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DLN: 93493319096823

OMB No 1545-0047

# 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)

2012

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

Open to Public Inspection

A Fo	r the 2	2012 ca	endar year, or tax year beginning 01-01-2012 , 2012, and ending 12-3	1-2012				
<b>B</b> Ch	eck if ap	pplicable	C Name of organization TIP OTTERTAIL CHAPTER		D Employe	er identification number		
<b>✓</b> Add	ress ch	ange			41-193	1233		
┌ Na	me char	nge	Doing Business As					
Ind	ial retur	m	Number and street (or P O box if mail is not delivered to street address) Room/su	ite	E Telephone	e number		
Te	mınated	d	PO BOX 1866		(213)8	41-3741		
☐ Am	ended r	return	City or town, state or country, and ZIP + 4 DETROIT LAKES, MN 56502		(210)0			
Ap	olication	pending	52 5 m. 5 m. 5 m. 5 m. 5 m. 5 m. 5		<b>G</b> Gross rec	eipts \$ 3,632,701		
			F Name and address of principal officer TED BREEZEE		s this a group re			
			1100 NORTH SHORE DRIVE	a ·	ffiliates?	Γ Yes <b>Γ</b> No		
			DETROIT LAKES,MN 56501			ıncluded?		
——— Та	x-exem	pt status	✓ 501(c)(3)	Ι1	f "No," attach a	list (see instructions)		
		<u>·</u> :: ▶ N //		H(c) (	Group exemptio	n number ▶ 9490		
K For	m of org	janizatior	Corporation Trust Association Other -	<b>L</b> Year	of formation 1981	M State of legal domicile MN		
Pa	rt I	Sum	ımary					
	1 E	Briefly d	escribe the organization's mission or most significant activities			_		
	E	DUCA	TE PUBLIC AGAINST POACHING ALL GENERAL FUND ACTIVITIES					
ቋ	-	<u>J RGA N</u>	IZATION TIP INC EIN 41-1404865 THIS IS THE ONLY GROUP ME	MBEKIN	THE GROUP E	IN 32-0239608		
ĕ	_							
Ē	-		<u> </u>					
Governance	2 (	Sheck t	his box দ if the organization discontinued its operations or disposed o	f more th	an 25% of its n	et assets		
	3 1	Number	of voting members of the governing body (Part VI, line 1a)		[	<b>3</b> 3		
Activities &	4 1	Number	of independent voting members of the governing body (Part VI, line 1b)		[	4 3		
¥.	5 T	Γotal nu	mber of individuals employed in calendar year 2012 (Part V, line 2a)		[	<b>5</b> 38		
ď	6 T	Γotal nu	mber of volunteers (estimate if necessary)			6 10		
			related business revenue from Part VIII, column (C), line 12		<u> </u>	<b>7a</b> 7,555		
	<b>b</b> N	Net unre	elated business taxable income from Form 990-T, line 34			7b		
					Prior Year	Current Year		
ā	8		ibutions and grants (Part VIII, line 1h)			0 0		
Revenue	9 10		am service revenue (Part VIII, line 2g)		1	19 8		
歪	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,28	<del></del>		
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line					
					12,30	,		
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)			0		
	14		es, other compensation, employee benefits (Part IX, column (A), line 4)			0		
\$	15	5-10				0		
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)			0		
ਨੀ	b	Total fu	ındraısıng expenses (Part IX, column (D), lıne 25) ▶0					
	17		expenses (Part IX, column (A), lines $11a-11d$ , $11f-24e$ )		84	1,996		
	18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		84			
. 02	19	Rever	nue less expenses Subtract line 18 from line 12		11,46			
Net Assets or Fund Balances				Begin	ning of Current Year	End of Year		
sset lafa	20	Total	assets (Part X, line 16)		138,54	159,988		
A B	21		liabilities (Part X, line 26)		15,13	33 29,224		
<u>žZ</u>	22	Net a	ssets or fund balances Subtract line 21 from line 20		123,40	130,764		
Pa	rt II	Sigr	nature Block					
my k	nowled	lge and	perjury, I declare that I have examined this return, including accompan belief, it is true, correct, and complete $$ Declaration of preparer (other th nowledge					
- hiehe	IIa	uiiy K						
		****			2013-11-15			
Sigr		Sign	ature of officer		Date			
Her	е		BREEZE PRESIDENT					
		17	e or print name and title  Print/Type preparer's name  Preparer's signature  D	ate		DTIN		
Paid	4		CIMIT Type preparer's name Preparer's signature D  CIMIT MOLLBERG 2	Check   If P self-employed	neck f if PTIN			
	u pare		Firm's name F KIM T MOLLBERG LTD		Firm's EIN ►			
	pare Onl		Firm's address ► 910 LINCOLN AVE		Phone no (218) 8	847-3879		
USE	. UIII	עי	DETROIT LAKEC MAL ECENTORO		, ,			

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

✓ Yes ☐ No

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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		No
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		No
11	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	Yes	
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		No
	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		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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 and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
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		No
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		No
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		No
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	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)					
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		No		
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		No		
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		No		
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		No		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No		
b	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					
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L,  Part II					
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If</i> " <i>Yes," complete Schedule L, Part III</i>					
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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No		
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		No		
29	Did the organization receive more than $\$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No		
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		No		
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo		
b	If 'Yes' to line 35a, 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		No		
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	7 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI					
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes			

-	Statements Regarding Other 1RS Filings and Tax Compliance			-
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
3	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   0		1.03	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
•	gaming (gambling) winnings to prize winners?	1c	Yes	
	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			
	by this return	1		
,	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
ı	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
1	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		No
•	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	•		
ı	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	H		
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			1
		8		No
	Sponsoring organizations maintaining donor advised funds.	_		
	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		N
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	4		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	1		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
ı	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	Į		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 

Se	ection 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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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	Yes	
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		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	· · · · · · · · · · · · · · · · · · ·			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		No

### **Section C. Disclosure**

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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 Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►DAYLE PETERSON 1100 NORTH SHORE DRIVE DETROIT LAKES, MN (218)841-3741

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, 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

- ◆ 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

	1	ı						<u> </u>		1
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot recto	not box h ar or/tr	offic	ess er	( <b>D)</b> Reportable compensation from the organization (W- 2/1099- MISC)	( <b>E</b> ) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DAYLE PETERSON	20 00	х			х			0	0	0
GAMBLING MANAGER		ļ								
(2) TED BREEZEE CEO	2 00	х		х				0	0	0
(3) DOUG PASKEY SECRETARY/TREASURER	2 00	×		х				0	0	0
										Form <b>990</b> (2012)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A)	(B)			(C)				(D)		(E)	T	(F)	
	Name and Title	Average hours per	Posi more t	tion (	(do r		heck		Reporta compens		Reportable compensation	_	Estima mount of	
		week (list	perso	n is	both	and	officer	•	from th	ne	from related	-   -	compens	ation
		any hours for related					stee)		organization 2/1099-M		organizations (W 2/1099-MISC)		from t rganızatı	
		organizations below	Individual trustae or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former					relate organiza	
		dotted line)	2 2 2 2	<u>∏</u>	<u> -</u>	) P	) () () () () () () () () () () () () ()	单					<b>J</b>	
			trus	<u>5</u>		) 98 0	을							
			8	Til St.			ensa							
				ď			# ed							
												+		
												-		
1b	Sub-Total			•				►						
C	Total from continuation sheet	s to Part VII, S	ection A	١.		•		•						
d					•	•	•	•						
2	Total number of individuals (in \$100,000 of reportable compe					liste	d abov	e) w	ho received	more th	ian			
													Yes	No
3	Did the organization list any fo						emplo	yee	, or highest o	ompen	sated employee			
	on line 1a? If "Yes," complete S						• .	•		•		3		N o
4	For any individual listed on line organization and related organ													
	ındıvıdual		• •		•	•		•				4		No
5	Did any person listed on line 1 services rendered to the organ									nization 	or individual for	_		
			5.1101							_ •	· · ·	5		No_
	ection B. Independent Co													
1	Complete this table for your five compensation from the organization												tax year	
	(A) Name and business address  (B) Description of services								(C)					
	IV	Lattic and Dublic55								Des	Supplier of Services	$\pm$	Сотпрен	544011
												+		
												#		
									ı			- 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Part V.		Statement of Revenue Check if Schedule O contains a response to any ques	stion in this Part VIII .			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
2 2	1a	Federated campaigns 1a				
aut mu	b	Membership dues 1b				
ပ်ာ် ဦး	c	Fundraising events 1c				
f£s, FA∏	d	Related organizations 1d				
⊍ ≝	e	Government grants (contributions) 1e	_			
ns,	_		<u></u>			
瞳님	f	All other contributions, gifts, grants, and similar amounts not included above				
를 <b>둘</b>	g	Noncash contributions included in lines  1a-1f \$	j	İ		
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f				
O e		Business Co	<b>▶</b>			
Ille	2a	Busiliess Co	- lucioni de lucioni d			
eve	 b					
م ج	c					
Z Z	d					
33	e					
Program Serwce Revenue	f	All other program service revenue				
Tog	•	All other program service revenue				
-	g	Total. Add lines 2a-2f	<u> </u>			
	3	Investment income (including dividends, interest, and other similar amounts)	▶ 8			8
	4	Income from investment of tax-exempt bond proceeds	<b>•</b>			
	5	Royalties	<b>•</b>			
		(i) Real (ii) Persona	al			
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)	<u></u>			
		(i) Securities (ii) Other				
	7a	Gross amount from sales of				
		assets other than inventory				
	b	Less cost or other basis and				
		sales expenses				
	C J	Gain or (loss)				
	d 8a	Net gain or (loss)	<u> </u>			
<u>a</u>	ou	events (not including				
Other Revenue		\$				
ě		of contributions reported on line 1c) See Part IV, line 18				
<u>.</u>		a				
<u> </u>	b	Less direct expenses b				
•	c	Net income or (loss) from fundraising events	<b>•</b>			
	9a	Gross income from gaming activities See Part IV, line 19				
		a 3,632	2,693			
	b	Less direct expenses <b>b</b> 3,623	3,348			
	С	Net income or (loss) from gaming activities	9,345		7,555	1,790
	10a	Gross sales of inventory, less returns and allowances .				
	b	Less cost of goods sold b	<del> </del>			
		Net income or (loss) from sales of inventory	<u> </u>			
		Miscellaneous Revenue Business Co	de			
	11a					
	b					
	c					
	d	All other revenue				
	е	Total. Add lines 11a-11d	▶			
	12	Total revenue. See Instructions	9,353		7,555	1,798
			5,555			Form <b>990</b> (2012)

# Form 990 (2012) Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	ons must comp	olete column (A )	
	Check if Schedule O contains a response to any question in this Pai	tIX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> 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				
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	Benefits paid to or for members				
5	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	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying		1		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
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				
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)				
а	FEDERAL INCOME TAX	1,914	1,914	0	0
b	PENALTY & INTEREST	82	82	0	0
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,996	1,996	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2012)

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this P	art X .				
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			89,205	1	53,212
	2	Savings and temporary cash investments			29,147	2	96,689
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, directly employees, and highest compensated employees. Complete Part Schedule L	tees, key		_		
Assets	6	Loans and other receivables from other disqualified persons (as of 4958(f)(1)), persons described in section 4958(c)(3)(B), and color and sponsoring organizations of section 501(c)(9) voluntary emporganizations (see instructions) Complete Part II of Schedule L	ntributing e	employers		6	
88	7	Notes and loans receivable, net				7	
4	8	Inventories for sale or use		•	6,051	8	7,274
	9	Prepaid expenses and deferred charges		•	14,137	9	2,813
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	103,302	,	-	2,013
	Ь	Less accumulated depreciation	10b	103.302		10c	
	11	Investments—publicly traded securities		<u>'</u>		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)			138,540	16	159,988
	17	Accounts payable and accrued expenses		•	15,133	17	29,224
	18	Grants payable			15, 155	18	25,224
		Deferred revenue		•		19	
	19						
	20	Tax-exempt bond liabilities				20	
<u>je</u> s	21	Escrow or custodial account liability Complete Part IV of Schedu				21	
Liabiliti	22	Loans and other payables to current and former officers, directors key employees, highest compensated employees, and disqualifie	d				
iei.		persons 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 and other liabilities not included on lines 17-24) Complete Part D	X of Sched			25	
	26	Total liabilities. Add lines 17 through 25			15,133	26	29,224
s e		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ lines 27 through 29, and lines 33 and 34.		ete			·
or Fund Balance	27	Unrestricted net assets				27	
<u>한</u>	28	Temporarily restricted net assets				28	
<u> </u>	29	Permanently restricted net assets				29	
H		Organizations that do not follow SFAS 117 (ASC 958), check here	eb+ IZand	Ī			
<u>.</u>		complete lines 30 through 34.	- <sub> </sub> ,	•			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
AS	32	Retained earnings, endowment, accumulated income, or other fun			123,407	32	130,764
Net	33	Total net assets or fund balances			123,407	33	130,764
Z	34	Total liabilities and net assets/fund balances			138,540	34	159,988
	<u> </u>				1		orm <b>990</b> (2012)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1			9,353
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,996
3	Revenue less expenses Subtract line 2 from line 1	3			7,357
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-	.23,407
5	Net unrealized gains (losses) on investments	5			.23,107
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	.30,764
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on	ı		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	it of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	<b>3b</b>		

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As Filed Data -

DLN: 93493319096823

OMB No 1545-0047

**Public Charity Status and Public Support** 

Department of the Treasury Internal Revenue Service

SCHEDULE A

(Form 990 or 990EZ)

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.

