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Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

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

OMB No 1545-0047 **2011** Open to Public

Open to Public inspection

B 0		alendar year, or tax year beginning U//U1/11, and ending U6/3U/1			
	Check if applicable	C Name of organization	D	Employ	er identification number
	Address change	NoDak Sportsmen's Club			
	Name change	Doing Business As			0425916
\Box	Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite E		one number
\equiv		PO Box 555		<u>701</u>	-222-2778
т	Terminated	City or town, state or country, and ZIP + 4			
	Amended return	Bismarck ND 58502-0555	G	Gross rece	ipts \$ 721,73
\Box	Application pending	F Name and address of principal officer			affiliates? Yes X N
' ليسا	, ipplication policing		H(a) Is this a group	return for a	iffiliates? Yes X N
			H(b) Are all affiliate	es included	_{d?} Yes N
			If "No," at	tach a list	(see instructions)
	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527			
		I/A	H(c) Group exemp	tion numbe	ar b
	Form of organization		r of formation 195		M State of legal domicile N
*******		Immary	i oriorination 200	1	M State of legal doffliche 244
	· · · · · · · · · · · · · · · · · · ·	escribe the organization's mission or most significant activities			
	l	h Dakota sportsmen join together, and through charit	-abla mami	~~	
ဦ	NOE		_	iig,	
a l	atte	mpt to raise funds to expend for charitable purposes	3.		
GENNADS Activities & Governance		 -			
် ဗ	2 Check th	is box $ ightharpoonup$ if the organization discontinued its operations or disposed of more than 25%	of its net assets	; 	_
CO∞	3 Number	of voting members of the governing body (Part VI, line 1a)		3	3
ကိုး	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	3
≥₹∣	5 Total nui	nber of individuals employed in calendar year 2011 (Part V, line 2a)		5	21
Z al	6 Total nu	nber of volunteers (estimate if necessary)		6	0
⋒⋖	7a Total un	elated business revenue from Part VIII, column (C), line 12		7a	
ם	h Net unre	ated business taxable income from Form 990-T, line 34		7b	(
7	B Net dille	acce business taxable income normal only only on the or	Prior Year	1.2	Current Year
را ™ قا	8 Contribu	ions and grants (Part VIII, line 1h)		0	(
ا ق آ		service revenue (Part VIII, line 2g)	653,	618	720,642
6 L Revenu	_	nt income (Part VIII, column (A), lines 3, 4, and 7d)		415	1,091
, & l	1	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	
3013		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	655,	033	721,733
⊽ —∤			153,		241,369
		nd similar amounts paid (Part X, column(A), lines (1-3)	133,	093	241,303
		paid to or for members (Part IX, colu <u>mn (A) line 4) LU</u>	179,	701	101 003
Expenses	15 Salaries	other compensation, employee benefits (Part IX, column (A), lines 5–10)	119,		181,903
Su	16a Professi	inal fundraising fees (Part IX, coປີ້ນmn (ຊ້າ) ີ) ໃຫ້e [1 ໃຊ້) 2 [1] 2		이	
ă	b Total fun	draising expenses (Part IX, column (D), line 25) ▶ Ø			
ш	1 Other on	penses (Part IX, column (A), lines 11a-11d-11f-24e)	293,		243,963
	18 Total exp	enses Add lines 13–17 (must equal Part IX, column (A), line 25)	626,		667,235
	19 Revenue	less expenses Subtract line 18 from line 12		023	54,498
S		real control of the c	Beginning of Current		End of Year
푸드	20 Total ass	ets (Part X, line 16)	412,	520	572,436
88		- ` · · · · · · · ·			
t Asse	21 Total liab	ilities (Part X, line 26)	170,		
Net Asse Fund Bala	21 Total liab		170, 241,		
Net Assets or Fund Balances		ilities (Part X, line 26)			
Pa	art II Si	ilities (Part X, line 26) s or fund balances Subtract line 21 from line 20	241,	995	296,493
Pa	art II Si	ilities (Part X, line 26) ts or fund balances. Subtract line 21 from line 20 gnature Block	241,	995	296,493
Pa	art II Si	ilities (Part X, line 26) ts or fund balances. Subtract line 21 from line 20 gnature Block perjury, I declare that I have examined this return, including accompanying schedules and statement	241,	995	296,493
Un true	art II Sinder penalties of ue, correct, and o	ilities (Part X, line 26) ts or fund balances. Subtract line 21 from line 20 gnature Block perjury, I declare that I have examined this return, including accompanying schedules and statement	241,	995	296,493
Un true Sign	nder penalties of ue, correct, and o	ilities (Part X, line 26) ts or fund balances. Subtract line 21 from line 20 gnature Block perjury, I declare that I have examined this return, including accompanying schedules and statement perplete. Declaration of preparer (other than officer) is based on all information of which preparer has a platting of officer.	241, s, and to the best of any knowledge	995 of my kno	296,493
Un true	nder penalties of ue, correct, and correct	is or fund balances. Subtract line 21 from line 20 gnature Block perjury, I declare that I have examined this return, including accompanying schedules and statement omplete. Declaration of preparer (other than officer) is based on all information of which preparer has produce of officer. EXECUTATE DERECTOR	241, s, and to the best of any knowledge	995 of my kno	296,493
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Un true Sign Her	nder penalties of ue, correct, and of the penalties of ue, correct, and of the penalties of ue, correct, and of the penalties	its or fund balances. Subtract line 21 from line 20 gnature Block perjury, I declare that I have examined this return, including accompanying schedules and statement perplete. Declaration of preparer (other than officer) is based on all information of which preparer has projected by the preparer of officer. EXECUTE: Preparer's signature.	241, s, and to the best of any knowledge	995 of my kno	296,493 owledge and belief, it is /3-/2_
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Sign Her Paid	parer II Sinder penalties of the penalti	its or fund balances Subtract line 21 from line 20 gnature Block perjury, I declare that I have examined this return, including accompanying schedules and statement perplete. Declaration of preparer (other than officer) is based on all information of which preparer has projected by the preparer's name. Preparer's signature. Preparer's signature. Preparer's signature.	241, s, and to the best of any knowledge	995 of my kno	296,493 owledge and belief, it is /3-/2_
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Sign Her Paid Prep Use	nder penalties of ue, correct, and coupling and ue, correct, and cor	is or fund balances. Subtract line 21 from line 20 gnature Block perjury, I declare that I have examined this return, including accompanying schedules and statement omplete. Declaration of preparer (other than officer) is based on all information of which preparer has preparer's name. Preparer's signature Preparer's signature PO Box 1411 Bismarck, ND 58502-1411	241, s, and to the best of any knowledge	995 of my kno Date Check esif-emp	296,493 owledge and belief, it is /3-/2 or if PTIN Ployed P00644854 45-0443064 701-751-3646
Sign Her Paid Prep Use	nder penalties of ue, correct, and coupling and penalties of ue, correct, and coupling and penalties of the IRS discussion and the IRS di	its or fund balances. Subtract line 21 from line 20 gnature Block perjury, I declare that I have examined this return, including accompanying schedules and statement property. It declares that I have examined this return, including accompanying schedules and statement property. It is based on all information of which preparer has preparer's name and title. Preparer's signature Preparer's signature PO Box 1411	241, s, and to the best of any knowledge Date	995 of my kno Date Check esif-emp	/3-/2

