guard. We provide emerger	ncy assistance to National Guardsmen and their families.	
2	Did the organization undertake any significant pr	rogram services during the year which were not listed on the	
			10
	If "Yes," describe these new services on Schedul	lle O.	
3		ake significant changes in how it conducts, any program	
	services?		10
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service acc	complishments for each of its three largest program services, as measured	i by
		nizations and section 4947(a)(1) trusts are required to report the amount ses, and revenue, if any, for each program service reported.	t o
4a	(Code: ) (Expenses \$ 58636.61	including grants of \$ 58636.61 ) (Revenue \$)	
70	Emergency assistance awarded to National Guard I	members and their families for various reasons, including:	
	housing, utilities, medical, family emergencies, and	Huing expenses	
4b	(Code: ) (Expenses \$	including grants of \$) (Revenue \$)	
	10 I	\(\(\text{D}\)	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O.	.)	_
	(Expenses \$ including grants of \$		
	Total program service expenses ▶	58636 61	_

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	_	✓
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  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		1
4	<b>Section 501(c)(3) organizations.</b> 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		1
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	-	<b>✓</b>
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e		<b>√</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	, , , ,	14a		✓
b	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		<b>√</b>
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		1
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		1
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		1
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		1
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		1
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		✓
		_	~~~	

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<b>√</b>	
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		<b>√</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		1
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		<b>✓</b>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<b>√</b>
27	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		<b>&gt;</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	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		<b>✓</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>✓</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>*</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>√</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<b>√</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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		✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
	Part VI	37		<b>✓</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	<b>√</b>	
		_	. 000	

Part				
	Check if Schedule O contains a response to any question in this Part V	<del></del>	· ·	No.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0	<del></del>		-
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	<b>✓</b>	
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 0			<u> </u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		<u> </u>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ا ا
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>/</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<del>-</del>
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		1
ь	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.			l ı
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>✓</b>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<b>✓</b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		
ь	organization solicit any contributions that were not tax deductible?	6a		<b>_</b>
	gifts were not tax deductible?	6ь		1
7	Organizations that may receive deductible contributions under section 170(c).			
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		✓_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<b>✓</b>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			,
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		<b>-</b>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b>V</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>V</b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<b>✓</b>
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		_	! ـــِــا
0	organization, have excess business holdings at any time during the year?	8		<b>-</b>
9 a	Did the organization make any taxable distributions under section 4966?	9a		<b>-</b>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
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]			1
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
-	against amounts due or received from them.)		i	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	igsqcut		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	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			
С	the organization is licensed to issue qualified health plans			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<del>                                     </del>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Forr	1 990	(2011)

	Occupance Management and Disclosure For each "Vee" reproper to lines 2 through 7h below	ond.		"Ala!
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response to any question in this Part VI			
Secti	on A. Governing Body and Management			<u>- –</u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .   1a   8	,		
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar		ļ	1
	committee, explain in Schedule O.		[	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8		1	1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		<b>√</b>
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	✓	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	L	✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		✓
7a	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	<u> </u>	<b>✓</b>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
_	stockholders, or persons other than the governing body?	7b	<u> </u>	Ļ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.		-	, .
a	The governing body?	8a		<b>/</b>
ь	Each committee with authority to act on behalf of the governing body?	8b		<b>✓</b>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Socti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode	1
0001	ON B. P Choics (This occurr & requests information about politics not required by the internal novel	000	Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<b>✓</b>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	L	<u> </u>
13	Did the organization have a written whistleblower policy?	13	<u> </u>	<b>↓</b>
14	Did the organization have a written document retention and destruction policy?	14	<b>✓</b>	-
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
			-	}
a	The organization's CEO, Executive Director, or top management official	15a 15b	├—	-
b	Other officers or key employees of the organization	150	├	┼
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1	
iva	with a taxable entity during the year?	16a		- 🗸
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	104	<del>                                     </del>	┿
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		1	
	organization's exempt status with respect to such arrangements?	16b		-
Secti	ion C. Disclosure	1.00		
17	List the states with which a copy of this Form 990 is required to be filed ▶ none			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	of inte	rest p	olicy,
	and financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	<b>)</b>	
	organization: ► NGAW Office, Bldg 16, Camp Murray, Tacoma, WA 98430: (253)584-5411			

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Part VII	Compensation of Officers, Directors,	Trustees, Key Employe	ees, Highest Compensated	Employees, and
	Independent Contractors			

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

Check this box if neither the organization nor	r any related	a orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee
				(0						
(A)	(B)			Pos				(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	
	week	8 =	=	0	×	ΦI	Ī	from	related	other
	(describe hours for	dır.	stiti	Officer	ву є	nple ghe	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	dua	tio	*	du	st c	ª	(W-2/1099-MISC)	(*** = ********************************	organization
	organizations	יו לת וו לת	nal		Key employee	E S				and related
	ın Schedule O)	Individual trustee or director	Institutional trustee		ď	pen				organizations
	",	е	tee			Highest compensated employee	1			
						۵	_			
(4) Fully Challet Descriptions										
(1) Erik Stohl, President										
(a) Distant Batteria Visa Busident							-			<del></del>
(2) Richard Patterson, Vice President	1									
(3) Lita Rakhra, Secretary			_				-			
(3) Lita Rakilla, Secretary										
(4) James Mosebach, Board of Directors							-			
(4) James Mosebach, Doubt of Directors	1									
(5) Cheryl Hovde, Board of Directors								,		
(5) Chery Thorde, Board of Birectors	1									
(6) Mark Sokolowski, Board of Directors	<del></del>								-	
(O) mark Sociolosiski, Board of Birotors	1						1			
(7) Keith Kosik, Board of Directors										
	1									
(8)	-									
	1									
(9)										
	1 '								1	l
(10)										
	]									
(11)										
(12)										
(13)								1		
(14)										
			l	l	1	I				ĺ