Open to Public Inspection

Name of the organization

Employer identification number

TIP OTTERTAIL CHAPTER 41-1931233 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II **c** Type III - Functionally integrated **d** Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box 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) Yes No and (III) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(II) EIN	(iii) EIN  (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is organizat col (i) lis your gove docume	ion in ted in erning	(v) Did you the organi in col (i) o suppor	zation of your	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Sche	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	Support Schedule for (Complete only if you on Part III. If the organiza	hecked the box	x on line 5, 7, c	or 8 of Part I or	ıf the organiza	tion fail	ed to qu	
S	ection A. Public Support	tion range to qui	anny annaon ano	10010 110104 0010	my product com	<del>                                      </del>		
	endar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	<b>(e)</b> 2	012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
_	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	<b>Total.</b> Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the							
6	amount shown on line 11, column (f) <b>Public support.</b> Subtract line 5 from						$\longrightarrow$	
	line 4							0
	ection B. Total Support		1					
Cale	endar year (or fiscal year beginning in) 🟲	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2	012	<b>(f)</b> Total
7	A mounts from line 4						$\longrightarrow$	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	49	19	17	19		8	112
9	Net income from unrelated business activities, whether or not the business is regularly carried on		17,775		12,286		9,345	39,406
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	<b>Total support</b> (Add lines 7 through							39,518
12	10) Gross receipts from related activities	es, etc (see insti	ı <u> </u>			12		
13	First five years. If the Form 990 is			. thırd. fourth. or f	ifth tax vear as a		 3 ) organi	zation, check
	this box and <b>stop here</b>	_	•		•			
	ection C. Computation of Pub							
14	Public support percentage for 2012	, ,	, ,	11, column (f))		14		0 %
15	Public support percentage for 2011	·	·			15		
	33 1/3% support test—2012. If the cand stop here. The organization qua 33 1/3% support test—2011. If the	lifies as a publicl organization did r	ly supported orga not check a box o	nızatıon n lıne 13 or 16a,		•		<b>►</b> □
	box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization Part IV how the organization mee organization 10%-facts-and-circumstances test-	<b>–2012.</b> If the orgation meets the "facts-and	anization did not d acts-and-circums d-circumstances"	theck a box on lin tances" test, che test The organiz	ck this box and station qualifies as	a public	Explain ly suppo	
18	15 is 10% or more, and if the organ Explain in Part IV how the organizat supported organization <b>Private foundation.</b> If the organizat instructions	cion meets the "fa	acts-and-circums	tances" test The	e organization qua	alıfıes as	a publicl	y ▶ ¯

Schedule A (Form 990 or 990-EZ) 2012 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 0 % 15 16 Public support percentage from 2011 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 0 %

Investment income percentage from 2011 Schedule A, Part III, line 17
 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **b**33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **O Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493319096823

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

► 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.

**Supplemental Financial Statements** 

Open to Public

emal Revenue Service	► Attach to For	m 990. ► See separate instructions.			Inspect	tion
Name of the organ TIP OTTERTAIL CHAPTE			Emp	loyer ident if ica	tion numbe	er
				1931233		
	izations Maintaining Donor Adv		unds	or Accounts	. Comple	te if th
organiz	zation answered "Yes" to Form 990	, Part IV, line 6. (a) Donor advised funds		(b) Funds and o	thoracco	ıntc
. Total number a	at and of year	(a) Donor advised funds		(b) Fullus allu (	other accou	ints
	tributions to (during year)					
	nts from (during year)					
	ue at end of year		+			
	·					
funds are the o	zation inform all donors and donor advise organization's property, subject to the or	rganization's exclusive legal control?			☐ Yes	┌ No
used only for c conferring imp	zation inform all grantees, donors, and d haritable purposes and not for the benef ermissible private benefit?	fit of the donor or donor advisor, or for a	ny othe	er purpose	┌ Yes	┌ No
art III Conse	rvation Easements. Complete If	the organization answered "Yes"	to Forn	n 990, Part IV	<u>, line 7.</u>	
Preservation Protection Preservation Complete lines	conservation easements held by the org on of land for public use (e g , recreation of natural habitat on of open space s 2a through 2d if the organization held a	or education)  Preservation of a Preservation of a	certifie	d historic struct	cure	
easement on t	he last day of the tax year			Held at the	End of the	V
a Total number o	of conservation easements		2a	neid at the	ena or the	rear
_	restricted by conservation easements		2b			
	servation easements on a certified histo	oric structure included in (a)	2c			
Number of con	servation easements included in (c) acc ure listed in the National Register		2d			
	servation easements modified, transferr	red, released, extinguished, or terminat	ed by th	ne organization (	during	
	<u>.                                      </u>	, , , , , , , , , , , , , , , , , , ,	·	-	-	
Number of stat	tes where property subject to conservat	ion easement is located ►				
	nization have a written policy regarding t f the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of	violations, and	┌ Yes	┌ No
Staff and volur	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments o	during the year		
•	enses incurred in monitoring, inspecting	g, and enforcing conservation easement	ts durin	g the year		
Does each cor	nservation easement reported on line 2(o 70(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ı)	┌ Yes	┌ No
balance sheet,	escribe how the organization reports coi , and include, if applicable, the text of th on's accounting for conservation easeme	e footnote to the organization's financia				
	izations Maintaining Collection ete if the organization answered "Y		or Ot	her Similar <i>i</i>	Assets.	
works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	ts held for public exhibition, education	, or rese	arch in furthera		
works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes	ts held for public exhibition, education				lıc
(i) <sub>Revenues 1</sub>	ncluded in Form 990, Part VIII, line 1			<b>►</b> \$		
(ii) Assets inc	luded in Form 990, Part X					
If the organiza	tion received or held works of art, histor ints required to be reported under SFAS					
_	uded in Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,		<b>F</b> -\$		

**b** Assets included in Form 990, Part X

-61	CTT Organizations Maintaining Co	nections of Art	<u>, піз</u>	LOFI	cai ir	easur	es, or c	unei	Similar A	<u> 55et:</u>	<b>5</b> (CO	<u>ntinuea)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other recor	ds, ch	eck	any of t	the follow	wing that	are a	sıgnıficant us	e of it	:s	
а	Public exhibition		d	Γ	Loan	or excha	ange prog	rams				
b	Scholarly research		e	Γ	Other	=						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	v the	/ furthe	r the or	ganızatıoı	ı's ex	empt purpose	ın		
5	During the year, did the organization solicit o								ılar	_		_
Do	assets to be sold to raise funds rather than t rt IV Escrow and Custodial Arrang		-						ac" to Form	厂 <b>Y</b> (	<u>es</u>	l No
Ρđ	Part IV, line 9, or reported an an						answere	u re	es to rollii	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribu	tions or	other ass	sets n	ot	<b>Γ</b> γ	es	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follow	ving t	able		-					
									Α	moun	<u>t                                    </u>	
С	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?							Γ Yα	es	□ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	natio	n has l	oeen pro	vided in l	art X	III	<u></u>	<u> </u>	
Pa	rt V Endowment Funds. Complete											
1.	Reginning of year halance	(a)Current year	(b)	Prior	/ear	b (c) I wo	years bac	k (a)	hree years back	(e)⊦	our ye	ars back
1a 	Beginning of year balance							+		$\vdash$		
b	Net investment earnings, gains, and losses							+		-		
С	Net investment earnings, gams, and losses									↓		
d	Grants or scholarships									Ь—		
е	Other expenditures for facilities and programs											
f	Administrative expenses									—		
g	End of year balance									<u> </u>		
2	Provide the estimated percentage of the curi	ent year end baland	ce (lın	e 1g,	colum	n (a)) he	eld as					
а	Board designated or quasi-endowment ►											
b	Permanent endowment ►											
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%										
За	Are there endowment funds not in the posses organization by			hat a	are held	d and ad	mınıstere	d for		-	Yes	No
	(i) unrelated organizations			•				•		(i)		<del> </del>
b	(ii) related organizations								· · · · · ·	(ii)   3b		
4	Describe in Part XIII the intended uses of the							•	🗀	ַ טי		
	rt VI Land, Buildings, and Equipme					LO.						
	Description of property		,	(	a) Cost o		(b)Cost of basis (of		(c) Accumula depreciatio		( <b>d</b> ) B	ook value
1a	Land			1						$\neg$		
b	Buildings											
c	Leasehold improvements											
d	Equipment					103,302			103	3,302		
е	Other	<u> </u>	•									
Tota	al. Add lines 1a through 1e (Column (d) must e	qual Form 990 Part	X colu	mn (	3) line	10(c))		_		$\neg$		

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category	(b)Book value	(c) Metho	d of valuation
(including name of security)		Cost or end-of	-year market value
(1)Financial derivatives			
(2 )Closely-held equity interests Other			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		<u> </u> 13	
(a) Description of investment type	(b) Book value		d of valuation
	(=, ===================================		-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip			(b) Book value
-			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	7.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
reactar meanic taxes			
-			
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) <b>▶</b>	İ		

Part	XI Reconciliation of Re	evenue per Audited Financial	State	emen	ts Wit	h Rev	enue p	er Re	eturn
1	Total revenue, gains, and othe	er support per audited financial stateme	ents .				-	1	
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12							
а	Net unrealized gains on invest	tments		2a					
b	Donated services and use of fa	acılıtıes		2b					
C	Recoveries of prior year grants	s		2c					
d	Other (Describe in Part XIII )			2d					
e	Add lines 2a through 2d .							2e	
3	Subtract line $\mathbf{2e}$ from line $1$ .							3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1							
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b		4a					
b	Other (Describe in Part XIII )			4b					
C	Add lines 4a and 4b							4c	
5	Total revenue Add lines 3 and	d <b>4c.</b> (This must equal Form 990, Part I	i, line 1	12).				5	
Part 2	XIII Reconciliation of Ex	xpenses per Audited Financia	l Stat	teme	nts Wi	th Exp	enses	per	Return
1	Total expenses and losses per	r audited financial statements						1	
2	Amounts included on line 1 bu	it not on Form 990, Part IX, line 25			_				
а	Donated services and use of fa	acılıtıes		2a					
b	Prior year adjustments			2b					
С	Other losses			2c					
d	Other (Describe in Part XIII )			2d				_	
e	Add lines $\mathbf{2a}$ through $\mathbf{2d}$							2e	
3	Subtract line $\bf 2e$ from line $\bf 1$ .							3	
4	A mounts included on Form 99 $$	0, Part IX, line 25, but not on line 1:			_				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b		4a					
b	Other (Describe in Part XIII )			4b					
c	Add lines <b>4a</b> and <b>4b</b>							4c	
5	Total expenses Add lines 3 ar	nd <b>4c.</b> (This must equal Form 990, Part	: I, lıne	18)				5	
Part	XIII Supplemental Inf	ormation							
	, line 4, Part X, line 2, Part XI,	scriptions required for Part II, lines 3, ! , lines 2d and 4b, and Part XII, lines 2d							
	Identifier	Return Reference				E	xplanati	on	
		H							

I dentifier	Return Reference	Explanation			
Pt XI Line 8		REGULATORY BASIS TO ACCRUAL BASIS ADJUSTMENTS			
Pt XII Line 2d		NO CHANGE DURING YEAR			
		SEE ATTACHMENTS FOR OTHER EXPLANATIONS			