4d Other program services (Describe in Schedule O)

(Expenses \$ 496,178 including grants of \$ 144,761) (Revenue \$)

4e Total program service expenses ▶ 592,786

AA

Form 990 (2011)

Part I\	/ Chec	klist of	Required	Schedules
railii	r Ched	KIISLUI	Required	Julieuules

			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		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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		Х
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		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
0	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
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
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	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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		<u> </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	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			77
_	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a				37
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	4.01		v
_	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	i i		
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b	'	x
_	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	140		<u> </u>
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13		
U	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
7	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		x
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		
~	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		\dashv	
•	If "Yes," complete Schedule G, Part III	19		x
02	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			m 990	(2011)
				\~~'!/

Form 990 (2011) NoDak Sportsmen's Club
Part IV 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	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			v
00	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		x
240	employees? If "Yes," complete Schedule J	23		
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		- 22
	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception. Did the organization maintain an escrow account other than a refunding escrow at any time during the year	270		
C	to defease any tax-exempt bonds?	24c	·	
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		ľ	
	If "Yes," complete Schedule L, Part I	25b	l	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	1	X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			v
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20]	x
22	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		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
04	IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		ļ	
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		<u> </u>
		For	ո 990	(2011)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response to any question in this Part V						
			ı		·····	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1	7	╛		ĺ
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	4				ĺ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and						İ
	reportable gaming (gambling) winnings to prize winners?				1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	2:	L			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin	rns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ty				l
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	nancial					l
	account)?				4a		X
b	If "Yes," enter the name of the foreign country						ĺ
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accou	nts				İ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne					1
	organization solicit any contributions that were not tax deductible?				6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or					l
	gifts were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).						ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods					ĺ
	and services provided to the payor?				. 7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as					ĺ
	required to file Form 8282?		i		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			4		ĺ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		?		7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri				7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo				7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file	e a F	orm 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting						ĺ
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring						ĺ
	organization, have excess business holdings at any time during the year?				8		
9	Sponsoring organizations maintaining donor advised funds.						ĺ
a	Did the organization make any taxable distributions under section 4966?				9a		
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a					ĺ
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			┪		ĺ
11	Section 501(c)(12) organizations. Enter	(1001			┪		ĺ
'' a	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources			····	1		
~	against amounts due or received from them)	11b					
12a			,		12a		
	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.				1		
а	Is the organization licensed to issue qualified health plans in more than one state?				13a		
	Note. See the instructions for additional information the organization must report on Schedule O						
þ	Enter the amount of reserves the organization is required to maintain by the states in which						į
	the organization is licensed to issue qualified health plans	13b					ĺ
С	Enter the amount of reserves on hand	13c			1_		
14a	Did the organization receive any payments for indoor tanning services during the tax year?				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O			14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "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 Yes No 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 3 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 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 X one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a X 8ь b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at X 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 X 10a Did the organization have local chapters, branches, or affiliates? 10a 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 X 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 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b Other officers or 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 X 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 participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure None List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 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 organization NODAK SPORTSMEN'S CLUB 619 RIVERWOOD DR. #204 BISMARCK ND 58504 701-222-2778