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	lighes	st C	ompensated E	mployees (	continue	d)		
	(A) (B)  Name and title Average hours per week		Average box, unless person is both officer and a director/truste						(D)  Reportable compensation from	(E)  Reportable compensation from related	ole Est		(F) Estimated amount of other	
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		compe fror organ and i	ensation n the nization related izations	
(15)														
(16)														
(17)														
(18)														
(19)														
(20)									·					
(21)														
(22)														
(23)														
(24)										-				
(25)														
1b c d	Sub-total			•	•		•	<b>&gt; &gt; &gt;</b>						
2	Total number of individuals (including but reportable compensation from the organi	not limited	to th			ed a	above	e) w	ho received m	ore than \$1	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete to	ficer, direc Schedule J	tor, c	or tr	uste	ee, ividu	key e	emp	oloyee, or high	est compe	nsated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150,	000	)? <i>I</i> :	f "Ye					4		<b>✓</b>
5	Did any person listed on line 1a receive of for services rendered to the organization											5	-	_ <b>√</b>
Section	n B. Independent Contractors											_		
1	Complete this table for your five highest compensation from the organization. Repyear.													х
	(A) Name and business add	Iress							(B) Description of s	ervices	C	(C) compens	ation	
		<u> </u>	·					$\vdash$						
								ļ						
2	Total number of independent contractor received more than \$100,000 of compensations.							th	nose listed ab	ove) who				

Part	VIII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections , 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a 18013.71  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions)  All other contributions, gifts, grants,				
Contribu	g h	and similar amounts not included above 1f 39673 37  Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a−1f	57687.08			
Program Service Revenue	2a b c d e f	All other program service revenue .				
<u> </u>	3	Total. Add lines 2a-2f	186.60	186.60		
	4 5 6a b	Income from investment of tax-exempt bond proceeds ►  Royalties	188.80	100.00		
	d 7a b	Net rental income or (loss)				
	c d	Gain or (loss)				
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		:		:
₹	с 9а	Less: direct expenses b  Net income or (loss) from fundraising events . ▶  Gross income from gaming activities.  See Part IV, line 19 a				
	С	Less: direct expenses b  Net income or (loss) from gaming activities ▶  Gross sales of inventory, less returns and allowances a				
	b c_ 11a	Less: cost of goods sold b  Net income or (loss) from sales of inventory ▶  Miscellaneous Revenue Business Code				
	b c d e	All other revenue				
	12	<b>Total revenue.</b> See instructions ▶	57873 68	186 60		

 <u> </u>
Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.	. All other organizations must complete column (A) bu	ıt are not
required to complete columns (B), (C), and (D).		

Check if Schedule O contains a response to any question in this Part IX						
	t include amounts reported on lines 6b, 7b, , 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	58636.61				
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					
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees					
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 8	Other salaries and wages					
9 10 11	Other employee benefits					
a b	Management	1315.40				
c d	Accounting	80.0				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees					
g	Other					
12	Advertising and promotion					
13	Office expenses	323.34				
14	Information technology					
15	Royalties			-		
16 17	Occupancy					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials					
19	Conferences, conventions, and meetings .					
20	Interest					
21	Payments to affiliates	_		-		
22	Depreciation, depletion, and amortization .		<del>-</del>			
23	Insurance				-· <del>-</del> ·	
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.)					
а						
b						
С						
d						
е	All other evpenses					
25	Total functional expenses. Add lines 1 through 24e	60355.35				
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 following SOP 98-2 (ASC 958-720)					

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	81544.56	1	79062.89
	2	Savings and temporary cash investments		2	<del></del>
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	'
	6	Receivables from other disqualified persons (as defined under section			
	٥	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
(C)		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or	,		
		other basis Complete Part VI of Schedule D 10a		}	
	ь	Less: accumulated depreciation 10b	·	10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	81544.56	16	79062.89
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	<u> </u>
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
S	22	Payables to current and former officers, directors, trustees, key			
Ě		employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
⊐	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	. 0	26	0
or Fund Balances		Organizations that follow SFAS 117, check here ► and complete			
		lines 27 through 29, and lines 33 and 34.			نـ ـ ـ
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	<del></del>
P	29	Permanently restricted net assets		29	
Ť		complete lines 30 through 34.			
ets or	20		<del></del>	20	J
	30	Capital stock or trust principal, or current funds		30 31	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds .		32	
Net	32	<del>-</del>		33	
	33 34	Total net assets or fund balances	81544.56		79062.89
	<b>3</b>	Total natimites and het assets/fully balances	01044.30	<u> </u>	79062.69

Form 99	0 (2011)		Pa	age <b>12</b>	
Pari	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u>.</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)				
2	Total expenses (must equal Part IX, column (A), line 25)			60355.35	
3	Revenue less expenses. Subtract line 2 from line 1		(2481.67) 81544.56		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4				
5	Other changes in net assets or fund balances (explain in Schedule O)			0	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))		79062.89		
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
			Yes	No	
1	1 Accounting method used to prepare the Form 990: Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			1	
b	and the contract of the contra				
C					
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
đ	d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth it the Single Audit Act and OMB Circular A-133?	n <b>3a</b>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			(0011)	