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DLN: 93493319096823

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

TIP OTTERTAIL CHAPTER

**SCHEDULE G** 

# **Supplemental Information Regarding**

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

**Employer identification number** 

41-1931233

Pa	rt I Fundraising Act	i <b>vities.</b> Complete	ıf the or	ganızatı	on answered "Yes" t	o Form 990, Part IV	, line 17.
a b c d 2a	Indicate whether the organ  Mail solicitations  Internet and email solicitations  Phone solicitations  In-person solicitations  Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at least	citations a written or oral agree Form 990, Part VII) t paid individuals or	ement with or entity entities (f	e f g n any indi in connec	Solicitation of non Solicitation of gov Special fundraising vidual (including officer	-government grants ernment grants g events -s, directors, trustees undraising services?	<b>F Yes F No</b> ndraiser is
$\frac{\text{Tota}}{3}$	(i) Name and address of Individual or entity (fundraiser)  List all states in which the licensing	(ii) Activity	fundrais custo contrib Yes	Did ser have ody or rol of outlons?  No	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribu					
			(a) Event #1	<b>(b)</b> Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))		
ds			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts						
ξeV6	2	Less Contributions						
<u></u>	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
£O.	5	Noncash prizes						
Expenses	6	Rent/facility costs						
ă	7	Food and beverages .						
Direct	8	Entertainment						
ā	9	Other direct expenses .						
	10	Direct expense summary Add lii	nes 4 through 9 in colum	n (d)		( )		
	11	Net income summary Combine I	ine 3, column (d), and lin	e 10				
Par	t II	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than		
Revenue		1,	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
Rey	1	Gross revenue	399,935	3,232,758		3,632,693		
	2	Cash prizes	330,306	2,677,957		3,008,263		
Expenses	3	Non-cash prizes						
	4	Rent/facility costs		69,311		69,311		
Direct	5	Other direct expenses	67,839	477,935		545,774		
			┌ Yes	Г Yes	┌ Yes			
	6	Volunteer labor	✓ No	√ No	□ No	<u> </u>		
	7	Direct expense summary Add line	es 2 through 5 in column	(d)	🛌	3,623,348		
	8	Net gaming income summary Con	nbine lines 1 and 7 in col	lumn (d)	🛌	9,345		
9 a b	Enter the state(s) in which the organization operates gaming activities MN  Is the organization licensed to operate gaming activities in each of these states?							
10a b			licenses revoked, suspe	ended or terminated during	the tax year?	··· 「Yes 「No		

tne organizai	tion operate gaming	activities with nonmembers?			Yes No
Is the organ	ızatıon a grantor, be	neficiary or trustee of a trust (	or a member of a partners	ship or other entity	
formed to ad	mınıster charıtable ç	gamıng <sup>?</sup>			. ┌ <sub>Yes</sub> ┌ <sub>No</sub>
Indicate the	percentage of gamıı	ng activity operated in			
The organiza	ation's facility			13a	
An outside fa	acılıty			13b	
Enter the na	me and address of th	ne person who prepares the or	ganızatıon's gamıng/spe	cial events books and reco	rds
Name 🟲	KIM T MOLLBERG	CPA			
Address 🟲	PO BOX 1604 DETROIT LAKES	,MN 56502			
revenue? .					· · ┌ Yes ┌ No
If "Yes," ent	er the amount of gar	ning revenue received by the	organization 🟲 \$	and the	
amount of ga	amıng revenue retain	ied by the third party 🟲 \$			
If "Yes," ent	er name and addres	s of the third party			
Name 🟲					
Address 🟲					
Name 🟲	DAYLE PETERSON	1			
Description	of services provided	► GAMBLING MANAGER			
Director	/officer	Employee	Independe	nt contractor	
•		• Employee	r independer	nt contractor	
		er state law to make charitable	e distributions from the a	aming proceeds to	
					<b>▽</b> Yes <b>┌</b> No
				organizations or spent	i* Yes I No
		·	·	organizations of spent	
t IV Supp		mation. Complete this pa	art to provide the expl		
		and Part III, lines 9, 9b, 1 Iditional information (see i		17b, as applicable. Also	o complete this
	Is the organic formed to ad Indicate the The organiza An outside for Enter the national Name Address Does the organize amount of garding amount of garding man Name Gaming man Description  Director, Mandatory of Is the organize the stenter the amount the organize and the organiz	Is the organization a grantor, bereformed to administer charitable of Indicate the percentage of gamin The organization's facility	Is the organization a grantor, beneficiary or trustee of a trust of formed to administer charitable gaming?	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partners formed to administer charitable gaming?  Indicate the percentage of gaming activity operated in The organization's facility  An outside facility  Enter the name and address of the person who prepares the organization's gaming/specific partners and address of the person who prepares the organization's gaming/specific partners and address PO BOX 1604  DETROIT LAKES, MN 56502  Does the organization have a contract with a third party from whom the organization receivenue?  If "Yes," enter the amount of gaming revenue received by the organization in amount of gaming revenue retained by the third party  Name  Address   Gaming manager information  Name   DAYLE PETERSON  Gaming manager compensation   \$\frac{1}{2}\$ Employee  Independent Mandatory distributions  Is the organization required under state law to make charitable distributions from the gretain the state gaming license?  Enter the amount of distributions required under state law distributed to other exempt on the organization's own exempt activities during the tax year   \$\frac{5}{2}\$ \$51,735	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Indicate the percentage of gaming activity operated in The organization's facility  In outside facility  In o

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DLN: 93493319096823

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public

Inspection

Name of the organization TIP OTTERTAIL CHAPTER	Employer identifi	cation number
	41-1931233	

ldentifier	Return Reference	Explanation
Pt VI, Line 6		MEMBERSHIP APPROVES ALL ACTIVITY
Pt VI, Line 7a		MEMBERSHIP APPROVES ALL ACTIVITY
Pt VI, Line 7b		MEMBERSHIP APPROVES ALL ACTIVITY
Pt VI, Line 11b		MEMBERSHIP APPROVES ALL ACTIVITY
Pt VI, Line 15b		MEMBERSHIP APPROVES ALL ACTIVITY
Pt VI, Line 19		AVAILABLE UPON REQUEST
Pt VI, Line 15a		MEMBERSHIP APPROVES ALL ACTIVITY

### Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

For the 2012 calendar year, or tax year beginning 2012, and ending Check if applicable C Name of organization TIP OTTERTAIL CHAPTER D Employer Identification Number X Address change Doing Business As 41-1931233 Number and street (or P.O. box if mail is not delivered to street addr) Room/suite Telephone number Name change Initial return PO BOX 1866 (213) 841-3741 City, town or country ZIP code + 4 Terminated Amended return DETROIT LAKES 56502 **G** Gross receipts \$ 3,632,701. H(a) Is this a group return for affiliates? F Name and address of principal officer Yes H(b) Are all affiliates included? If No, attach a list (see instructions) **LAKES MN 56501** TED BREEZEE 1100 NORTH SHORE DRIVE DETROIT 527 Tax-exempt status X 501(c)(3) ) **d** (insert no.) 4947(a)(1) or Website: ► Κ Form of organization Association L Year of Formation 1981 M State of legal domicile MN Part I Summary Briefly describe the organization's mission or most significant activities: EDUCATE PUBLIC AGAINST POACHING ALL GENERAL FUND ACTIVITIES ARE RUN THROUGH STATE LEVEL ORGANIZATION TIP INC EIN 41-14048 Governance THIS IS THE ONLY GROUP MEMBER IN THE GROUP EIN 32-0239608 If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) حح Number of independent voting members of the governing body (Part VI, line 1b) 4 3 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 38 Total number of volunteers (estimate if necessary) ... 6 10 555. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 6,555. 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2q) Investment income (Part Viil, column (A), lines 3, 4, and 7d) 10 19 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,286. 9,345. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12,305 9,353. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 841 1,996. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 841 1,996. Revenue less expenses. Subtract line 18 from line 12 11,464 7,357. End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 138,540. 159,988. 21 Total liabilities (Part X, line 26) 15,133. 29,224. Net assets or fund balances. Subtract line 21 from line 20 123,407. 130,764. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (officer) is based on all information of which preparer has any knowledge. 11/15/13 Signature of officer Sign Here TED BREEZE PRESIDENT Type or print name and title Print/Type preparer's name Date Check KIM T MOLLBERG self-employed P00094700 Paid Preparer KIM T MOLLBERG Use Only Firm's EIN \* 41-1711225 910 LINCOLN AVE 56501-3500 DETROIT LAKES (218) 847-3879 May the IRS discuss this return with the preparer shown above? (see instructions) . . X Yes No

				 	<del>-</del> _ <del>-</del> _ <del>-</del>	
			<b></b>	 		
4d Other progra	m services.	. (Describe in S	chedule O)			
(Expenses	\$		including grants of	\$ 	) (Revenue \$	)
Ale Total program	m service e	vnoncoc >	1 00	 		

Form 990 (2012) TIP OTTERTAIL CHAPTER
Part W Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		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		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		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_		х
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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts Vi, VII, VIII, IX, or X as applicable	755000 2 1995 3 1995		
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ı	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
•	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	_	X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D. Part X	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  a Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		<u>x</u>
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F. Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part iX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If Yes, complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	х	
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
_ t	o If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV Checklist of Required Schedules (continued)

		. —		
77	Did the account to a section of the COO of the Life of the Coo of the Life of the Coo of		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
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		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		x
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		x
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
,	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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		х
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		х
	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L. Part II	26		Х
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		Х
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).	001 - 33 001 - 33 0 10 - 3		
â	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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		х
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		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ŧ	olf 'Yes' to line 35a, 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		Х
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		Х
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, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 (	י2012

X

14 a

14b

Form 990 (2012) TIP OTTERTAIL CHAPTER 41-1931233 Part V. Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a n **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b ۵ c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c Х 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 38 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a X b If "Yes" has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O X 3Ъ 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) Х **b** If 'Yes,' enter the name of the foreign country: • See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 5 a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5 b c if 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 ¢ 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 a Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 h Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a Х b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 h c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282 7 ¢ Х d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? X 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 a Х b Did the organization make a distribution to a donor, donor advisor, or related person? X 9 b 10 Section 501(c)(7) organizations. Entera Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b 12a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a **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. a is the organization licensed to issue qualified health plans in more than one state? 132 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

13b

13 c

which the organization is licensed to issue qualified health plans

14 a Did the organization receive any payments for indoor tanning services during the tax year?

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

c Enter the amount of reserves on hand

Form 990 (2012) TIP OTTERTAIL CHAPTER 41-1931233 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions. Check if Schedule O contains a response to any question in this Part VI Х Section A. Governing Body and Management Yes Nο 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . Δ X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? . . . . . Х 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a X **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? . 7Ь Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body? Яa X **b** Each committee with authority to act on behalf of the governing body? Х 8 b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Νo Yes 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х **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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х **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 ... 12 a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12h c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c Did the organization have a written whistleblower policy? 13 Χ Did the organization have a written document retention and destruction policy? 14 Х 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 15 a Х **b** Other officers of key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employees.'
- 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 heither the organization	on nor any	related	org	ganı	zatio	on con	npen	isated any current off	icer, director, or truste	e		
	(C)											
<b>(A)</b> Name and Title	(B) Average hours per	one ba	x, uni er an	less c	ersor	more ti us both r/trustee	ı an	(D)  Reportable compensation from	(E) Reportable compensation from	<b>(F)</b> Estimated amount of other		
	week (list any hours for related organiza tions below dotted line)	Institutional trustee Individual trustee or director		Officer	Key employee	Former Highest compensated employee		the organization (W 2/1099 MISC)	related organizations (W-2/1099 MISC)	compensation from the organization and related organizations		
(I) DAYLE PETERSON	20.00											
GAMBLING MANAGER		Х	<u></u>		Х			0.	0.	0.		
(2) TED BREEZEE	2.00	1							İ			
CEO		Х		Х	ļ			0.	0.	0.		
(3) DOUG PASKEY SECRETARY/TREASURER	2.00	х		x				0.	0.	0.		
(4)		Λ		^				0.	0.	<u> </u>		
(5)												
(6)												
(8)												
(9)							2					
(10)												
(11)												
(12)												
(13)												
(14)												

Form 990 (2012) TIP OTTERTAIL CHAPTER			PT	•				1111111111	41-19312	
Part VII Section A. Officers, Directors, Tru (A)			(C	C)			(D)	pensated Em	(F)	
Name and title	Average hours per week (list any	box, unle officer ar		ss pe	rson irecto	is both or/trust	an lee)	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation
	hours for related organiza - tions	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099 MISC)	(W 2/1099-MISC)	from the organization and related organizations
	below dotted line)	aaısı	rustee		8	pensaled				
(15)										
(16)						ļ				
(17)										
(18)										
(19)										
(20)										
(21)	<del> </del> -									
(22)										
(23)										
(24)										
(25)										
1 b Sub-total	<u>'</u>	1		!		I	<b>.</b>	0.	0	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	п <b>А</b>		-			; [	•	0.	0	. 0.
2 Total number of individuals (including but not limit from the organization ►	ed to tho	se lis	ted	abo	ve) י	who i	rece	eived more than \$	100,000 of reporta	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such	or or trust <i>individu</i> a	ee, k	еу е	empl ,	oye	e, or	hıg	hest compensated	f employee	Yes No
<b>4</b> For any individual listed on line 1a, is the sum of the organization and related organizations greater such individual	eportable than \$15	com 0,000	pen )? //	sati <i>f 'Ye</i>	on a	ınd o ompli	thei ete	r compensation fro Schedule J for	o <b>m</b>	4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If Yes,	compens	ation Sch	froi nedu	m ar <i>le J</i>	ny u for :	nrela such	ted	organization or in	dividual	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensations.		•					•		- 0100 000 of	
compensation from the organization. Report comp	ensation	for th	ie ca	alen	dar y	year	enc	received more tha ling with or within	the organization's	tax year.
Name and business addre	ess 							(B) Description o		(C) Compensation
	<del></del>									
Total number of independent contractors (including \$100,000 in compensation from the organization)		limite	ed to	the	se!	ısted	ab	ove) who received	ا I more than	
BAA		EEA0	108	01/24	V13					Form <b>990</b> (2012)