orm 990 (2011)	NoDak	Sportsmen's	Club
01111 990 (ZU I I)	NODAY	SPOT COMETT S	$c_{\mathbf{L}}\mathbf{u}$

45-0425916

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

Section A.

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	bo	x, unle icer a	check ess pe	ition more rson i irecto	than or both r/truste Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) BERNARD SCHUMACE			tee	4		sated		7 200	0	,
PRESIDENT (2) RONALD KOVAR	10.00	 		X				7,200	<u>_</u>	(
V. PRESIDENT	2.00			X				1,200	o	(
(3) GERARD KLEIN		<u> </u>						_ , _ <u>, _ , </u>		
SEC/TREAS	2.00			X				1,200	0	(
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)						 				

Pa	rt VII Section A. Officers (A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(d	o not o x, unlo	Pos check ess pe	C) sition more	a control of the state of the s	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	co oi a	(F) Estima amoun othe mpens from t rganiza ind rela ganiza	ated at of er sation the ation ated	
							ä							
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)					<u> </u>									
(22)														
(23)														
(24)	<u> </u>													
(25)											·			
									0.600					
1b c	Sub-total Total from continuation she	ets to Part VII, S	Secti	on A	١.			>	9,600					
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (in	•			thos	e lis	ted a	bov	e) who received more than	\$100,000 in				
	reportable compensation from	the organization	<u>▶</u>	0									Yes	No
3 4 5	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization and related organindividual Did any person listed on line 1	complete Schede 1a, is the sum nizations greater	dule of re than	J for porta \$15	sucl able 0,00	om 07 l	lividu pens f "Ye:	ial satio s," c	on and other compensation complete Schedule J for suc	from the ch		3		x
Sec	for services rendered to the or tion B. Independent Contract	ganization? If "Y										5		X
1	Complete this table for your fix compensation from the organi	e highest comp									ar			
	Name and	(A) business address							Descript	(B) tion of services		Co	(C) mpensa	ation
	· · · · · · · · · · · · · · · · · · ·													
							_							
2	Total number of independent of		_						se listed above) who					
DAA	received more than \$100,000	oi compensation	iron	ı tne	orga	anıza	_{สเเดท}			0	<u> </u>	Forr	ո 99(0 (2011)

75	IT V	iii Stater	nent of Reve	enue						
		·					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts s	12	Federated car	mnaigne	1a				10101100		
ran	h	Membership of	· -	1b						
٥٥		Fundraising e		1c						
ifts r	ں ۔	_		$\overline{}$						
<u>@</u>	a	Related organ		1d	_					
Sir	е	Government grants	•	1e						
butic	1	All other contribution and similar amounts	ns, gifts, grants, s not included above	1f						
Program Service Revenue Contributions, Giffs, Grants and Other Similar Amounts	g		ons included in lines 1a	-1f \$	5					
<u>0 8</u>	h	Total. Add Im	es 1a-1f			, ▶			1.11.1	
nge						Busn Code				
ever	2a	Games o	f Chance Inc	ome			720,642		•	720,642
Ř	b									
<u>Ş</u>	С									
Ser	d									
Ē	e									
g	f	All other progr	ram service reve	nue						
g.	a					•	720,642		1.	
_	3		come (including	dividen	ds intere	st			h.,,	'
	•	and other sim	· -		,	.	1,091			1,091
	4		nvestment of tax	-avamr	at bond n	roceeds				
	l		investinent or tax	-exemp	n bond p	loceeds				
	5	Royalties	(v) Book		(a) [Pornonal				
	_ ا		(ı) Real	-	(11) F	Personal				
	6a	Gross rents				i				
	b	Less rental exps								
	С	Rental inc or (loss)		i						
	d	Net rental inco				<u> </u>				
	/a	Gross amount from sales of assets	(i) Securities		(11)	Other				
		other than inventory								
	b	Less cost or other								
		basis & sales exps								
	С	Gain or (loss)								
	d	Net gain or (lo								
	-		om fundraising eve	nte [
Other Revenue	Va	(not including \$	•	1113						
ven				, 1						
Re			reported on line 1c							
ē		See Part IV, line		a						
동		Less direct ex	*	bΓ						
_			(loss) from fund		events	•				
	9a		om gaming activitie	es						
		See Part IV, line		a						
	b	Less direct ex	xpenses	ьL						
	С	Net income or	(loss) from gam	ning ac <u>t</u>	ivities	•				
			f inventory, less	Γ						
		returns and al		a						
	b	Less cost of		ьГ						
			(loss) from sale		entory	•				
			cellaneous Revenue		<u> </u>	Busn Code				·····
	11a									
	b					 				
	C	All =45== :								
	ď	All other rever								
		Total. Add line				~ -	721,733			701 700
	12	fotal revenue	e. See instruction	ns		▶	121,133	0	0	721,733