### Part VIII Statement of Revenue

Like	Check if Schedule O contains a response to any question in this Part VIII										
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514				
ANT	1	a Federated campaigns	1 a	Communication of the communica		7 (42 24 July 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
200		<b>b</b> Membership dues .	1 b								
ž Š		c Fundraising events .	1 c								
CONTRIBUTIONS, GIFTS, GRANTS		d Related organizations .	1 d								
ž š		e Government grants (contributions)	1 e								
욷쯦						- Maria Maria Maria Maria Maria - Maria Maria Maria Maria Maria - Maria					
護品		f All other contributions, gifts, grants, and similar amounts not included above	1 f		Francisco de la companya de la compa						
Ş٤		g Noncash contributions included in lns 1a-1			An in a coddddiff ddir o'i nefel o'i An i fae a codddiff ddir o'i nefel o'i codd An i Gygar awy gaellaeth o'i codd						
		h <b>Total.</b> Add lines 1a-1f									
S			Business Code			FRANCE POLICE  FRANCE STATE ST					
PROGRAM SERVICE REVENUE	l '	All other program service revenue									
	3	Investment income (including divi	dends, interest and		Ellinasson (no	(1) Milester Property (1) (note 24 (15)	5.3.4 1 111 1212114 5				
	4 5	other similar amounts) Income from investment of tax-ex- Royalties	•	8.	0.	0.	8.				
		(i) Re	al (ii) Personal	The second secon							
i	6 a	Gross rents									
	ŀ	Less rental expenses									
		Rental income or (loss) , ,		Property Comments   Prop							
	•	Net rental ⊧ncome or (loss)									
	7 a	Gross amount from sales of (i) Secur	rties (a) Other	\$10 B 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	SC Inches of Property Anna	Language Communication Communi					
		assets other than inventory		99 44 (1995) 1997 - 1997 (1995) 1997 - 2004 (1995) 1997 (1995)	Rai (2000-ren 1900-rein) (20 Galegoober en 1900-rein) Barrossag, angen Lautook						
	E	Less cost or other basis and sales expenses									
		Gain or (loss)									
		Net gain or (loss)		la l'altitor della di ser esse distrib	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	\$4961 (9961) (1996) \$1 [566] 1444					
监		Gross income from fundraising evi (not including \$		000 C							
REVENUE		of contributions reported on line 16	c).								
OTHER		See Part IV, line 18	a .	processor in the first page of the following section in the first page of the following section in the first page of the		-11-25  14-55  5  1-25  1-1   -15  5  1-5  5  5  1-5  5  1-5  5	gandili da ka				
틩		Less: direct expenses	. b	L. 1, 3, 2,5, 2,5, 2,5, 2,5, 2,5, 2,5, 1,5, 1,5							
_		Net income or (loss) from fundrais			Bulletine and the second control of the seco						
	9 a	Gross income from gaming activiti See Part IV, line 19	es. . a 3,632,693.								
		Less' direct expenses	<b>b</b> 3,623,348.								
	С	Net income or (loss) from gaming	activities 🕨	9,345.	0.	7,555.	1,790.				
	10 a	Gross sales of inventory, less retu and allowances	rns a								
	b	Less, cost of goods sold	ь		u 170600000 H 694 777 6 H 699 950 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
		Net income or (loss) from sales of	inventory ,								
		Miscellaneous Revenue	Business Code								
i	11a										
	b						<del></del>				
	C				·						
ŀ		All other revenue									
		Total. Add lines 11a-11d	. •		A CONTRACTOR OF THE PROPERTY O						
	12	Total revenue. See instructions		9,353.	0.	7,555.	1,798.				
BAA	_		TEEA				Form 990 (2012)				

### 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),											
Check if Schedule O contains a response to any question in this Part IX											
Do 7b,	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	( <b>D)</b> Fundraising <u>expenses</u>						
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21.										
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				The second secon						
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16										
4	Benefits paid to or for members			Control Contro	- 3000 -						
5	Compensation of current officers, directors, trustees, and key employees			1,500							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
8	Pension plan accruais and contributions (include section 401(k) and section 403(b) employer contributions)										
9	Other employee benefits .										
10	Payroll taxes ,,										
11	Fees for services (non-employees)										
á	a Management										
ŧ	Legal	ļ	-								
(	Accounting										
(	Lobbying .										
•	Professional fundraising services. See Part IV, line 17										
1	Investment management fees										
	Other, (If line 11g amt exceeds 10% of line 25, col- umn (A) amt, list line 11g expenses on Sch 0) Advertising and promotion:										
13	Office expenses										
14	information technology										
15	Develope		<del> </del>								
16	Occupancy				<u> </u>						
17	Travel										
18	Payments of travel or entertainment	<del></del>			<u> </u>						
	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										
23	Insurance .										
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses										
	in line 24e. If line 24e amount exceeds 10%				96-10001 (1)						
	of line 25, column (A) amount, list line 24e expenses on Schedule O.)		lene hydreni i nu (1900) ee ee ee ee ee Gallata i ee ee ee ee gallata gallata ja ja								
а	FEDERAL INCOME TAX	1,914.	1,914.	0.	0_						
Ь	PENALTY & INTEREST	82.	82.	0.	0.						
c		02.	04.	<u> </u>							
ų.	,		<del></del>								
-	All other expenses				·						
	Total functional expenses Add lines 1 through 24e	1,996.	1,996.	0.	0.						
		1, 390.	1,996.	<u> </u>	U.						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here   If following			į							
	SOP 98-2 (ASC 958-720)			<u> </u>							

		Check if Schedule O contains a response to any qu	estion	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing .	_	-	89,205.	1	53,212.
	2	Savings and temporary cash investments			29,147.	2	96,689.
	3	Pledges and grants receivable, net		,	3		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former of trustees, key employees, and highest compensated er Part II of Schedule L		10000 10000 10000 5			
	6	Loans and other receivables from other disqualified persection 4958(f)(1)), persons described in section 4958 employers and sponsoring organizations of section 50 beneficiary organizations (see instructions). Complete	(c)(3)(E (1(c)(9)	B), and contributing voluntary employees'		6	
S.	7	Notes and loans receivable, net .				7	
ASSETS	8	Inventories for sale or use .			6,051.	8	7,274.
T S	9	Prepaid expenses and deferred charges			14,137.	9	2,813.
	10 a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10 a	102 202		7 NE 3 S	
	h	Less, accumulated depreciation	10 Б	103,302.	i	នៃជីវិទិ	
	11	investments – publicly traded securities		103,302.	0.	10 c	0.
	12	Investments — other securities   See Part IV, line 11	•	-		11	
	13	Investments – program-related See Part IV, line 11	·	12			
	14	Intangible assets		13			
Ì		Other assets See Part IV, line 11	<u> </u>	14			
	15	·	-	1	ļ.————	15	
$\dashv$	16 17	<b>Total assets.</b> Add lines 1 through 15 (must equal line 3 Accounts payable and accrued expenses	34)	<u> </u>	138,540.	16	159,988.
	18	Grants payable	-	• •	15,133.	17 18	29,224.
	19	Deferred revenue	• • •		ļ	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV	V of Sc	hedula D		21	
A B	_	Loans and other payables to current and former officer	rs, dire	ctors, trustees.	1 2000 - 1000 -	21 33 m	TO THE PARTY OF TH
L   [ ] T		key employees, highest compensated employees, and Complete Part II of Schedule L	disqua	llified persons.		22	
E	23	Secured mortgages and notes payable to unrelated thi	ird parti	es .		23	
5	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp		25			
_	26	Total liabilities. Add lines 17 through 25			15,133.	26	29,224.
N E		Organizations that follow SFAS 117 (ASC 958), check	here 🟲	and complete		257574	
Ĩ		lines 27 through 29, and lines 33 and 34.					
ş	27	Unrestricted net assets				27	
S S	28	Temporarily restricted net assets				28	
- 1	_	Permanently restricted net assets	• •	· <u>· ·</u>		29	
R F		Organizations that do not follow SFAS 117 (ASC 958), and complete lines 30 through 34.	, check	here > X		(197 <u>7)</u> 2011 21333	
FUZD	30	Capital stock or trust principal, or current funds				30	akita e e e e o um populo populo proportional mengeli i i i
- 1	_	Paid-in or capital surplus, or land, building, or equipme	ent fund			31	
Ç		Retained earnings, endowment, accumulated income.			123,407.	32	130,764.
BALANCES		Total net assets or fund balances		11	123,407.	33	130,764.
Ē		Total liabilities and net assets/fund balances		•	138,540.	34	159,784.

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	990 (2012) TIP OTTERTAIL CHAPTER	41-1931233	3 Page 12
Pa	Reconciliation of Net Assets		
	Check if Schedule O contains a response to any question in this Part XI .		-
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,353.
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1,996.
3	Revenue less expenses. Subtract line 2 from line 1	. 3	7,357.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	123,407.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	. 8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	130,764.
Pa	t XII Financial Statements and Reporting		
	Check if Schedule O contains a response to any question in this Part XII		
	onder in deflocation of contains a recipional to any question in this rear Air	<del></del>	Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both:	iewed on a	
	Separate basis Consolidated basis Both consolidated and separate basis		
ŀ	Were the organization's financial statements audited by an independent accountant?	-	. 2b X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both    X   Separate basis	parate	
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2c X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3 6	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a X
t	If 'Yes.' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3 b
BAA			Form <b>990</b> (2012)

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury internal Revenue Service

Total

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.

Name of the organization Employer identification number TIP OTTERTAIL CHAPTER 41-1931233 Part : Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section** 170(b)(1)(A)(iv). (Complete Part II.) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) X 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities 9 related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. c | Type III – Functionally integrated **d** | Type III — Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box f Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q No Yes (1) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) 11 q (i) below, the governing body of the supported organization? A family member of a person described in (i) above? 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (m) Provide the following information about the supported organization(s). (iv) is the organization in column (i) listed i your governing document? (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1.9 above or IRC section (see instructions)) (vii) Amount of monetary (v) Did you notify (vi) is the the organization in column (i) of your support? organization in column (i) support organized in the Yes No Yes No Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

Sec	tion A. Public Support				,		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(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 governmenta! unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
<u>Sec</u>	tion B. Total Support						
Cale begii	ndar year (or fiscal year nning in) >	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	49.	19.	17.	19.	8.	112.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.	17,775.	0.	12,286.	9,345.	39,406.
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						39,518.
12	Gross receipts from related activ	ities, etc (see inst	ructions) .			. 12	
13	First five years. If the Form 990 a organization, check this box and		tion's first, second	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	, ► □
	tion C. Computation of Pu						
14	Public support percentage for 20	12 (line 6, column	(f) divided by line	e 11, column (f))	-	14	%
15	Public support percentage from 2	2011 Schedule A, I	Part II, line 14 .		- •	15	
16 a	33-1/3% support test $-$ 2012. If and stop here. The organization					1/3% or more, chec	ck this box ►
b	33-1/3% support test $-$ 2011. If the and stop here. The organization	he organization did qualifies as a pub	d not check a box licly supported org	on line 13 or 16a, ganization	, and line 15 is 33	-1/3% or more, che 	ck this box
17 a	10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts'	meets the 'facts-ar	nd-circumstances'	test, check this b	ox and stop here.	Explain in Part IV	
	10%-facts-and-circumstances te or more, and if the organization rorganization meets the 'facts-and	meets the 'facts-ar i-circumstances' te	nd-circumstances' est. The organizat	test, check this b non qualifies as a	ox and <b>stop here.</b> publicly supported	Explain in Part IV i Lorganization	how the ▶ 🔲
18	Private foundation. If the organiz	ation did not ched	k a box on line 13	3, 16a, 16b, 17a, o	or 17b, check this	box and see instruc	tions X
744							AAA === AAAA

Schedule A (Form 990 or 990-EZ) 2012 TIP OTTERTAIL CHAPTER 41-1931233 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part Ii.) Section A. Public Support Calendar year (or fiscal yr beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions and membership fees received (Do not include any unusual grants.) Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) 🟲 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources **b** Unrelated business taxable activities not included in line 10b, whether or not the business is

income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b. 11 Net income from unrelated business

regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)

Sec	tion C. Computation of Public Sup	pport Percentag	ge		
	organization, check this box and stop here	e	second, unita, touru	i, or mun tax year as a	a section 501(c)(5)
14	First five years. If the Form 990 is for the	organization's first	second third fourth	or fifth tay year ac	costion 501/c)(2)
15	Total Support. (Add ins 9 10c, 11, and 12)!	I	1		

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	\ 8
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	8
Sec	tion D. Computation of Investment Income Percentage		<u> </u>
17	Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	<i>ુ</i>
18	Investment income percentage from 2011 Schedule A, Part III, line 17	18	Qi

19a 33-1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33-1/3% support tests** — **2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ...

Schedule A	(Form 990 or 990-EZ) 2	2012 TIP OT	TERTAIL CHAPT	rer .	41-1931233	Page 4
Part IV	Supplemental Info Part II, line 17a or (See instructions).	rmation. Com 17b, and Part	plete this part to III, line 12. Also	provide the explant complete this part	ations required by Part II, I for any additional informati	ine 10; on
<b>_</b>		<b></b> -				
		<b></b>	<b></b>			
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## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

OMB No 1545-0047 2012

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	P OTTERTAIL CHAPTER TIP Organizations Maintaining Dono	or Advised Funds or Oth	er Similar Fun		.931233 s. Complete	e if
	the organization answered 'Yes'	to Form 990, Part IV, lin	e 6			
		(a) Donor advised	funds	(b) Funds a	nd other acco	unts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and don- are the organization's property, subject to the o	or advisors in writing that the a organization's exclusive legal o	assets held in done control?	or advised funds	Yes	No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	s, and donor advisors in writin of the donor or donor advisor,	g that grant funds or for any other pu	can be used only urpose conferring	. Yes	No
Pai	† II: Conservation Easements. Comp	lete if the organization a	nswered 'Yes'	to Form 990 P		
1	Purpose(s) of conservation easements held by			10 1 01111 330, 1	artiv, mic	<u>/·</u>
	Preservation of land for public use (e.g., re			f an historically imp	ortant land ar	ea
	Protection of natural habitat		<b>—</b>	f a certified historic		-
	Preservation of open space	1				
2	Complete lines 2a through 2d if the organizatio last day of the tax year.	on held a qualified conservation	n contribution in th	e form of a conserv	ation easeme	nt on the
	•			Held at t	the End of the	Tax Year
ā	Total number of conservation easements .			2a		
ı	o Total acreage restricted by conservation easen	nents		. 2b		
(	Number of conservation easements on a certifi	ied historic structure included i	n (a)	2 c		
C	f Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and	d not on a historic	2 d		
3	Number of conservation easements modified, t tax year ▶	ransferred, released, extinguis	hed, or terminated	by the organization	n during the	
4	Number of states where property subject to con	nservation easement is located	d <b>-</b>			
5	Does the organization have a written policy reg and enforcement of the conservation easement	garding the periodic monitoring its it holds?	, inspection, handl	ling of violations,	Yes	No
6	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing co	nservation easem	ents during the yea	r	
7	Amount of expenses incurred in monitoring, ins	specting, and enforcing conser	vation easements	during the year		
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the req	uirements of section	on 170(h)(4)(B)(ı)	Yes	No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote to conservation easements	orts conservation easements in the organization's financial st	ats revenue and e tatements that des	expense statement, cribes the organiza	and balance s tion's account	sheet, and ang for
Par	Organizations Maintaining Collection Complete if the organization answ	<b>ctions of Art, Historical</b> wered 'Yes' to Form 990,	<b>Treasures, or</b> Part IV, line 8	Other Similar A 3.	ssets.	
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finance	held for public exhibition, educ	cation, or research	e statement and ba n in furtherance of g	lance sheet would build service,	orks of provide,
b	If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items:	d for public exhibition, educatio	t in its revenue sta on, or research in f	atement and balanc furtherance of publi	e sheet works c service, pro	of art, vide the
	(i) Revenues included in Form 990, Part VIII, I	line 1	-		·\$	
	(ii) Assets included in Form 990, Part X				\$	
	If the organization received or held works of art amounts required to be reported under SFAS 1	16 (ASC 958) relating to these	similar assets for items	financial gain, prov	ide the follow	ing
	Revenues included in Form 990, Part VIII, line				\$	
	Assets included in Form 990, Part X				\$	
7 A S	For Panerwork Reduction Act Notice, see the I	Instructions for Form 000	TEE	onnana Coh	odulo D. (Form	- 000\ 2012

Schedule D (Form 990) 2012 TIP OTTERTAIL CHAPTER	41-1931233	
Part III Organizations Maintaining Collections of Art, Historical Treasures,	or Other Similar Assets (	continued)

41	-1	931	1233

,						
3 Using the organization's acquisition, accession items (check all that apply)	n, and other records,	check any of the following	g that are a significant us	e of its	collection	пс
a Public exhibition	<b>d</b> Lo	an or exchange programs				
<b>b</b> Scholaríy research	e Ot	her				
c Preservation for future generations						
4 Provide a description of the organization's coll Part XIII	ections and explain I	now they further the organ	iization's exempt purpose	e in		
5 During the year, did the organization solicit or to be sold to raise funds rather than to be mai	ntained as part of the	organization's collection	7	Yes		No
Part IV Escrow and Custodial Arrangeme reported an amount on Form 990	<b>nts.</b> Complete if th D, Part X, line 21	ne organization answe	red 'Yes' to Form 990	, Part l'	√, lıne	9, or
1 a is the organization an agent, trustee, custodia on Form 990, Part X?	n, or other intermedia	ary for contributions or oth	ner assets not included	Yes		No
<b>b</b> if 'Yes,' explain the arrangement in Part XIII a	nd complete the follo	wing table			۲.	_
•	·	·		Amount		
c Beginning balance			1 c			
<b>d</b> Additions during the year			1 d			
e Distributions during the year			1 e		_	
f Ending balance			1 f			
2 a Did the organization include an amount on For	m 990 Part X line 2	17	<u> </u>	Yes	$\neg \neg$	No
<b>b</b> if 'Yes,' explain the arrangement in Part XIII.			Lio Part VIII		-	⊣'''
bit res, explain the arrangement in Fart Ain, t	blieck fiele ii tite exp	iantion has been provided	I III FOIL AIII		- [_	
Part V Endowment Funds. Complete if	the organization	answered 'Ves' to E	orm 990 Part IV Ju	20 10		
(a) Curren			(d) Three years		our yea	
1 a Beginning of year balance	(D) 1 1101	year (5) The years	(a) Tribe years	(6)	oui yee	
b Contributions						
c Net investment earnings, gains, and losses				ļ		
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance .						
2 Provide the estimated percentage of the curren	nt year end balance (	line 1g, column (a)) held	as			
a Board designated or quasi-endowment	물					
b Permanent endowment ► %	<del></del> _					
c Temporarily restricted endowment ►	8					
The percentages in lines 2a, 2b, and 2c should	Legual 100%					
3a Are there endowment funds not in the possess organization by	ion of the organization	on that are held and admi	nistered for the	Г	Yes	No
				2-0		140
(i) unrelated organizations .			'	3a(i)		_ <del></del>
(ii) related organizations				3a(ii)		
<b>b</b> if 'Yes' to 3a(ii), are the related organizations i				3b		<u></u>
4 Describe in Part XIII the intended uses of the o						
Part VI Land, Buildings, and Equipmen						
Description of property	(a) Cost or other bas (investment)	sis (b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book va	ilue ———
<b>1 a</b> Land			planted the state of warding			
<b>b</b> Buildings						
c Leasehold improvements						
<b>d</b> Equipment	103,302	2.	103,302.			0.
e Other						
Total. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X	, column (B), line 10(c).)	<u> </u>	-		0.
ВАА			Sched	iule <b>D</b> (F	orm 99	

(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-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(D) (E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)		
Part VIII Investments - Program Related. See	Form 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)		ond of your market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Column (b) must equal Form 990, Part X, column (B) line 13.)		
Part IX Other Assets. See Form 990, Part X, II		
	cription	(b) Book value
(1)		
_(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10) Total. (Column (b) must equal Form 990, Part X, column (B)	les 15 )	>
Part X: Other Liabilities. See Form 990, Part X		
(a) Description of liability	(b) Book value	
(1) Federal income taxes	(b) Dook Value	
(2)	<del></del>	
(3)	-	
(4)		
(5)		
(6)	<del> </del>	
(7)		
(8)		
(9)	<del>                                     </del>	
(10)		
(11)	. ,	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	<b>&gt;</b>	
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to t		tatements that reports the programation's liability for uncertain the positions
2. Fin 48 (ASC 740) Poundle. In Part Am, provide the text of the footnote by under FIN 48 (ASC 740). Check here if the text of the footnote has been provide	ne organization s financial si	latements that reports the organization's nationly for uncertain tax positions

Schedule D (Form 990) 2012 TIP OTTERTAIL CHAPTER	41-1931233	Page 4
Part XI: Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
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	330 U	
a Net unrealized gains on investments 2a	100 mg/m 100 mg/m 100 mg/m	
b Donated services and use of facilities 2b		
c Recoveries of prior year grants	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
d Other (Describe in Part XIII )		
e 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	7.57 to	
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a	(Carlotte Carlotte Carlotte Carlotte	
b Other (Describe in Part XIII )		
c Add lines 4a and 4b		
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII. Reconciliation of Expenses per Audited Financial Statements With Expenses		
	Jer Keturn	
1 Total expenses and losses per audited financial statements .		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	(660) 73, 30	
a Donated services and use of facilities		
b Prior year adjustments 2b		
c Other losses 2c	<u></u>  \$30	
d Other (Describe in Part XIII )	- 1700 - 1700 - 1700	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b Other (Describe in Part XIII.).		
c Add lines 4a and 4b	4c	<u>,,</u>
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	.   5	
Part XIII Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a	IV, lines 1b and 2b, Pa iny additional informat	art V, ion
Pt XI Line 8 REGULATORY BASIS TO ACCRUAL BASIS ADJUSTMENTS		
Pt XII Line 2d NO CHANGE DURING YEAR	<b>-</b>	
SEE ATTACHMENTS FOR OTHER EXPLANATIONS		<b>-</b> -
	·	
BAA	Schedule <b>D</b> (Form	990) 2012

Schedule D (Form 990) 2012 TIP OTTERTAIL CHAPTER  Part XIII Supplemental Information (continued)	41-1931233	Page 5
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#### **SCHEDULE G** (Form 990 or 990-EZ)

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Open to Public Inspection

Name	of the organization					Employer identific	ation number
TII	P OTTERTAIL CHAPTER					41-193123	33
Pa	Fundraising Activities. Comp	lete if the orga quired to comp	nization ar lete this pa	nswered 'Y	es' to Form 990, Part l'	V, line 17.	
1					wing activities. Check	ail that apply.	
a	a Mail solicitations			е	Solicitation of non	-government grants	
1	nternet and email solicitations	i		f	Solicitation of gove	ernment grants	
	Phone solicitations			g	Special fundraising	=	
				ā		g events	
	Did the organization have a writter employees listed in Form 990, Par If 'Yes,' list the ten highest paid in						
	compensated at least \$5,000 by the	e organization.					
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did have custor of conti	fundraiser dy or control ributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4						_	
5							
6							
7				İ			
8							
9							
10							
Total				•			
3	List all states in which the organiza or licensing	ition is register	ed or licen	sed to soli	cit contributions or has	been notified it is exen	npt from registration
			- <b></b>				
							- <b>-</b>
		- <b></b> -	<b>-</b> -			- <b></b>	
		<b> </b>					
							<b></b>
				<b></b>			
			- <b>-</b>	<b></b>			
				<del>-</del> -			
				<b>-</b> -			<del></del>
			- <b>-</b>				

		G (Form 990 or 990-EZ) 2012 TIP OTT				31233 Page 3
Par	割塔	Fundraising Events. Complete if t more than \$15,000 of fundraising List events with gross receipts gre	event contribution:	nswered 'Yes' to Fo s and gross income	rm 990, Part IV, I on Form 990-EZ,	ine 18, or reported lines I and 6b.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
R E			(event type)	(event type)	(total number)	through column (c)
REVENUE	1	Gross receipts				
E	2	Less: Charitable contributions .				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
D I RECT	6	Rent/facility costs				
Ç T	7	Food and beverages .				
EXPERSES	8	Entertainment				
N S E	9	Other direct expenses .				
S		Direct expense summary Add lines 4 through			•	
D-1		Net income summary. Combine line 3, colu <b>Gaming.</b> Complete if the organizat		a' to Form 000 Dor	HV line 10 or re	ported mayo than
41	# (### <u>#</u> ]	\$15,000 on Form 990-EZ, line 6a.	ion answered Tes	5 to Form 990, Fan	civ, mie 15, orie	ported more than
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
N U						
E 	1_	Gross revenue ,	399,935.	3,232,758.		3,632,693
E	2	Cash prizes	330,306.	2,677,957.		3,008,263
EXPENSES	3	Non-cash prizes				
S E S	4	Rent/facility costs		69,311.		69,311
	5	Other direct expenses .	67,839.	477,935.		545,774
	6	Volunteer labor	Yes 8	Yes%	Yes %	
	7	Direct expense summary Add lines 2 throu	igh 5 in column (d)			3,623,348
	8_	Net gaming income summary. Combine line	es 1, column (d) and li	ine 7		9,345
9	Ente	er the state(s) in which the organization oper	rates caming activities	· Minnesota		
а	Is th	e organization licensed to operate gaming a b,' explain.	-			X Yes No
		·	- <b></b>			<b></b>
		<b></b>	<b></b>		<b></b>	