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 response	to any question in this Par	rt IX		
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				71.7
-	organizations in the U.S. See Part IV, line 21	241,369	241,369		
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV. line 22				
3	Grants and other assistance to governments				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	9,600		9,600	
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	153,079	92,838	60,241	
8	Pension plan accruals and contributions (include	•	•		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,359	7,359		
10	Payroll taxes	11,865	7,257	4,608	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
	Accounting	3,975	3,975		
d	Lobbying				
	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	280	280		
13	Office expenses	9,092	9,092		
14	Information technology				
15	Royalties				····
16	Occupancy	97,224	97,224		
17	Travel	1,485	1,485		
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	4,977	4,977		
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)	68,749	68,749		
a	Pull Tab Expense	40,556	40,556		
b	Gaming Tax Expense Machinery Rent	11,700	11,700		
C	Bad Debt Expense	2,406	2,406		
d	All other expenses	3,519	3,519		
е 25	Total functional expenses. Add lines 1 through 24e	667,235	592,786	74,449	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	007,233	332,730	13/33/	<u> </u>
	from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

	rt X				(A)	1	(B)
					Beginning of year	į	End of year
	1	Cash—non-interest bearing			344,266	1	510,929
- [2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		L		3	
ļ	4	Accounts receivable, net		ļ	220	4	220
i	5	Receivables from current and former officers, directors,	trustees, key	1			
		employees, and highest compensated employees Comp	olete Part II of	•			
		Schedule L		ļ <u>.</u>		5	
ļ	6	Receivables from other disqualified persons (as defined	under section				
Ì		4958(f)(1)), persons described in section 4958(c)(3)(B),	and contributing				
		employers and sponsoring organizations of section 501(c)(9) voluntary				
र्घ		employees' beneficiary organizations (see instructions)		<u> </u>		6	
Assets	7	Notes and loans receivable, net		L		7	
¥	8	Inventories for sale or use		L	4,236	8	4,672
	9	Prepaid expenses and deferred charges		Ļ	······································	9	
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	97,752			
	b	Less accumulated depreciation	10b	83,419	19,310	10c	14,333
	11	Investments—publicly traded securities		Ļ		11	
	12	Investments—other securities See Part IV, line 11		<u></u>		12	
	13	Investments—program-related See Part IV, line 11		_		13	
	14	Intangible assets		L		14	
	15	Other assets See Part IV, line 11		L	44,488	15	42,282
	16	Total assets. Add lines 1 through 15 (must equal line 34)		412,520	16	572,436
	17	Accounts payable and accrued expenses		L	6,756	17	
	18	Grants payable	L	132,822	18	259,582	
	19	Deferred revenue	<u> </u>		19		
	20	Tax-exempt bond liabilities		ļ		20	
ľ	21	Escrow or custodial account liability Complete Part IV or	f Schedule D	ļ		21	
6S	22	Payables to current and former officers, directors, truster	es, key				
<u>=</u>		employees, highest compensated employees, and disqu	alified persons				
Liabilities		Complete Part II of Schedule L		-		22	<u></u>
7	23	Secured mortgages and notes payable to unrelated third	parties	-		23	
	24	Unsecured notes and loans payable to unrelated third pa	irties	1		24	
	25	Other liabilities (including federal income tax, payables to					
		parties, and other liabilities not included on lines 17-24)	Complete Part X		20 047		16 261
		of Schedule D			30,947	25	16,361
-	26	Total liabilities. Add lines 17 through 25	1 -		170,525	26	275,943
<u>"</u>		Organizations that follow SFAS 117, check here ▶	and complete				
ğ		lines 27 through 29, and lines 33 and 34.					
aar	27	Unrestricted net assets				27	
ĕ	28	Temporarily restricted net assets				28	
5	29	Permanently restricted net assets	. (₹₹)	-		29	
띹		Organizations that do not follow SFAS 117, check he	re ▶X and				
ts	00	complete lines 30 through 34.		•		20	
sse	30	Capital stock or trust principal, or current funds	. 6	-		30	
	31	Paid-in or capital surplus, or land, building, or equipment		-	241,995	31	296,493
	32	Retained earnings, endowment, accumulated income, or	omer runas	-	241,995	32	296,493
	33	Total hebition and not constall heliances		-	412,520	33	572,436
	<u>34</u>	Total liabilities and net assets/fund balances			312,320	34	- 000