**b** If 'Yes,' explain:

Schedule <b>G</b> (Form 990 or 990-EZ) 2012 TIP	OTTERTAIL CHAPTER	41-1931233	Page <b>3</b>
11 Does the organization operate gaming ac	tivities with nonmembers?	. <u>x</u> Y	res No
12 Is the organization a grantor, beneficiary administer charitable gaming?	or trustee of a trust or a member of a partnership		res X No
13 Indicate the percentage of gaming activity	y operated in.		
<b>a</b> The organization's facility		. 13a	8
<ul><li>b An outside facility</li><li>Enter the name and address of the person</li></ul>	n who prepares the organization's gaming/specia	l events books and records	
Name ► <u>KIM T MOLLBERG CPA</u>			
Address ► PO BOX 1604 DETRO	IT LAKES, MN 56502		
			Yes X No
Name •			- <i></i>
Address			] 
16 Gaming manager information:			
Name ► DAYLE_PETERSON	·	·	
Gaming manager compensation 🕨 💲	12,575.		
Description of services provided <u>GAI</u>	MBLING MANAGER		
Director/officer X Emp	oloyee Independent contract	otor	
17 Mandatory distributions			
a is the organization required under state la state gaming license?	aw to make charitable distributions from the gami	ng proceeds to retain the	Yes No
	I under state law to be distributed to other exemp		les Mo
organization's own exempt activities durin			
Columns (III) and (v), and Pathis part to provide any addi	Complete this part to provide the expla art III, lines 9, 9b, 10b, 15b, 15c, 16, a tional information (see instructions).	nations required by Part I, and 17b, as applicable. Also	line 2b, complete
BAA	TEEA3703 01/07/13	Schedule <b>G</b> (Form 990 d	or 990-EZ) 2012

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

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

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

Department of the Treasury Internal Revenue Service

Name of the organization	Employer identification number
TIP OTTERTAIL CHAPTER	41-1931233
Pt_VI, Line_6 MEMBERSHIP APPROVES ALL ACTIVITY	
Pt VI, Line 7a MEMBERSHIP APPROVES ALL ACTIVITY	<del>-</del>
Pt_VI, Line 7b MEMBERSHIP APPROVES ALL ACTIVITY	- <b></b> -
Pt VI, Line 11b MEMBERSHIP APPROVES ALL ACTIVITY	
Pt VI, Line 15b MEMBERSHIP APPROVES ALL ACTIVITY	·
Pt VI, Line 19 AVAILABLE UPON REQUEST	<b></b>
Pt VI, Line 15a MEMBERSHIP APPROVES ALL ACTIVITY	
<del></del>	<del></del>
	<b></b>
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	<b></b>
	· <b></b>
	- <b></b>
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	·
<b></b>	
	·

Form <b>886</b>	8 (Rev 1-2013) TIP OTTERTAIL CHA	PTER	•	41-1931233	Page 2
	are filing for an Additional (Not Automatic) 3-Mo		complete only Part II and check this		- <b>-</b> X
•	y complete Part II if you have already been grant				
	are filing for an <mark>Automatic 3-Month Extension, c</mark>				
Párt II.	Additional (Not Automatic) 3-Month	ı Extension	of Time. Only file the original	I (no copies neede	d).
7 33123			Enter filer's i	identifying number, see	instructions
-	Name of exempt organization or other filer, see instructions			Employer identification number	er (EIN) or
Type or					
print	TIP OTTERTAIL CHAPTER			41-1931233	
Cilo bu tho	Number, street, and room or suite number. If a P.O. box, see	e instructions		Social security number (SSN)	
File by the extended due date for					
filing your return See instructions	1100 NORTH SHORE DRIVE			·	
instructions	City, town or post office, state, and ZIP code. For a foreign a				
	DETROIT_LAKES	MN 5	6501		
	D. f. H. B. B. W. H. H. B. B. B. B. B. B. B. B. B. B. B. B. B.	£ 6£1			(
Enter the	Return code for the return that this application is	tor (file a sepa	arate application for each return) .		·· <u>[01</u> ]
			T		
Applicatio Is For	on	Return   Code	Application Is For		Return Code
	or Form 990-EZ	01		များသုံးသည်။ သူသည်။ သည်။ ကြောင့်သည်။ ကြောင်းသည်။ သည်သည်။	
Form 990		02	Form 1041-A	Tal -22: 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2	08
	0 (ındividual)	03	Form 4720	<del></del>	09
Form 990-		04	Form 5227		10
Form 990-	T (section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-	T (trust other than above)	06	Form 8870		12
<ul><li>If the o</li><li>If this whole group</li></ul>	none No. (218) 841-3741  organization does not have an office or place of list for a Group Return, enter the organization's founce, check this box. If it is for part of the extension is for.	ur digit Group	Exemption Number (GEN) 94	90 If the	► ☐ Is is for the of all
5 For 6 If the	uest an additional 3-month extension of time unicalendar year 2012, or other tax year beging tax year entered in line 5 is for less than 12 months of the company of the company of the extension ADD FORMATION FOR A COMPLETE AND A	ning onths, check re ITIONAL T		, 20 Final return	'
nonr	s application is for Form 990-BL, 990-PF, 990-T, efundable credits. See instructions	<del> </del>		8a\$	0.
payn with	s application is for Form 990-PF, 990-T, 4720, o nents made Include any prior year overpayment Form 8868	allowed as a d	credit and any amount paid previous	tax y 8bs	0.
c Bala EFTI	i <mark>nce due.</mark> Subtract line 8b from line 8a. Include y PS (Electronic Federal Tax Payment System). S	our payment wee instructions	oth this form, if required, by using	. 8c\$	0.
	•		st be completed for Part II or		
Under penalti correct, and c	tes of perjury, I declare that I have examined this form, including complete, and that I am authorized to prepare this form	g accompanying set	hedules and statements, and to the best of my ki	. 1	(4/20)
Signature 🕨	Tille Tille	<u> </u>	01212	Date ► 8 / .	(Rev 1-2013)
BAA	J ' '	F1FZ0502	UH21/13	1 0/11: 09:00	A.c. 1 50.0)
_	Department of the Treasur	·v			
	Internal Devenue Service (		2013. 1.520 NOMA	90A9 L075	

Internal Revenue Service Ctr Ogden, UT 84201 - 9045

### Form **8868** (Rev January 2013)

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

internal Revenue Service	i ne a separate application for each return.	
<ul> <li>If you are filing for an.</li> </ul>	utomatic 3-Month Extension, complete only Part I and check this box	. <b>-</b> X
	dditional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).	
Do not complete Part II un	ess you have already been granted an automatic 3-month extention on a previously filed Form 8868.	
request an extension of tine Associated With Certain Pi	u can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to be to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfirsonal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the two www.irs.gov/efile and click on e-file for Charities & Nonprofits.	are
Part I Automatic	3-Month Extension of Time. Only submit original (no copies needed).	
A corporation required to f	e Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only	<b>►</b> [
	ding 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file	; ;
	Enter filer's identifying number, see instruc	rtione

	Name of exempt organization or other filer, see ins	tructions	Litter III	er's identifying number, see Employer identification	
Type or print				Employer Identification	ar name: (Env)
	TIP OTTERTAIL CHAPTER	41-1931233			
File by the due date for	Number, street, and room or suite number. If a P.O.	Social security	number (SSN)		
due date for filing your	1100 NORTH SHORE DRIVE	<u> </u>			
return See	City, town or post office, state, and ZIP code. For a	foreign address, see instr	uctions.		
instructions.	DETROIT LAKES		MN 565	501	
Enter the R	eturn code for the return that this applicat	on is for (file a sepa	arate application for each return		01
Enter the R  Application Is For		on is for (file a sepa Return Code	Application for each return		
Application Is For		Return	Application Is For		· 01
Application Is For	n or Form 990-EZ	Return Code	Application		Return Code
Application Is For Form 990 c Form 990-E	n or Form 990-EZ	Return Code	Application Is For Form 990-T (corporation)		Return Code
Application Is For Form 990 c Form 990-E	n Form 990-EZ BL (Individual)	Return Code 01 02	Application Is For Form 990-T (corporation) Form 1041-A		Return Code 07 08
Application Is For 990 c Form 990-E Form 4720 Form 990-F	n Form 990-EZ BL (Individual)	Return   Code     01   02   03	Application Is For Form 990-T (corporation) Form 1041-A Form 4720		Return Code 07 08 09

Form 990-1 (trust other than above)	06	Form 8870	12	
● The books are in the care of ► <u>DAYLE_PETERSON</u> _				
Telephone No. ► (218) 841-3741  If the organization does not have an office or place of bus  If this is for a Group Return, enter the organization's four check this box If it is for part of the group, of the extension is for.	siness in the digit Group	United States, check this box Exemption Number (GEN) 9490 If the	his is for the whole group,	_
1 I request an automatic 3-month (6 months for a corpora until Aug 15, 20 13 _, to file the exempt orgatine extension is for the organization's return for:  ► X calendar year 20 12 or  ► 1 tax year beginning, 20  2 If the tax year entered in line 1 is for less than 12 month.  Change in accounting period	anization re	turn for the organization named above.	l return	
<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 47 nonrefundable credits. See instructions	'20, or 6069	, enter the tentative tax, less any	<b>3</b> a \$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 60 payments made Include any prior year overpayment alf	069, enter a	ny refundable credits and estimated tax credit	3 b \$	0.
c Balance due. Subtract fine 3b from line 3a. Include your EFTPS (Electronic Federal Tax Payment System). See i	payment w nstructions	oth this form, if required, by using	3c \$	0.
caution. If you are going to make an electronic fund withdraw	al with this	Form 8868, see Form 8453-FO and Form 8	879-EO for	

	-om 990-T	Exe	mpt Org	anization B				eturn (and			OMB No 15	45-0687
ı	Form 990-1	F.				ection 6033(	e))			2012		
		For C	alendar year	2012 or other ta:	x year be	eginning		, 20	12,		20 .	_
Depa	ertment of the Treasury nal Revenue Service			and ending	noroto li	nstructions.				Open	to Public Ir	ispection for zations Only
A	Theck box if		Name of organi		<u> -i.                                      </u>	hanged and see inst	ructions )		D		1. 4 - 4 - 4 - 4	,
	address changed	Print	1	IIP OTTERTAIL CHAPTER							yer identific yees' trust, s	ation number ee instructions )
В	Exempt under section \$\overline{X}\$ 501( c )(3 )	or		Number, street and room or suite number. If a P.O. box, see instructions							19312	33
	408(e) 220(	Aype	ро вох	1866					E	Unrela	ted busines	s activity
	408A 530(		City or town				State Z	IP code	_	codes	(see instruc	tions )
	529(a)		DETROIT	LAKES			MN .	56502	- 1	713	200	
C	Book value of all assets at end of year	F Group	exemption	number (See ins	structions	5.)► 9490						
	159,988	G Check	k organizatio	ntype ,,►	X 501(c	) corporation	50	(c) trust	401(	a) (rust	E []	Other trust
Н	Describe the organiza	tion's primary	/ unrelated b	usiness activity.								
-	CHARITABLE GA	MBLING										
	During the tax year, w						subsidia	ry controlled gr	oup?	. •	· UYes	X No
	If 'Yes,' enter the nam				rporation	<u> </u>						
J Tiba	The books are in care	of > DAYL	I PETERS	ON				elephone num	_	<u>(218</u>		-3741
	77.77.					(A) Incon	1 <del>e</del>	(B) Expen	ses		(C) I	vet 2015-110-100-1
	a Gross receipts or sa		3,232,7		_		0.50		6 4 1 7 4 7 6 4 4 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		na ngalawas na katawas	
_	b Less returns and allowand		luno 7\	c Balance		3,232		The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contrac	500,450 85,450	Construction	Tanifica (1). Janifica (1).
3	Cost of goods sold ( Gross profit, Subtrac		=		3	2,890		Berthaman	<i>3</i> 77-10 <sup>1</sup> -3 1971-1222			41.545(5/4) 11.005
_	a Capital gain net inco				4a	341	,975 <u>.</u>		LEMM		34	11,975.
	b Net gain (loss) (Form 479		•	1797)	4 b				35.5 35.5	39 		
	c Capital loss deduction		) ( <b>0</b>	,	4 c			he do by an appropriate the formation and a property of the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the formation and the format				
5	income (loss) from p		and S corpor	ations				a managaros filias sa reservada paragraphica paragraphica		259 250		<del></del>
	(attach statement)		• -		5					30		
5	Rent income (Sched	-	(Cabadula E)		6						<u> </u>	
7 8	Unrelated debt-finan Interest, annuities, r		, .				<del></del>	-				
Ī	organizations (Sched				8							
9	Investment income of a se	ection 501(c)(7),	(9), or (17) orga	nization (Sch G)	9							
10	Exploited exempt ac	-	(Schedule I)		10							
11	Advertising income (	• •	-		11		<b></b>					
12	Other income (See ii	nstructions, a	ittach statem	nent) .								
10	Takil Combine hase	Tabaarah 10	,		12			The Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Co	in 19	122		
	Total Combine lines  † Il Total Deductions			···	13	for limitation	, 975.	doductions )			34	1,975.
Fai	(except for	contributio	ns. deduc	tions must be	e direct	ilv connected	d with	the unrelate	d bu:	sines	sincon	ne)
14	Compensation of offi								14	—r·		
15	Salaries and wages				•		• • •	•	15		10	5,345.
16	Repairs and mainten	ance .							16			<u> </u>
17	Bad debts .								17	,   T		2,930.
18	Interest (attach state	ment)						-	18	}		<u>-,</u> :
19	Taxes and licenses				-				19	)		1,379.
20	Charitable contribution	ons (See inst	ructions for I	imitation rules)	-				20			
21	Depreciation (attach			-		. 21		4,675	, A 187. 7	-5		
22	Less depreciation cla	imed on Sch	edule A and	elsewhere on re	turn	22	а		22			4,675.
23	Depletion		-						23			
24	Contributions to defe	•	sation plans				* 1	•	24			
25	Employee benefit pro	_	.1 1		•				25			
26 27	Excess exempt experiences readership co	•				1			27			
28	Other deductions (att	•	•	. See Other	r Deducti	ons Statement	• •		28		1 2	0,091.
29	Total deductions. Ad		-						29			4,420.
30	Unrelated business to		-	operating loss d	eduction	. Subtract line 2	29 from	line 13	30			7,555.
31	Net operating loss de	duction (limit	ted to the arr	nount on line 30)				-	31			
32	Unrelated business ta						e 30		32			7,555.
33 34	Specific deduction (g Unrelated business t						than lin	e 32 enter	33			1,000.
<b>-</b> -	the smaller of zero or	r line 32 .		So nom me	VE- 11 1111		aran III	- oe, cinci	34			6,555.

		T(2012) TIP OTTERTAIL CHAPTER			41	-1931233	Page 2
Pa	rt III	Tax Computation				1301100	
		anizations Taxable as Corporations. (see instructions for ta	x computation)			1 1 2 5 6	
		trolled group members (sections 1561 and 1563) check here		actions and.		(1000 M) (1000 M)	
	a Ente	er your share of the \$50,000, \$25,000, and \$9,925,000 taxat	ole income bracket				
	(1)		(3)  \$			099 1 0 0 . 001 0 0 %	
	<b>b</b> Ente	er organization's share of (1) Additional 5% tax (not more the		\$		\$ 485 11.00	
		Additional 3% tax (not more than \$100,000)		\$	<del></del>	120000 120000	
	<b>c</b> inco	me tax on the amount on line 34	_			35 c	983.
36	Trus	its taxable at trust rates. (see instructions for tax computati	on) income tax on	the amount		\$1.4	
			) (Form 1041)		. ►	36	
37	Prox	y tax. (see instructions)			-,, ▶	37	
38	Alter	rnative minimum tax				38	
_ 39	Tota	<ol> <li>Add lines 37 and 38 to line 35c or 36, whichever applies</li> </ol>				39	983.
Pa		Tax and Payments					
		ign tax credit (corporations attach Form 1118, trusts attach	Form 1116)	40 a		C poor	
		er credits (see instructions)		40 b			
		eral business credit. Attach Form 3800 (see instructions)		40 c		7 4 4 1 1 7 8 4 5 1 1 7 8 7 1 1 1 2 7	
		lit for prior year minimum tax (attach Form 8801 or 8827)		40 d			
		I credits. Add lines 40a through 40d				40 e	
		ract line 40e from line 39_			''	41	983.
		r taxes. Check if from. Form 4255 Form 8611 Fo	rm 8697 Form	8866	}		203.
		Other (attach statement)			_	42	
43		I tax. Add lines 41 and 42				43	983.
44 a	a Payn	nents: A 2011 overpayment credited to 2012		44 a	·	APPEND NOONO	
		estimated tax payments .		44 b		483)	
	: Tax o	deposited with Form 8868		44 c		967 Jul	
•	l Forei	ign organizations: Tax paid or withheld at source (see instri	uctions) .	44 d		34 9 1 3 4 1 1	
		up withholding (see instructions)		44 e			
f	Cred	it for small employer health insurance premiums (Attach Fo	orm 8941)	44 f		3395 3395	
Ç	<b>Other</b>	r credits and payments: Form 2439				98641 888 8	
	F	Form 4136 Other	Total ►	44 g			
45	Total	payments. Add lines 44a through 44g	<del></del>	1		45	
46	Estin	nated tax penalty (see instructions) Check if Form 2220 is	attached .		<b>►</b> K	46	
47		due. If line 45 is less than the total of lines 43 and 46, enter			<b>₩</b>	47 1051	1,000
48		payment. If line 45 is larger than the total of lines 43 and 4		ernaid	▶	48	- 10000 J
49		the amount of line 48 you want. Credited to 2013 estimate		· ·	Refunded ►	49	<u></u>
		Statements Regarding Certain Activities and				79 1	
		y time during the 2012 calendar year, did the organization					TV N-
L		cial account (bank, securities, or other) in a foreign country? If "\					Yes No
_	Nepo	rt of Foreign Bank and Financial Accounts if 'Yes', enter th	ie name of the fore	agn country nere	; •		<u> </u>
2		g the tax year, did the organization receive a distribution fr		rantor of, or tran	isferor to, a f	oreign trust? .	X
_		s', see instructions for other forms the organization may ha					
		the amount of tax-exempt interest received or accrued dur		\$			Barat Market
sch		e A - Cost of Goods Sold. Enter method of inventor	y valuation 🟲 👚	COST		·	
1	Inven	tory at beginning of year 1 6	,051. <b>6</b> Inver	ntory at end of y	ear , .	6	7,274.
2	Purch			of goods sold.	Subtract -	meser Tripol Tuber Sure C	
3	Cost	of labor 3	line 6	5 from line 5. En	iter here		
4 a	Additio	nal section 263A costs (attach statement)	and and	in Part I, line 2	L	7 2,8	390,783.
		4a					Yes No
b	Other of	osis Con Other Control Chatanana Ab Conco		ne rules of section			
5	(att str	J	piop	erty produced or e organization?	acquired for	resale) apply	
					d la tha bast s2	· line ulado	X
Sigr		Under penalties of perjury, I declare that I have examined this return, including belief, it is true, correct, and complete. Declaration of preparer (other than tax	g accompanying scriedule (payer) is based on all inf	rs and statements, an ormation of which pre	u to trie best of m parer has any kno	y knowledge and wledge	
lere		Cer @ Brence 11/19	5/13 <b>P</b> P	RESIDENT		May the IRS discuss t	his return with
1	-	Signature of officer Date	Title			he preparer shown benstructions)?	elow (see Yes No
		Print/Type preparer's name Preparer's signature	15		<u> </u>		
aid			Dat	e	Check if	PTIN	
³re-		KIM T MOLLBERG	OUB; 1 11	./15/13	self employed	P0009470	)0
are	r	Firm's name KIM T MOLLBERG ZTD			Firm's EIN	41-1 <u>711225</u>	<u> </u>
Jse Only	,	Firm's address 910 LINCOLN AVE	<del> </del>				
		DETROIT LAKES	MN 565	01-3500	Phone no	(218) 847	7-3879
BAA		TEFAO2	02 03/14/13			Form (	290-T (2012)

\* P. 5/x6~ = 30
I 3/x 1/2 y=15

Schedule C - Rent Inco	ome (From Rea	l Property an	d Perso	nal Property	Leas	ed With Re	al Prop	erty) (see instructions)
1 Description of property		· · ·					-	
(1)								
(2)								
(3)								<del></del>
(4)	2 Rent receive	ed or accrued						
(a) From personal p			eal and pe	ersonal property				ectly connected with
(if the percentage of ren property is more than 1 more than 50	10% but not i	(if the perc property ex	entage of ceeds 509	rent for persona % or if the rent i for income)	al	trie iricoi		umns 2(a) and 2(b) statement)
(1)								
(2)								
(3)		<del></del> ,						
Total								
(c) Total income. Add totals of						(b) Total deduct	ons. Enter	
here and on page 1, Part I, lin	ie 6, column (A) .	▶				here and on page t, line 6, column (		<b>-</b>
Schedule E — Unrelated	Debt-Finance	d Income (see	nstructio	ons)				
1 Description of a	debt-financed prope	erty	or alloc	income from		debt-	financed	· · ·
			Innanc	ed property		a <b>)</b> Straight line ciation (attach		(b) Other deductions (attach statement)
(1)								
(2)								
(3)								
4 Amount of average	5 Average ad	justed basis of	6.0	Column 4	<del>_</del>	Cross income		Allocable deductions
acquisition debt on or allocable to debt-financed property (attach statement)	or allocable to property (atta	debt-financed ach statement)	div	vided by olumn 5	7 Gross incor reportable (colum column 6)		2 x	(column 6 x total of columns 3(a) and 3(b))
(1)				ફ				
(2)				용				
(3)		<del></del>	<del> </del>	- <del> </del>				
(4)	<u> </u>		<u> </u>		Enter h	nere and on pa	ne 1 En	ter here and on page 1,
					Part I,	line 7, colum	n (A). Pa	art I, line 7, column (B).
Totals						_		
Total dividends-received dedu							•	
Schedule F – Interest, A	Annuities, Roya				l Orga	nizations (	see instru	ections)
		Exempt Cont	trolled Org	janizations		<u> </u>		T
Name of controlled organization	2 Employer identification number	3 Net unre income (los instructio	ss) (see	4 Total of spe payments ma				6 Deductions directly connected with income in column 5
(1)								
(2)								
(3)								
(4)	1	<u> </u>		<u> </u>				
Nonexempt Controlled Organiz	8 Net unrelated	9 Total of	caparfied	10 Port o	foolum	on O that is	11 [	Dodustions dispaths
7 Taxable Income	income (loss) (se		ts made	ıncluded	in the d	in 9 that is controlling oss income		Deductions directly nected with income in column 10
(1)				1				
(2)								
(3) (4)	<u>.                                    </u>	-						
		I		Add column here and on 8, c		, Part I, line	here and	lumns 6 and 11 Enter I on page 1, Part I, line 8, column (B)
Totals .	<u> </u>					•		· •
244								Farm 000 T (0010)

1 Description of income	2 Amount of inc		dıre	B Deductions octly connected ach statement)	4 Set-aside (attach statem	:S	5 Tota set-a	l deductions and sides (column 3 us column 4)
(1)		_						
(2)								
(3)								
(4)								
	Enter here and on	page 1,			#15 (1446) &		Enter he	re and on page 1,
	Part I, line 9, colu	mn (A).			ရေးကို ရေးသည်။ မြောင်းများသည်။ မြောင်းများသည်။ မြောင်းများများများသည်။ မြောင်းများသည်။ မြောင်းများများသည်။ မြောင်းများသည်။ မြောင်းများသည်။		Part I, I	ine 9, column (B).
Totals -				1000 illigiti kultiti kanalari 1700 ili 1701 illigiti kultiti kultiti kanalari (h. 1700) 1701 illigiti kultiti kultiti kanalari (h. 1700)				
Schedule I — Exploited Exemp	t Activity Incor	ne, Oti	ner Tha	n Advertisina	Income (see ins	struction	s)	
	2 Gross	;	ses directly	1	1	,	enses	7 Excess exempt
1 Description of exploited activity	unrelated business income from trade or business	conne prod of ur	cted with luction irelated ss income	from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7	5 Gross income from activity that is not unrelated business income	colu		expenses (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)			•					
(4)				<del>                                     </del>				-
	Enter here and	Enter h	nere and	23 23 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25		<u> </u> 		Enter here and
Totals	on page 1, Part I, line 10, column (A)	on part I,	age 1, line 10, nn (B).					on page 1, Part II, line 26.
Schedule J - Advertising Inco	ome (See instruction	ons )		· • • • • • • • • • • • • • • • • • • •			l'ala alaa da a a	<u></u>
Part I Income From Periodic	•		nsolida	ted Basis				• • • • • • • • • • • • • • • • • • • •
	2 Gross		rect	4 Advertising gain or	E Circulation	€ Door	do solo los	7 Evacaa raadarahin
1 Name of periodical	advertising income	adver	tising sts	(loss) (col. 2 minus col. 3). If a gain, compute col. 5 through 7.	5 Circulation income	6 Read co	ests	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)								Stand in a standard and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a secon
(2)								
_(3)								
(4)								Model Hoodsoca series Report Lacrosca across
						ı		
Totals (carry to Part Ⅱ, line (5))	•					ı		
Part II Income From Periodica 7 on a line-by-line basis )	als Reported or	a Sep	arate E	Basis (For each p	eriodical listed in	Part II, f	fill in coli	umns 2 through
1 Name of periodical	2 Gross advertising income	<b>3</b> Di adveri co:		4 Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols, 5 through 7.	5 Circulation income	6 Read	lership sts	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)				vagii /.			•	
(2)								-
(3)								
(4)								
(5) Totals from Part I				Section 1995 Control		0000177 11 0000177 1		-
(3) Totals Holli Fait I	Falsa bassa and				yana an ingganan inggana Angar Tangan kanangan Tangan kanangan		, 2004 - 2007 2000 - 2000 -	<b>_</b>
Totals, Part II (lines 1-5)	Enter here and on page 1, Part !, line 11, column (A)	Enter h on pa Part I, colum						Enter here and on page 1, Part II, Ime 27.
	( O(fi Di	-4	d <b>T</b>		3344,932,4133333	7 M.ER		
Schedule K – Compensation o	or Officers, Dire	ctors,	and Iri	ustees (see instr	uctions)			
1 Name				2 Title	3 Percent of time devoted to business	d		tion attributable ited business
						8		
						eg .		
			,		:	용		
					<del></del>	ક		
<b>Fotal.</b> Enter here and on page 1, Part II	, line 14					<b>•</b>		

### Form **4562**

Name(s) shown on return

## Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545 0172 2012

Department of the Treasury Internal Revenue Service (99)

TIP OTTERTAIL CHAPTER
Business or activity to which this form relates

► See separate instructions.