orm <u>990</u> (20	011) NoDak Sportsmen's Club	45-0425916			Pag	ge 12
Part XI	Reconciliation of Net Assets					
	Check if Schedule O contains a response to any ques	tion in this Part XI				
1 Total r	evenue (must equal Part VIII, column (A), line 12)		1	72	21,7	733
2 Total e	expenses (must equal Part IX, column (A), line 25)		2	66	57,2	235
3 Reven	ue less expenses Subtract line 2 from line 1		3	Ę	54,4	498
4 Net as	sets or fund balances at beginning of year (must equal Part X, Iii	ne 33, column (A))	4	24	11,9	995
5 Other	changes in net assets or fund balances (explain in Schedule O)		5			
6 Net as	sets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
colum	n (B))		6	29	96,4	<u> 493</u>
Part XII	Financial Statements and Reporting					
 	Check if Schedule O contains a response to any ques	tion in this Part XII				
					Yes	No
1 Accou	nting method used to prepare the Form 990 🔃 Cash 🛮 🗶	Accrual Other		_		
If the c	organization changed its method of accounting from a prior year	or checked "Other," explain in				
Sched	ule O.					
2a Were t	he organization's financial statements compiled or reviewed by a	in independent accountant?		2a		<u> </u>
b Were t	he organization's financial statements audited by an independen	t accountant?		2b		X
c If "Yes	" to line 2a or 2b, does the organization have a committee that a	ssumes responsibility for oversight				
of the	audit, review, or compilation of its financial statements and select	ction of an independent accountant?		2c		
	rganization changed either its oversight process or selection pro	cess during the tax year, explain in				
Sched	ule O					
d If "Yes	to line 2a or 2b, check a box below to indicate whether the final	ncial statements for the year were				
_	on a separate basis, consolidated basis, or both					
لسا	. — —	and separate basis				
	esult of a federal award, was the organization required to undergo	o an audit or audits as set forth in				
	gle Audit Act and OMB Circular A-133?			3a		X
	"did the organization undergo the required audit or audits? If the					
	d audit or audits, explain why in Schedule O and describe any st	one taken to undergo euch audite		3b		

Form **990** (2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

Employer identification number

			NoDak	Sports	smen's	Club					45	<u>-042</u>	5916			
P	art l	Reas	on for Pub	lic Charity	Status (A	All organizations	s must c	omplete	this p	art.) Se	ee inst	ructio	ns.			
he	orga	nization is not	a private foun	dation becaus	se it is (For	lines 1 through 11,	check onl	y one box	()							
1	\Box	A church, co	nvention of chi	urches, or ass	sociation of	churches described	l ın sectio	n 170(b)(1)(A)(i).							
2						ch Schedule E)										
3						tion described in se	ection 170	(b)(1)(A)(m).							
4	H	•	•	•	•	ction with a hospital)(1)(A)(iii) Ent	er the h	ospital's na	me		
•	ш	city, and stat	_	-auon operate	ou in oonjune	tion with a noopha.	400011000			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	00	oopital o na	.,,		
_		• •		ar the benefit	of a collogo	or university owned	d or operat	od by a a	o) (orom	antal un	t dooori	ibad ın				
5	Ш	J	•		•	or university owner	or operar	eu by a g	overnin	entai uni	it descri	ibea iii				
_			(b)(1)(A)(iv). (C													
6	\square	•		_		al unit described in										
7		An organizat	ion that norma	illy receives a	substantial	part of its support f	rom a gov	ernmenta	l unit or	from the	genera	al public				
	_	described in	section 170(b)(1)(A)(vi). (C	complete Pa	rt II)										
8	Ц	-				(vi). (Complete Pa										
9	X	An organizat	ion that norma	illy receives (1) more that	n 33 1/3% of its sup	port from	contributi	ons, me	mbersh	ıp fees,	and gro	oss			
		receipts from	activities relat	ted to its exer	npt function:	s—subject to certai	in exceptio	ns, and (2) no mo	re than	33 1/39	% of its				
		support from	gross investm	ent income a	nd unrelated	d business taxable i	income (le	ss section	n 511 ta:	k) from b	ousines	ses				
		acquired by t	the organizatio	n after June 3	30, 1975 Se	e section 509(a)(2). (Comple	te Part III	1)							
10		An organizat	ion organized a	and operated	exclusively t	to test for public sa	fety See s	section 5	09(a)(4)	•						
11	П	_	-		-	for the benefit of, to	-				y out the	е				
		purposes of	one or more pu	ublicly support	ted organiza	itions described in s	section 50	9(a)(1) or	section	509(a)(2	2) See	section	า			
		509(a)(3). Ch	neck the box th	at describes t	the type of s	supporting organiza	tion and co	omplete li	nes 11e	through	11h					
		a Type	<u></u>	Type II	с	Type III-Function			d		e III–Oi	ther				
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons							าร									
•	other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1)															
or section 509(a)(2)																
If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting								Г	٦							
_	organization, check this box								Ĺ	٢						
y	Since August 17, 2006, has the organization accepted any gift or contribution from any of the															
	following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and							Ye	B N	_						
							with beis	ulis desci	ibed iii (ii) aliu			44.		* N	-
		` '	w, the governing	•	• •	•							11g			
			member of a										11g			
		` '	•			(i) or (ii) above?							11g	(111)[_
n			T			d organization(s)	T# 33 #	 			1 4 5				_	
(i		e of supported janization	(ii) I	EIN		pe of organization ribed on lines 1–9	1 ' '	organization sted in your		ou notify		ls the ion in col		(vii) Amount of		
	0, 5	jainzation				e or IRC section		document?	col (i)	of your				support		
					(sec	e Instructions))				port?	 					
							Yes	No	Yes	No	Yes	No				
A)																
							-			ļ	ļ					
B)]													
											ļ					_
C)										}						
		- · · · - · - · - · - · · - · · - · · - · · - ·														
D)																
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E)																
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			<u> </u>					}								
ota	1		[1			[Ē				

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

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support								
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 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						\perp		
4 5	Total. Add lines 1 through 3 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								
	tion B. Total Support			,	,				
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	\rightarrow	(f) Total	
7 8	Amounts from line 4 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					<u> </u>			
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for the	organization's firs		urth, or fifth tax ye	ar as a section 50	1(c)(3)	12		
<u> </u>	organization, check this box and stop her		4					<u> </u>	
	tion C. Computation of Public Su	• • • • • • • • • • • • • • • • • • • •	-	(0)			44		
14	Public support percentage for 2011 (line 6 Public support percentage from 2010 Scho		•	in (t))		-	14	<u>%</u> %	
15 160	33 1/3% support test—2011. If the organ			13 and line 14 is:	33 1/3% or more	Chack this	10]		
16a	box and stop here. The organization quali				33 1/3 /6 OF HIGHE, 1	CHECK (IIIS		▶ □	
b	33 1/3% support test—2010. If the organicheck this box and stop here. The organic	ization did not che	ck a box on line 13	3 or 16a, and line	15 is 33 1/3% or m	ore,		▶ □	
17a	10%-facts-and-circumstances test—201 10% or more, and if the organization meet Part IV how the organization meets the "fa	1. If the organizations the "facts-and-ci	ion did not check a ircumstances" test	box on line 13, 16, check this box ar	nd stop here. Expl	ain in		▶ □	
b	organization 10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization Explain in Part IV how the organization me supported organization	meets the "facts-a	and-circumstances	" test, check this b	oox and stop here			• _	
18	Private foundation. If the organization dis	I not check a box	on line 13, 16a, 16	b, 17a, or 17b, ch	eck this box and s	ee		▶ □	

Page 3

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						
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						e
3	Gross receipts from activities that are not an unrelated trade or business under section 513	543,741	557,935	629,027	653,618	720,642	3,104,963
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	543,741	557,935	629,027	653,618	720,642	3,104,963
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						3,104,963
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	543,741	557,935	629,027	653,618	720,642	3,104,963
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6 115	3,358	2,051	1 415	1,091	14,030
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	6,115	3,338	2,051	1,415	1,091	14,030
c	Add lines 10a and 10b	6,115	3,358	2,051	1,415	1,091	14,030
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,	T					
	and 12)	549,856	561,293	631,078	655,033	721,733	3,118,993
14	First five years. If the Form 990 is for the organization, check this box and stop here	e		ırth, or fifth tax year	as a section 501	(c)(3)	>
Sec	tion C. Computation of Public Su	ipport Percent	age				
15	Public support percentage for 2011 (line 8		•	n (f))		15	99.55%
16	Public support percentage from 2010 Scho					16	99.38%
Sec	tion D. Computation of Investme					· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2011 (I			column (f))		17	%
18	Investment income percentage from 2010					18	1 %_
19a	33 1/3% support tests—2011. If the orga 17 is not more than 33 1/3%, check this bo	ox and stop here . T	he organization q	ualifies as a publici	y supported orga	nızatıon	► X
b	33 1/3% support tests—2010. If the orga						, _
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization did						P -

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011
Open to Public Inspection

Employer identification number Name of the organization NoDak Sportsmen's Club 45-0425916 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990. Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	163	110
3a(i)		
3a(ii)		
3b		

Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) (other) depreciation 1a Land **b** Buildings c Leasehold improvements 97,752 83,419 d Equipment

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)

Schedule D (Form 990) 2011

e Other

Part VII	Investments—Other Securities. See Form 9	90, Part X, line 12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely-he	eld equity interests		
(3) Other			
(A)		,	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
<u>(I)</u>			
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	>	
Part VIII	Investments—Program Related. See Form 9	990, Part X, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)	——————————————————————————————————————		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
	(2)	<u> </u>	
Part IX	Other Assets. See Form 990, Part X, line 15.		435.4.4
	(a) Description		(b) Book value
(1)	Gaming Banks	· · · · · · · · · · · · · · · · · · ·	41,025
(2)	Rent Deposit Float Bank		500
(3)	NSF		80
(4)	Not		
(5)			
(6)			
(7)			*
(8)			
<u>(9)</u> (10)	······································		
	n (b) must equal Form 990, Part X, col. (B) line 15.)		▶ 42,282
Part X	Other Liabilities. See Form 990, Part X, line 2	25	
1.	(a) Description of liability	(b) Book value	
	income taxes		
	se Tax Pay.	12,315	
	oll Liabilities	3,317	
	Tax Pay.	739	
	oll - SWHND	-10	
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 25)	16,361	

che	oule D (Form 990) 2011 NoDak Sportsmen's Club	45-04259	16	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	o Audited Financial State	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9	10	
Pa	Reconciliation of Revenue per Audited Financial Statem		Return	
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			
	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	7	
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d	7	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	4b	7	
	Add lines 4a and 4b		7 4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	rt XIII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses per	Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
е	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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	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	

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

any additional information

Part XIV Supplemental Information

Schedule D (Form 990) 2011 NoDak Sportsmen's Club
Part XIV Supplemental Information (continued)

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

NoDak Sportsmen's Club

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States

OMB No 1545-0047

▶ Attach to Form 990.

Employer identification number 45-0425916

2011	Open to Public inspection

1									
Har.	i General Information on Grants and Assistance	Assistance							
-	Does the organization maintain records to substantiate the amount of the gran the selection criteria used to award the grants or assistance?	ne amount of the g		ts or assistance, the grantees' eligibility for the grants or assistance, and	eligibility for the gran	is or assistance, an	Ð	X	
2 D	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	nitoring the use of	grant funds	in the United States					
Part	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	vernments an recipient that re space is neede	id Organi eceived m	Organizations in the United States. Complete if the organization answered "Yes" ived more than \$5,000. Check this box if no one recipient received more than \$5,0	nited States. Con Check this box if r	nplete if the orga no one recipient	anization answel received more t	red "Yes" than \$5,000.	A
-	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	ant
Ē									
(5)									
(3)									
<u>\$</u>									:
(5)									
(9)					:				
(7)									
(8)									
(6)									
3 S	Enter total number of section 501(c)(3) and government organizations listed in Enter total number of other organizations listed in the line 1 table	organizations liste e 1 table		the line 1 table				A A	

Schedule I (Form 990) (2011)

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

Schedule I (Fo	Schedule I (Form 990) (2011) NoDak Sportsmen's Club	men's Club	4	45-0425916		Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	Individuals in the U	Inited States. Comp	olete if the organizatio	n answered "Yes" to Form	990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.	onal space is needed.				
٣	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
						•
_				1		
2						
3						
4						
5						
9						
7						
Part IV	Supplemental Information. Complete this part to provide	nplete this part to prov	ide the information i	required in Part I, line	the information required in Part I, line 2, and any other additional information.	information.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

OMB No 1545-0047

NoDak Sportsmen's Club

Employer identification number 45-0425916

Form 990, Part III, Line 4d - All Other Accomplishment Cost allocation

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172 **2011**

Attachment Sequence No 179

Department of the Treasury
Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Name(s) shown on return

NoDak Sportsmen's Club

Identifying number 45-0425916

	NODAX	Spor camen	S CIUD				123	042	3310
	ess or activity to which this form relates								
	ndirect Deprecia			470					
J **			perty Under Section		مصماد	sta Dart			
_			y, complete Part V	belore you c	Omple	ete Part	I.		500,000
1	Maximum amount (see instruction	•	oo (notriiotions)					1	300,000
2 3	Total cost of section 179 proper	• •		uctions)				3	2,000,000
4	Threshold cost of section 179 pi Reduction in limitation Subtract			uctions)				4	2,000,000
5	Dollar limitation for tax year Subtract			filing congrately s	eaa inetr	uctions		5	
6		tion of property		Cost (business use or			Elected cost	٦	
	*****			· · · · · · · · · · · · · · · · · · ·					
7	Listed property Enter the amou	nt from line 29			7		··· · · · · · · · · · · · · · · · ·		
8	Total elected cost of section 179		its in column (c), lines 6	and 7				8	
9	Tentative deduction Enter the s	• •						9	· · · · · · · · · · · · · · · · · · ·
10	Carryover of disallowed deduction	on from line 13 of your	2010 Form 4562					10	
11	Business income limitation Enter	er the smaller of busing	ess income (not less tha	an zero) or line	5 (see	instructio	ns)	11	
12	Section 179 expense deduction				•			12	
13	Carryover of disallowed deduction	on to 2012 Add lines 9	and 10, less line 12	•	13				
Note	e: Do not use Part II or Part III bel	ow for listed property	Instead, use Part V						
P	art II Special Deprecia	ition Allowance a	ind Other Depreci	ation (Do no	ot incl	ude list	ed prope	rty.) (See instructions)
14	Special depreciation allowance t	for qualified property (d	other than listed propert	y) placed in ser	vice				
	during the tax year (see instructi	ions)						14	
15	Property subject to section 168(f)(1) election						15	
16	Other depreciation (including AC							16	
_P	art III MACRS Deprecia	ation (Do not incli	ude listed property) (See instru	ctions	.)			
			Section A	\					
17	MACRS deductions for assets p	laced in service in tax	years beginning before	2011				17	2,027
<u>18</u>	If you are electing to group any assets place							<u></u>	
	Section B—		rvice During 2011 Tax		e Gene	ral Depr	eciation S	ystem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) C	onvention	(f) Meth	od	(g) Depreciation deduction
<u>19a</u>	3-year property								
<u>b</u>	5-year property								
<u> </u>	7-year property								
	10-year property								
<u>e</u>	15-year property								
<u>f</u>	20-year property	_			<u> </u>				
<u>g</u>				25 yrs			S/L		
h	Residential rental			27 5 yrs		MM	S/L		
	property		<u> </u>	27 5 yrs		MM	S/L		
i	Nonresidential real property			39 yrs		MM	S/L		
		Agosto Blood in Son	l rice During 2011 Tax Y	oor Hoing the		MM	S/L	Systan	
20-	•	SSELS Flaced III Serv	The During 2011 Tax 1	ear Using the A	Anterna	ilive Dep	ĭ	Syster	11
	Class life	-		12 yrs			S/L S/L		
	12-year	<u> </u>		12 yrs	١.	MM	S/L		
	40-year Art IV Summary (See in	structions \	l	40 yrs	·	AIIAI			
 21	Listed property Enter amount from							21	2,950
22	Total. Add amounts from line 12		lines 19 and 20 in colum	nn (a) and line	21 Ent	er here			2,550
	and on the appropriate lines of y	-				.51016		22	4,977
23	For assets shown above and pla	•	·	1					-,

Page 2 Form 4662 (2011) Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for Part V entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) X Yes X Yes 24b If "Yes," is the evidence written? No No 24a Do you have evidence to support the business/investment use claimed? (c) (h) (i) (b) (d) (e) (f) Business/ investment use Elected section 179 Type of property Date placed Basis for depreciation Recovery Method/ Depreciation Cost or other basis (business/investment (list vehicles first) cost Convention deduction in service percentage period use only) Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use VEHICLE 08/20/09 100.00% 29,434 18,374 5.0 200DBHY 2,950 Property used 50% or less in a qualified business use S/L-S/L-950 28 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles **(f)** (a) (b) (c) (d) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 Yes Yes Yes Was the vehicle available for personal use Yes No Yes No No No Yes No No during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by Yes No your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the 40 use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (e) (d) **(f)** (b) (c) Amortization (a) Date amortization Amortizable amount Code section Amortization for this year period or Description of costs beains percentage Amortization of costs that begins during your 2011 tax year (see instructions) 42 43 Amortization of costs that began before your 2011 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report