► Attach to your tax return.

41-1931233

Identifying number

	rm 990-T page 1		<u> </u>					
Pa	Tt   Election To E) Note: If you have	kpense Certain any listed property,	Property Under Sec complete Part V before	tion 179 you complete Pa	art l			
1	Maximum amount (see in					_	1	500,000.
2	Total cost of section 179						2	
3	Threshold cost of section				)		3	
4	Reduction in limitation, S						4	0.
5	Dollar limitation for tax ye	ear Subtract line 4	from line 1 If zero or les	s, enter -0- If n	narried fil	ling	_	
6	separately, see instruction	a) Description of property	<del></del> -	(b)Cost (business	uso oolid	(C) Elected cos	5	500,000.
	OUIPMENT	ay bescription or property	· · · · · · · · · · · · · · · · · · ·	<del></del>				
	SOTI (IDM I	· · · · · · · · · · · · · · · · · · ·		- 4	<u>,675.</u>	4,	675.	]
7	Listed property, Enter the	amount from line 2	29		. 7			
8	Total elected cost of sect			), lines 6 and 7	'	-	8	4,675.
9	Tentative deduction. Ente	er the <b>smaller</b> of line	e 5 or line 8			-	9	4,675.
10	Carryover of disallowed of				-		10	
11	Business income limitation	on Enter the smalle	r of business income (no	t less than zero	) or line !	5 (see⊣nstrs)	11	12,230.
12	Section 179 expense ded Carryover of disallowed d	luction Add lines 9	and 10, but do not enter	more than line i		-	12	4,675.
Note	Do not use Part II or Par	t III below for listed	property Instead use P	ne 12	<b>►</b>   13	<u> </u>	0.	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA
			<u>*                                    </u>					<del></del>
	t II Special Depre						(See	instructions.)
14	Special depreciation allow tax year (see instructions	vance for qualified p	property (other than listed	property) place	ed in serv	vice during the	14	
15	Property subject to sections	•		-			15	0.
	Other depreciation (included)					-	16	
	t III. MACRS Depre		nclude listed property \ (S	ee instructions	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		10	
		olation (bonoti	Section		,			
17	MACRS deductions for as	sets placed in servi	ice in tax vears beginning	before 2012			17	0.
18	If you are electing to grou						52240	
	asset accounts, check he	re	u iii service during the ta	x year into one i	or more o	general -	Pagg.	
	Section E	3 – Assets Placed i	n Service During 2012 Ta	x Year Using th	e Genera	al Depreciation S	ysten	1
	(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) Convent			<b>(g)</b> Depreciation deduction
19 a	3-year property	18888						
	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
<u>g</u>	25-year property	Section Figure 2		25 yrs		S/L		
h	Residential rental			27.5 yrs	MM	S/L		
	property			27.5 yrs	MM	S/L		
ı	Nonresidential real			39 yrs	MM	S/L		
	property				MM	S/L		
		- Assets Placed in	Service During 2012 Tax	Year Using the	Alternati	ve Depreciation	Syste	m
	Class life .					S/L		
	12-year	Parallin akti		12 yrs		S/L		
	40-year			40 yrs	MM	S/L		
	IV Summary (See )							
	Listed property Enter amo			-		- ]	21	
22	<b>Total.</b> Add amounts from line 12, the appropriate lines of yo	, lines 14 through 17, line	es 19 and 20 in column (g), and	line 21. Enter here a	ind on		22	4 675
23	For assets shown above a	nd placed in service	apa and a corporations – Biduring the current year	enter	13 .		<u></u>	4,6/5.
	the parties of the basic of		2024	2201	n		133	

Form **4562** (2012) TIP OTTERTAIL CHAPTER 41-1931233 Page 2 Part V: Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, 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) 24 a Do you have evidence to support the business/investment use claimed? Yes No 24b If 'Yes,' is the evidence written? No Yes (a) (b) (d) (e) (i) Elected (h) Basis for depreciation Type of property Business/ investment Cost or Method/ Depreciation Date placed in service other basis deduction section 179 (business/investment (list vehicles first) репос Convention use percentage use only) cost Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use (see instructions) Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified pusiness use 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 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. (a) (b) (d) **(f)** Vehicle 6 (c) Total business/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 during the year (do not include commuting miles) Total commuting miles driven during the year . Total other personal (noncommuting) 32 33 Total miles driven during the year Add lines 30 through 32 Yes No Yes No Yes No Yes No Yes No Yes No 34 Was the vehicle available for personal use during off-duty hours? . Was the vehicle used primarily by a more than 5% owner or related person? is another vehicle available for 36 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) Yes Νo Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?.. Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your 38 employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 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 use of the vehicles, and retain the information received? 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

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	Amorti perio perce	zation	(f) Amortization for this year
2 Amortization of costs that begins dur	ing your 2012 tax year (see	instructions).				
Amortization of costs that began bet	ore your 2012 tax year	•			43	
4 Total. Add amounts in column (f) S	ee the instructions for where	to report			44	-

Schedule G (Form 990 or 990EZ), Part IV Supplemental Information Part III, Line 17a (continued)

State Name Minnesota	Amount 51,735.	
Form 990-T, Page 1, Part II, Line 28 Other Deductions Statement		 
ACCOUNTING  BANK CHARGES, & MISCELLANE BOND  LAWFUL PURPOSE EXPENDURES PER MN STA	89.	
Total	130,091.	
Form 990-T, Page 2, Schedule A, Cos Other Costs Statement	t of Goods Sold, Line 4b	
PRIZES 2 CASH SHORT GAMBLING TAXES	,677,957. 2,637. 147,602.	
Total2	<u>,828,196.</u>	

### Supporting Statement of:

Form 990 p 11/Line 9, column (A)

Description	Amount
MERCHANDISE PRIZES GAMBLING TAX RECEIVABLE	1,170. 12,967.
Total	14,137

### Supporting Statement of:

Form 990 p 11/Line 9, column (B)

Description	Amount
MERCHANDISE PRIZES	2,813.
Total	2,813.

### Supporting Statement of:

Form 990 p 11/Line 17, column (A)

Description	Amount
FED INCOME TAX PAYABLE	618.
STATE INCOME TAX PAYABLE	482.
RENT PAYABLE	2,484.
ACCRUED PAYROLL	11,549.
Tota!	<u>15,133</u> .

### Supporting Statement of:

Form 990 p 11/Line 17, column (B)

Amount
5,360.
17,314.
1,300.
900.
4,350.
300

Total 29,224.

TIP OT LEXTALL CHAPTER EIN 41-1931233 FORM 990 FOR YEAR ENDED 12/81/12	PRELIM AJE 12/31/12	AJE BOY AJE EÇİ		AJE EOY AJE FOY RECLASS FINAL	ECLASS FINA	NAL BS 2/31/12 12/31/12	12 12/31/112	- 1		ÎNTERESTIBINGO &TAX		NONBINGO		1	-	-
	149 901		7.274	+ -		49 901 149 901	901	; ; ; ; ;	• [		<del>;                                    </del>	<del>!                                    </del>	1		· ;	<u> </u>
MERCH PRIZES GAMBUNG TAX PAYABLE	2,813		516,01			2,813 2,1 (4,350) (4,5	2,813			,	,	· ·	:		,	 : :
FUND BALANCE BINGO GROSS		(15,299)		+-		23,407) (123 40, 199,935)	(399,935)	935)	: , <del>- ; .</del>	' '	(399,934)		1			
INTEREST INCOME OTHER GAMBLING GROSS	(8,232,758)	- <u> </u> -	' 	-1-	(3.2	(8)	(3 232,758)	758)	ļ Ļ	<b>.</b>		(3,232,758)		1	<u> </u>	
BINGO PRIZES	330,306	+				30,306	330 306	908	·	: :	330,306			- !	1	-
CAMBLING PRODUCT EXP	<u>.</u>	15,299	(7 274)		Z : !	66 351	66,351	66,351	÷-		3,764	2,677,957 62,587 AC	ACTUĀL		-	
PAYROLL EXPENSE	222 765	=	17 314			940 079	- Z40	079		6	44,734	195,345 Bt.	BINGO'(50call+50ck+45sell+45sell)x218x1 08	k+45sell+45sell	1X218X1 08	
ACCOUNTING	8420	1 1	- + - +	1 1		8,420		8,420	L	ð. 1	927	7,493 ALI	7,493 ALLOCATE BASED ON GROSS	ON GROSS	1	•
EQUIPMENT RENT & REPAIR	8 373		(4 675)		 ! !	3,598	, , , ,	3,698	<del>.</del>		769	2 930 AC	ALLOCATE BASED	- Second	<del></del> .	1
RENT	93 951		5,360	    - 		100	⊕	39,311	·		F	69311 AC	ACTUAL   ACTUAL   ACTUAL   ACTUAL   ALLOCATE BASED ON GROSS	ONGROSS		•
CASH SHORT	2,637	i <del>S</del>	- 660			2,637	.2	2 637	_	<del></del>	19	2,637	2,637			
SAMELING FACES FEDERAL INCOME TAX EXP	614	<u>.</u>	2	1300	· · 	1914	31-14	914		1914	9:	14, 200, 141	N50 N = 100 N = 100 N		/	
FEDERAL INCOME TAX PAYABLE	n	. ,	 	10000	1 1	E	-; ' !-	) c				Sic.		<u>-</u>	. !	
PROGRAM EXPENDITURES	51,735	· - †		, (none)		1	' =	51 735 (51,735)		<del>-</del>	 .J	8,	SEE ALLOCATION BELOW	BELOW	·	
ACCUM DEPREC	- i	99,227	(4,875)	2 E	+-	03,902 103,6 03,902) (103,9	03,902	•		1	-			+	<u>-</u>	_
RENT PAYABLE		_ '_	(5,363)	-   -		(5,330)	350)	: !		; -, 	i -		·		<del>   </del>	
DEPRECIATION		1.	4.67	5		4,675	4	4,675	·	- <del> -</del>		4,675	- <del>-</del> -			
		-		+-		7	357	<u>(7 357):</u>		1,988	(11 700)	(49,380)				:
		- <u> </u> -	<u> </u>	+			-	51 73. NET INC	OME -	- 1,988	9,910	41 825 TO	TAL (7.357)			:
		4-1	-			<u> </u>				   •		; - <b>i</b>		<u>-</u>	L	, <del></del>

## Form **8868**(Rev. January 2013)

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service File a separate application for each return. If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part if unless you have already been granted an automatic 3-month extention on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Part Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part i only X All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns : Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or print TIP OTTERTALL CHAPTER **41-**1931233 Number, street, and room or suite number. If a P.O. box, see instructions Social security number (SSN) File by the due date for 1100 NORTH SHORE DRIVE filing your return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions. DETROIT LAKES 56501 Enter the Return code for the return that this application is for (file a separate application for each return) . ... 07 Application is For Application Return Return Code is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 The books are in the care of ► <u>DAYLE\_PETERSON</u> Telephone No. ► (218) 841-3741 FAX No. ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 9490 If this is for the whole group, check this box . . . . . . If it is for part of the group, check this box . . . | and attach a list with the names and EINs of all members the extension is for. 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  $Nov_{15}$ , 20 13, to file the exempt organization return for the organization named above The extension is for the organization's return for: X | calendar year 20 12 or tax year beginning \_\_\_\_\_ , 20 \_\_\_\_, and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3al\$ 0. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879 EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 1-2013)

3 b |\$

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions