

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



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

OMB No 1545-0047

Department of the Treasury

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

Open to Public Inspection

dress clare characteristical returns at the commended optication according to the commended optication accor	Number and street (or P O box if mail is not delivered to street address) 824 RAILROAD DR. N.W. City town or post office state and ZIP code eturn ELK RIVER, MN 55330-2522 F Name and address of principal officer DONALD R WEIMER 15465 207TH AVE NW, ELK RIVER, MN 55330 I status 501(c)(3) \$\infty\$ 501(c) (10) \$\infty\$ (insert no) \$\infty\$ 4947(a)(1) or \$\infty\$ 527	Room	(c) Group exe	E (G	Employer identification no. 03 - 0613312 Telephone number (763) 441 - 2554 615,504 Gross receipts \$ for Yes No ded? Yes No (see instructions) ber
ddress of dress of the dress of	Doing Business As DONALD WEIMER Number and street (or P O box if mail is not delivered to street address) 824 RAILROAD DR. N.W. City town or post office state and ZIP code ELK RIVER, MN 55330-2522 F Name and address of principal officer DONALD R WEIMER 15465 207TH AVE NW, ELK RIVER, MN 55330 I status Solici)(3) Stolic) (10) (insert no) 4947(a)(1) or 527 N/A gamization Corporation Trust Association Other LY Year of formation Summary Briefly describe the organization's mission or most significant activities FRATERNAL ORGAN SPONSORS YOUTH ACTIVITIES AND SUPPORTS COMMUNITY AND LOCAL GOVERNMENT ACTIVITIES.	He He He 1965	is this a gualithates? (b) Are all aff It No a gualith of a gualithates. (c) Group exe	G G G G G G G G G G G G G G G G G G G	03 - 0613312 Telephone number (763) 441 - 2554 615, 504 Gross receipts \$ for Yes No ded? Yes No (see instructions) ber
rme characteristical returns a construction of oil and the construction of the constru	Number and street (or P O box if mail is not delivered to street address) 824 RAILROAD DR. N.W. City town or post office state and ZIP code ELK RIVER, MN 55330-2522 F Name and address of principal officer DONALD R WEIMER 15465 207TH AVE NW, ELK RIVER, MN 55330 I status	He He He 1965	is this a gualithates? (b) Are all aff It No a gualith of a gualithates. (c) Group exe	G Toup return ! Illiates including h a list imption num	Telephone number (763) 441-2554 615,504 Gross receipts \$ for
rminate mended with a month of the control of the c	824 RAILROAD DR. N.W. City town or post office state and ZIP code ELK RIVER, MN 55330-2522 F Name and address of principal officer DONALD R WEIMER 15465 207TH AVE NW, ELK RIVER, MN 55330 I status	He He He 1965	is this a gualithates? (b) Are all aff It No a gualith of a gualithates. (c) Group exe	G Toup return f Illiates including h a list in mption num	(763) 441 - 2554 615, 504 Gross receipts \$ for
rminate nended optication x-exemple ebsite:	City town or post office state and ZIP code ELK RIVER, MN 55330-2522 F Name and address of principal officer DONALD R WEIMER 15465 207TH AVE NW, ELK RIVER, MN 55330 I status 501(a)(3) \$\overline{\text{N}}\$ 501(a) (10) \$\overline{\text{d}}\$ (insert no) 4947(a)(1) or 527 N/A gamization \$\overline{\text{Corporation}}\$ Corporation \$\overline{\text{Trust}}\$ Association \$\overline{\text{Other}}\$ the organization's mission or most significant activities FRATERNAL ORGAN SPONSORS YOUTH ACTIVITIES AND SUPPORTS COMMUNITY AND LOCAL GOVERNMENT ACTIVITIES.	He 1965	(c) Are all aff If No " a (c) Group exe	G Toup return the state of the	Gross receipts \$ tor
x-exemplebsite:	ELK RIVER, MN 55330-2522 F Name and address of principal officer DONALD R WEIMER 15465 207TH AVE NW, ELK RIVER, MN 55330 I status Solic)(3) Solic)(10) (insert no) 4947(a)(1) or 527 N/A gamization Corporation Trust Association Other L Year of formation Summary Briefly describe the organization's mission or most significant activities FRATERNAL ORGAN SPONSORS YOUTH ACTIVITIES AND SUPPORTS COMMUNITY AND LOCAL GOVERNMENT ACTIVITIES.	He 1965	(c) Are all aff If No " a (c) Group exe	iliates includitach a list mption num	for Yes No
ebsite:	F Name and address of principal officer DONALD R WEIMER 15465 207TH AVE NW, ELK RIVER, MN 55330 I status Solici)(3) Solici)(10) (insert no) 4947(a)(1) or 527 N/A gamization Corporation Trust Association Other L Year of formation Summary Briefly describe the organization's mission or most significant activities FRATERNAL ORGAN SPONSORS YOUTH ACTIVITIES AND SUPPORTS COMMUNITY AND LOCAL GOVERNMENT ACTIVITIES.	He 1965	(c) Are all aff If No " a (c) Group exe	iliates includitach a list mption num	ded" Yes No (see instructions)
ebsite:	15465 207TH AVE NW, ELK RIVER, MN 55330 Status	He 1965	(c) Are all aff If No " a (c) Group exe	iliates includ ttach a list mption num	ded ² Yes No (see instructions)
ebsite:	I SIATUS SOLIC)(31 SOLIC) (10) (INSERT NO) 4947(a)(1) or 527 ▶ N/A gamization Summary Briefly describe the organization's mission or most significant activities FRATERNAL ORGAN SPONSORS YOUTH ACTIVITIES AND SUPPORTS COMMUNITY AND LOCAL GOVERNMENT ACTIVITIES.	He 1965	(c) Are all aff If No " a (c) Group exe	iliates includ ttach a list mption num	ded ² Yes No (see instructions)
ebsite:	N/A Gamization Trust Association Other L Year of formation Summary	н 1965	(c) Group exe	ttach a list mption num	(see instructions)
ebsite:	N/A Gamization Trust Association Other L Year of formation Summary	1965	M State	mption num	ber
1 2	ganization Corporation Trust Association Other Lyear of formation : Summary Briefly describe the organization's mission or most significant activities FRATERNAL ORGAN SPONSORS YOUTH ACTIVITIES AND SUPPORTS COMMUNITY AND LOCAL GOVERNMENT ACTIVITIES.	1965	M State		
1 2	Summary Briefly describe the organization's mission or most significant activities FRATERNAL ORGAN SPONSORS YOUTH ACTIVITIES AND SUPPORTS COMMUNITY AND LOCAL GOVERNMENT ACTIVITIES.			or regar do	
2	Briefly describe the organization's mission or most significant activities FRATERNAL ORGAN SPONSORS YOUTH ACTIVITIES AND SUPPORTS COMMUNITY AND LOCAL GOVERNMENT ACTIVITIES.	NIZAT	'ION		
2	SPONSORS YOUTH ACTIVITIES AND SUPPORTS COMMUNITY AND LOCAL GOVERNMENT ACTIVITIES.	NIZAI	TON		
i	LOCAL GOVERNMENT ACTIVITIES.				
i					
i	Check this box If the organization discontinued its operations or disposed of more than 25% of				
i	Check this box I if the organization discontinued its operations or disposed of more than 25% of				
3	· — · · · · · · · · · · · · · · · · · ·	its net	assets		
	Number of voting members of the governing body (Part VI, line 1a)			3	176
4	Number of independent voting members of the governing body (Part VI, line 1b)			4	176
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			5	8
6	Total number of volunteers (estimate if necessary)			6	
1	•			72	1,289
				-	1,289
- 0	Net unrelated business taxable income from 1 orm 720-1, time 34	` ` · · ·		''' -	
	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		rrior Year		Current Year
					0
9	· ·				0
10) -				0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8	3,120	14,326
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			,120	14,326
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7	,657	11,777
14	Benefits paid to or for members (Part IX, column (A), line 4)				0
15	Salaries, other compensation, employee benefits (Partico Edumn A Plines 5-10)				0
162	Professional fundraising fees (Part IX, columnif A) - tine-11e)				
h	Total fundraising expenses (Part IX column VP), line 25)	. , , , ,			·
17	Other expenses (Part IX column (A) times He 11d A 15 245)				775
_	Total and Add Inc. 13.17 (man and Part IV)				
	Total expenses Add lines 13-17 (must equal Part-IA-Column (A), line 23)				12,552
19	Revenue less expenses Subtract line 18 from line UGLLIN,			(61)	1,774
		Beginni	ng of Current	Year	End of Year
20	Total assets (Part X, line 16)		4.0	,476	41,944
21	Total liabilities (Part X, line 26)			897	591
22	Net assets or fund balances Subtract line 21 from line 20		3.9	,579	41,353
11	Signature Block				
		chet it is	3		
eci, and	complete Decraration of preparer (otner (nan officer) is based on all information of which preparer has any knowledge				
	Woney K. Weine			08	3-22-2013
{	Signature of officer			Date	
ŀ	DONALD R. WRIMER. GAMBITING MGR.				
- [Type or print name and title				
1					
	rittor) pe preparer s traine riteparer s signature			1	
			self-employe	d	P01353067
		Firm's	EIN _		
Only	Firm's address 1170 5TH ST NW	Phone	no		
	ELK RIVER MN 55330-2530		7	<u>63-44</u> :	1-2554
e IRS	discuss this return with the preparer shown above? (see instructions)				Yes X No
perw	ork Reduction Act Notice, see the separate instructions.		· 		Form 990 (2012)
	5 6 7a b 8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 III callies o axi, and	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 10 Other revenue (Part VIII, column (A), lines 3 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part Excellum (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), lines 1-3) 1 Total fundraising expenses (Part IX, column (A), lines 1-3) 1 Other expenses (Part IX, column (A), lines 1-3) 1 Total expenses Add lines 13-17 (must equal Part-IX-column (A)-line 25) 1 Revenue less expenses Subtract line 18 from line QGDEN, UT 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 11 Signature Block 11 Signature Block 12 Other expenses or fund balances Subtract line 21 from line 20 2 Net assets or fund balances Subtract line 21 from line 20 2 Net assets or fund balances Subtract line 21 from line 20 3 Signature Block 2 Net assets or fund balances Subtract line 21 from line 20 4 Signature Block 2 Net assets or fund balances Subtract line 21 from line 20 5 Signature of other expenses and unde Preparer (where than other) is based on all information of which preparer has any knowledge and axi, and complete Declaration of preparer (other than other) is based on all information of which preparer has any knowledge and axi, and complete Declaration of preparer to the rothan other) 2 Firm's name WILLIAM J KONOP 3 Firm's address 1170 5TH ST NW	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3 4, and 7d) 11 Other revenue Part VIII, column (A), lines 3 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 3 1) 15 Salaries, other compensation, employee benefits (Partix Column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 2d) 17 Other expenses (Part IX, column (A), lines 2d-11d, 111-24b 18 Total expenses (Part IX, column (A), lines 2d-11d, 111-24b 19 Revenue less expenses Subtract line 18 from line QGDEN, UT 10 Total assets (Part X, line 16) 11 Total liabilities (Part X, line 26) 12 Net assets or fund balances Subtract line 21 from line 20 11 Signature Block 12 Pront/Type preparer is name 13 Firms and complete Declaration of preparer (other than officer) is based on all information of which pic parer has any knowledge and belief it is it, and complete Declaration of preparer tother than officer) is based on all information of which pic parer has any knowledge and belief it is it, and complete Declaration of preparer tother than officer is based on all information of which pic parer has any knowledge and belief it is it, and complete Declaration of preparer tother than officer is based on all information of which pic parer has any knowledge Proparer in name 15 Firms address 1170 5TH ST NW 16 ELK RIVER MN 55330-2530	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5 . 6d. 8c. 9c. 10c. and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salanes, other compensation, employee benefits (Fault Cellum) (Ap), line 2-1) 16 Professional fundraising fees (Part IX, column (A), lines 2-1) 17 Other expenses (Part IX, column (A), lines 2-1) 18 Total expenses (Part IX, column (A), lines 2-1) 19 Revenue less expenses Subtract line 18 from line QGDEN, 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total number of volunteers (estimate if necessary) 8 Total number of volunteers (estimate if necessary) 8 Contributions and grants (Part VIII, Incolumn (C), line 12 8 Contributions and grants (Part VIII, line 1th) 9 Program service revenue (Part VIII, column (A), lines 3 4, and 7d) 10 Investment nucome (Part VIII, column (A), lines 3 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 8 Renefits paid to or for members (Part IX, column (A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundrasing expenses (Part IX, column (A), lines 24-11d lines 5-10) 17 Other expenses (Part IX, column (A), lines 24-11d lines 5-10) 18 Total expenses Add lines 13-17 (must equal Part-IX-column (A); line; 25-24 18 Total expenses Add lines 13-17 (must equal Part-IX-column (A); line; 25-25 19 Revenue less expenses Subtract line 18 from line QGDEN, UT 10 Total liabilities (Part X, line 26) 10 Total liabilities (Part X, line 26) 11 Total liabilities (Part X, line 26) 12 Total liabilities (Part X, line 26) 13 Signature Block 24 Lines of graphy 1 declare that line examined bits recum including a companying schedules and siatements and to the best of my knowledge and belief it is skit and complete Declaration of prepare (under than office) is based on all information of which pic paper has any knowledge and belief it is skit employed 10 Prim's grapher of officer 11 Total Frim's address 11 Total ST N N 22 Professional fundament and othe 23 Professional fundament of othe employee of the employee of t

SCANNED SEP 1 7 2013

Form 990 (2012)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	ļ	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	ļ	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		ļ	
	candidates for public office? If "Yes," complete Schedule C, Part I	3	ļ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities or have a section 501(h)			
	election in effect during the tax year" If 'Yes," complete Schedule C, Part II	4		ļ
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 98-199 If "Yes," complete Schedule C.			}
	Part III	_5_		ļ
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		ĺ	
_	"Yes," complete Schedule D. Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			١
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			İ
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	_		,,
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			١,,
	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			}
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		7.	;
	•	11a	X	 -
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			3,7
	of its total assets reported in Part X, line 16" It "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			3,5
	of its total assets reported in Part X, line 16' It "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			v
_	reported in Part X, line 16° If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		х
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12-		
h	Schedule D, Parts XI and XII	12a		X
U		131		v
13	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
U	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	140		
	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	. 15		
••	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	-10		
	Part IX, column (A), lines 6 and 11e ² If "Yes," complete Schedule G, Part I (see instructions)	17	ĺ	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	*′		
	Part VIII, lines 1c and 8a ⁹ II "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?	10		
	If "Yes," complete Schedule G, Part III	19	Х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Ves" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

Part IV **Checklist of Required Schedules** (continued) Vec No 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization X in the United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States X 22 on Part IX, column (A), line 2" If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Х 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 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 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? 26 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 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 Χ entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee or key employee9 If "Yes," complete Schedule L, Part IV Χ 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Χ 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Χ 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Х 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-39 If "Yes," complete Schedule R, Part I 33 Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)9 If "Yes," complete Schedule R, Part V, line 2 Χ 35b 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 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, Χ 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and Х 38

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			. 🗆
		_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calcular year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	_3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)"	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year'	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T ⁹	_5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		į	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ا	J	
_	gifts were not tax deductible?	6b		
7	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	_ [1	7.7
	and services provided to the payor?	7a		<u>X</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282''	.		v
a		7c		X
d e	If "Yes," indicate the number of Forms 8282 filed during the year	. .	1	v
ſ	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			X
h		7g 7h	-+	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	- /11		
Ū	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1		
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the organization make any taxable distributions under section 4966?	9a	1	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	- 1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		1	
11	Section 501(c)(12) organizations Enter	}		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	1	
	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in heu of Form 1041°	12a	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u>_</u>		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "?	lo"		
	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	<i></i>	<u></u>	<i>.</i> 💢
Sec	tion A. Governing Body and Management			
			Yes	No
la	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 1b 176			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1
	any other officer, director, trustee, or key employee ⁹	2		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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	Х	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
a	The governing body?	8a	X	ĺ
Ъ	Each committee with authority to act on behalf of the governing body'	8b	X	
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		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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		X
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		X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1	
a	The organization's CEO. Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	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	j	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 take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	j	
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website			
19	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			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► WILLIAM J KONOP (763)441-2554 1170 5TH ST NW ELK RIVER, MN 55330			
	200000			

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
	Check if Schedule O contains a response to any question in this Part VII

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

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

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

Check this box if neither the organization nor any related	organization (omper	sate	d any	y cur	rent of	ffice	r, director, or truste	e	
(A)	(B)			(0				(D)	(E)	(F)
Name and Tule	Average hours per week (list any hours for related organizations below dotted line)	(do not box u officer I t d n r i d u r i s e v i c t d e o u r a o l r	and a	O t t c e	than is bot tor/tru K e y e m	h an	r m e r	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) DONALD R WEIMER										
GAMBLING MGR.	20.00	ļ	_	X	X	X	L	323	0	0
(2) JEROME D OLESEN				٦,				_	_	_
PRESIDENT	5.00		<u> </u>	X				0	0	0
(3) GREGG A KONOP					v			254		^
GAMB. BKPR.	20.00			<u> </u>	X			254	0	0
(4) WILLIAM J KONOP	10.00				Х			60	•	0
GAMB. BKPR.	10.00	ļ			Λ		_	69	0	0
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)		-								
(12)									-	
(13)		-								
(14)							-			

Normal and role			\neg		(D)	continue		Em	ted	ipensa			Hig	s, and	1	····	ırt	Part
Substitute Sub		(F) Estimate		(E)	D	la	(D)				•				(B)	(A)		
Compensation for mixed disease and measurements of the compensation from the organization from the organization seed or mixed disease of the compensation from the organization seed or mixed disease or mixed d		amount		•	compensation compensation from						re than	k mo		1 '	-	Name and title		
Compensation Comp		other compensa			ore									,	1			
Compensation in the large in	the	from t					organization	1	F	Нιе	к	0	Ι ι	114	1			
(15) (16) (17) (18) (20) (21) (22) (23) (24) (25) 1		organizat and rela				ISC)	2/1099-MIS	(%		ı o m	e	f .	n r	nrı				
(16) (17) (18) (19) (20) (21) (22) (23) (24) (25) 1b Sub-total (27) (28) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (21) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (20) (20) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (21) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (21) (20) (21) (22) (22) (23) (24) (25) (25) (25) (26) (26) (27) (27) (27) (28) (29) (29) (29) (20) (20) (20) (21) (21) (22) (22) (23) (24) (25) (25) (25) (26) (26) (27) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (22) (23) (24) (25) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (21) (20) (21) (22) (22) (23) (24) (25) (25) (25) (25) (26) (26) (27) (27) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (20) (20) (21) (21) (22) (22) (23) (24) (25) (25) (25) (25) (25) (25) (25) (26) (27) (27) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29		organizat								прі	e		t s	1 s e				
(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) 1 b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines I b and tc) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of resportable compensation from the organization and related organizations and related organizations and related organizations of reportable compensation from the organization and related organizations are free protable compensation from the organization of reportable compensation from the organization and related organizations greater than \$150,000 if "Yes," complete Schedule J for such individual so the second or secon									r	t s e	р			deo				
(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines Ib and let)										ι	0		1	a o				
(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) 11) Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of indivaduals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization between the organization and related organization in lie 1s, if Yes, "complete Schedule J for such individuals and related organizations greater than \$150,000° If "Yes," complete Schedule J for such individuals in the organization species or the organization or mid-viduals individuals in lie 1s if Yes, "complete Schedule J for such individuals in the organization or mid-viduals individuals in lie 1s if Yes," organization or mid-viduals individuals in lie 1s if Yes," organization or mid-viduals individuals individuals in lie 1s if Yes," organization or mid-viduals individuals individuals in lie 1s if Yes," organization or mid-viduals individuals individuals in lie 1s if Yes," organization or mid-viduals individuals individuals in lie 1s if Yes," organization or mid-viduals individuals in lie 1s if Yes," organization or mid-viduals individuals individuals in lie 1s if Yes," organization or mid-viduals individuals													n	' '				
(16) (17) (18) (19) (20) (21) (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines Ib and Ic) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100.000 of reportable compensation from the organization is any former officer, director, or trustees, key employee, or highest compensated employee on line Ia° If "Yes," complete Schedule J for such individual 4 For any individual isted on line Ia, is the sum of reportable compensation from the organization and related organization is any former officer, director, or trustees, key employee, or highest compensated employee on line Ia° If "Yes," complete Schedule J for such individual 5 Did any person listed on line Ia, is the sum of reportable compensation from the organization and related organizations greater than \$150,000° If "Yes," complete Schedule J for such individual 5 Did any person listed on line Ia receive or accrue compensation from any unrelated organization or individual 5 Did any person listed on line Ia receive or accrue compensation from any unrelated organization or individual 5 Did any person listed on line Ia receive or accrue compensation from any unrelated organization or individual 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year			_					<u> </u>			<u> </u>			ļ				
(17) (18) (19) (20) (21) (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100.000 of reportable compensation from the organization b 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a' If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and other compensation from the organization and related organizations greater than \$150,000° If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 6 For services rendered to the organizations of "If "Yes," complete Schedule J for such individual 7 For services rendered to the organization of "If "Yes," complete Schedule J for such individual 8 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (B) (C)																	1	(15)
(17) (18) (19) (20) (21) (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100.000 of reportable compensation from the organization b 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a' If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and other compensation from the organization and related organizations greater than \$150,000° If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 6 For services rendered to the organizations of "If "Yes," complete Schedule J for such individual 7 For services rendered to the organization of "If "Yes," complete Schedule J for such individual 8 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (B) (C)			+					┼	ļ									
(18) (19) (20) (21) (22) (23) (24) (25) 1b Sub-total C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organization and related organization from the organization from the organization and related organization greater than \$150,000° (1° Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organization greater than \$150,000° (1° Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 6 for services rendered to the organization "1f" Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (B) (C)								İ)	(16)
(18) (19) (20) (21) (22) (23) (24) (25) 1b Sub-total C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organization and related organization from the organization from the organization and related organization greater than \$150,000° (1° Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organization greater than \$150,000° (1° Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 6 for services rendered to the organization "1f" Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (B) (C)			+					┿						-	<u> </u>			
(20) (21) (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization principle schedule J for such individual sized on line la is it was used for provided employee on line la? If "Yes," complete Schedule J for such individual sized on line la, is the sum of reportable compensation from the organization and related organizations greater than \$150,000° If "Yes," complete Schedule J for such individual for services rendered to the organization from the organization and related organizations greater than \$150,000° If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person)	(17)
(20) (21) (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization principle schedule J for such individual sized on line la is it was used for provided employee on line la? If "Yes," complete Schedule J for such individual sized on line la, is the sum of reportable compensation from the organization and related organizations greater than \$150,000° If "Yes," complete Schedule J for such individual for services rendered to the organization from the organization and related organizations greater than \$150,000° If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person			+		-			\vdash										(10)
(20) (21) (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100.000 of reportable compensation from the organization b 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a" if "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000° if "Yes," complete Schedule J for such individual 5 Did any person listed on line la receive or accrue compensation from any unrelated organization or individual for services rendered to the organization or if "Yes," complete Schedule J for such provided in the service of the organization or individual for services rendered to the organization or if "Yes," complete Schedule J for such provided in the individual for services rendered to the organization or if "Yes," complete Schedule J for such provided in the organization or individual for services rendered to the organization or if "Yes," complete Schedule J for such provided in the organization or individual for services rendered to the organization or individual for services rendered to the organization or individual for services rendered to the organization or individual for services rendered to the organization or individual for services rendered to the organization organization or individual for such provided in the organization or individual for services rendered to the organization organization organization or individual for services rendered to the organization organiz																	'	(10)
(20) (21) (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100.000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a' If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such provided in the compensation from the organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such provided in the compensation from the organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such provided in the compensation from the organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such provided in the organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such provided in the organization or individual for services rendered to the organization or individual for services rendered to the organization or individual for services rendered to the organization or individual for services rendered to the organization or individual for services rendered to the organization or individual for services rendered to the organization or individual for services rendered to the organization or individual for services rendered to the organization or individual for services rendered to the organization or individual for services rendered to the organization or individual for se			\top					†						 				(19)
(21) (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines Ib and Ic) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization b 0 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a° If "Yes," complete Schedule J for such individual 4 For any individual listed on line Ia, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000° If "Yes," complete Schedule J for such individual 5 Did any person listed on line Ia receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (8) (8)																		()
(21) (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines Ib and Ic) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization b 0 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a° If "Yes," complete Schedule J for such individual 4 For any individual listed on line Ia, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000° If "Yes," complete Schedule J for such individual 5 Did any person listed on line Ia receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (8) (8)								Π			Г)	(20)
(22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100.000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a° If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000° If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization" if "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (B) (C)			\perp					$oldsymbol{ol}}}}}}}}}}}}}}}}}}$										
(24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000° If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (a) (B) (C))	(21)
(24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000° If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (a) (B) (C)			\bot					\perp	ļ			_						
10 Sub-total												1)	(22)
10 Sub-total			+					\vdash			<u> </u>							
1b Sub-total)	(23)
1b Sub-total			+						├		<u> </u>	-						
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100.000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a° If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000° If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (B) (C))	(24)
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100.000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a° If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000° If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (B) (C)			+					⊢				 	<u> </u>	 				(0.5)
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)									l			ŀ)	(25)
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)		-	+					+	<u> </u>							h-tota)	lh	
d Total (add lines 1b and 1c)			+	·				-										
Total number of individuals (including but not limited to those listed above) who received more than \$100.000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a° If "Yes," complete Schedule J for such individual			T	0		646			•							·	_	_
reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a° If "Yes," complete Schedule J for such individual		-					100.000	nan	re th	ed mo	eceiv	ho r	e) w	d abov	to those liste		2	2
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a° If "Yes," complete Schedule J for such individual				0			_											
employee on line 1a° If "Yes," complete Schedule J for such individual	es N	Ye																
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000° If "Yes," complete Schedule J for such individual							ed	ensa	mpe	nest co	hig	e, oi	loye	y emp	or trustee, ke	d the organization list any former officer, director,	3	3
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		3	_															
Individual		İ					m the								-	•	4	4
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person								such	for s	lule J	Sche	ete S	ompl	es," co	50,000° If "Y	ganization and related organizations greater than \$1		
for services rendered to the organization? If "Yes," complete Schedule J for such person	7	4	-		• •													
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C)	7	_							ion								5	5
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C)	4	5			• • •	· · · ·	· · · ·	<u> </u>		11	erso	ien p	or st	ule J i	mpiete Sched		410	Coati
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C)						000 of	\$100.00	tha	nore	eived r	rece	that	tors	contrac	ındenendent			
year (A) (B) (C					ı's tax												•	•
(A) (B) (C											2		. , .			•		
Name and business address Description of services Compen		(C)				(B)		\neg										
	ation	Compensati			rvices	ription of se	Descrip									Name and business address		
								$oldsymbol{\bot}$										
								\perp										
								\dashv										
								\dashv			_						_	
											_							
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶										e) who	bove	ted a	e lis			•	2	2

Part '	VIII	Statement of Revenue				
		Check if Schedule O contains a response to any question in this Pa	art 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
rants ounts	1a b	Federated campaigns 1a Membership dues 1b				
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Fundraising events				
Contributio and Other	g	and similar amounts not included above Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f				
Program Service Revenue	2a b c d	Business Code				
	g	All other program service revenue				
	3 4 5	Investment income (including dividends, interest, and other similar amounts)	•			
	b c	Gross rents				
		Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
Other Revenue	c d	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	•			
Other	С	See Part IV, line 18				
	ь	Gross income from gaming activities See Part IV, line 19	78	13,037	1,289	
	b	Gross sales of inventory, less returns and allowances	•			
	11a b c	Miscellaneous Revenue Business Code All other revenue				
		Total. Add lines 11a-11d Total revenue. See instructions		13,037	1,289	(

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 (B) (D) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 7,800 7,800 2 Grants and other assistance to individuals in 3,977 the United States See Part IV, line 22 3,977 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) b c d Professional fundraising services See Part IV, line 17 е f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 13 Office expenses 14 Information technology 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 22 Depreciation, depletion, and amortization 775 775 23 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a b c d All other expenses e 25 Total functional expenses. Add lines 1 through 24e 12,552 11,777 775 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here

following SOP 98-2 (ASC 958-720)

Balance Sheet

Part X

Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 37,302 1 39,787 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4985(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 7 Notes and loans receivable, net 7 Inventories for sale or use 1,221 8 979 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 4,091 b Less accumulated depreciation 10b 2,913 1,953 10c 1,178 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 40,476 16 41,944 17 897 17 Accounts payable and accrued expenses 591 18 18 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified 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 habilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D \dots 25 26 897 26 591 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets of Fund Balances 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 39,579 29 Permanently restricted net assets 41,353 Organizations that do not follow SFAS 117 (ASC 958), check here ■ and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 39,579 33 41,353 34 Total liabilities and net assets/fund balances 40,476 34 41,944

For	n 990 (2012) FOE 3264 GAMBLING ACCOUNT	3-061	3312	P	age 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI	<u>.</u> .		<u> </u>	. 🗆	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			326	
2	Total expenses (must equal Part IX, column (A), line 25)	2		12,	552	
3	Revenue less expenses Subtract line 2 from line 1	3		1,77		
4	Net assets or fund balances at beginning of year (must equal Part X. line 33, column (A))	4		39,	579	
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			0	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		41,	353	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII				. 🔲	
				Yes	No	
1	Accounting method used to prepare the Form 990 🔲 Cash 🔲 Accrual 🔲 Other		1			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1		
	Schedule O.				3	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ľ	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		-	1		
	reviewed on separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	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			1	1	
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			1		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O			-		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			ŀ		
	the Single Audit Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			 	† -	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			
EEA				1 990 (2	2012)	
				(-	 ,	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 2012

Open to Public

Inspection Name of the organization Employer identification number FOE 3264 GAMBLING ACCOUNT 03-0613312 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised tunds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section $170(h)(4)(B)(ii)^{9}$ In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedu	lle D (Form 990) 2012 FOE 3264 GAMBL	ING ACCOUNT				03-0613	312	Page 2
Pa	rt III Organizations Maintaining Col	lections of Art,	Historical 7	reasures, or C	ther Sim	ilar Assets (cor	tinued)	
3	Using the organization's acquisition, accession, an	d other records, chec	k any of the fo	llowing that are a	significant i	ise of its		_
	collection items (check all that apply)							
a	Public exhibition		n or exchange					
b	Scholarly research	e 🗌 Oth	ег					
c	Preservation for future generations							
4	Provide a description of the organization's collecti	ons and explain how	they further th	e organization's ex	empt purpo	se in Part		
	XIII							
5	During the year, did the organization solicit or rec	eive donations of art,	historical trea	sures, or other sim	ılar			
	assets to be sold to raise funds rather than to be m					· · · · · · · · · ·		: N
Pa	t IV Escrow and Custodial Arrange	ments. Complete	e if the orga	nization answe	red "Yes"	to Form 990, F	Part IV,	
	line 9, or reported an amount on	Form 990, Part 2	K, line 21.	·		· -		
1a	Is the organization an agent, trustee, custodian or	other intermediary for	contributions	or other assets not				
	included on Form 990, Part X?				<i>.</i>		. 🔲 Yes	s 🗍 N
b	If "Yes," explain the arrangement in Part XIII and	complete the follows	ng table [,]			,		<u> </u>
						Am	ount	
c	Beginning balance							
d	Additions during the year				<u>1d</u>			
е	Distributions during the year				<u>le</u>			
f	Ending balance				<u>1f</u>			
2a	Did the organization include an amount on Form 9	90, Part X, line 21°					. Tyes	i 🗌 No
<u>b</u>	If "Yes," explain the arrangement in Part XIII Ch						· · · · ·	🗆
Par	t V Endowment Funds. Complete if	the organization	answered "Y	es" to Form 99	00, Part I	V, line 10.		<u>-</u>
		(a) Current year	(b) Prior ye	ar (c) Two ve	ars back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance					······	<u> </u>	
b	Contributions						<u> </u>	
C	Net investment earnings, gains, and							
	losses							
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 current year	ar end balance (line 1	g, column (a))	held as				
a	Board designated or quasi-endowment	%						
b	Permanent endowment • %							
c	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c should equ	al 100 %						
3a	Are there endowment funds not in the possession of	of the organization tha	t are held and	administered for th	ne			
	organization by						Y	es No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations liste	ed as required on Sch	edule R'				3b	
4	Describe in Part XIII the intended uses of the orga	nization's endowment	funds					
Par	t VI Land, Buildings, and Equipme	nt. See Form 990	, Part X, lu	ie 10.				· -
	Description of property	(a) Cost or other	basis (b) Cost or other basis	(c) A	ccumulated	(d) Book va	lue
	-	(investmen	it)	(other)	der	reciation		
1a	Land							
b	Buildings							
c	Leasehold improvements							
d	Equipment			4,09	1	2,913		1,178
		_ {			i	ı		

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

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization	Attach to Form	770 01 P01111	770-EE	oce separate man actions	<u> </u>	Employer idea	ntification number					
FOE 3264 GAMBLING ACCOUNT							13312					
Fundraising Activities	Complete if the	organizatı	on answer	ed "Yes" to Form	990, Part							
Part I Form 990-EZ filers are not	_	_										
1 Indicate whether the organization raise	d funds through ar	y of the follo	wing activition	es Check all that apply	<i>'</i>							
a Mail solicitations		e 🗌	Solicitation e	of non-government gra	nis							
b Internet and email solicitations		t 🗌	Solicitation 6	of government grants								
c Phone solicitations		g 🗌	Special fund	raising events								
d In-person solicitations		_										
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees												
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No												
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be												
compensated at least \$5,000 by the org	anization											
Ch Name and address of advantage		(iii) Did fun	draiser have	() Canag magazina		ount paid to	(vi) Amount paid to					
(i) Name and address of individual or entity (fundraiser)	(ti) Activity		control of	(iv) Gross receipts from activity		ained by) er listed in	(or retained by)					
		contrib	utions?	·		ol (ı)	organization					
		Yes	No									
1												
2												
3												
		ļ										
4												
		-										
5												
		ļ										
6				}								
												
7												
8		 										
o												
9		 										
0		 										
•												
			<u> </u>									
Total			▶ │									
3 List all states in which the organization i	s registered or lice	nsed to solici	t contribution	is or has been notified	it is exemp	t from						
registration or licensing												
					 							

Schedule G (Form 990 or 990-EZ) 2012

03-0613312 Page 2

Pa	rt I									
		than \$15,000 of fundraising egross receipts greater than \$5	_	ross income on Form 990	-EZ, lines 1 and 6b. List of	events with				
		g.cos recepto greater man	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through				
			(event type)	(event type)	(total number) ·	col (c))				
Revenue	1	Gross receipts								
Re										
	3	Less: Contributions Gross income (line 1 minus								
		line 2)								
	4	Cash prizes								
	5	Noncash prizes								
ses	6	Rent/facility costs	·····			·				
Direct Expenses	7	Food and beverages	· · · · · · · · · · · · · · · · · · ·							
Direct	8	Entertainment				·				
	9	Other direct expenses								
	10	Direct expense summary Add lines 4	=			()				
Pa	11 rt II	Net income summary Combine line 3 II Gaming. Complete if the org		s" to Form 990. Part IV.						
		than \$15,000 on Form 990-E								
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaining	(d) Total gaming (add col (a) through col (c))				
Re	1_	Gross revenue		588,084	27,420	615,504				
	_			400 000		400.005				
ses	2	Cash prizes		498,875		498,875				
Direct Expenses	3	Noncash prizes			18,260	18,260				
Direct	4	Rent/facility costs								
		Other direct expenses		84,043		84,043				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes %☒ No %	Yes %No					
	7	Direct expense summary. Add lines 2	through 5 in column (d)		▶	(601,178)				
	8	Net gaming income summary Combin	ne line 1, column d, and lin	e7	<u> </u>	14,326				
9 Enter the state(s) in which the organization operates gaming activities MN a Is the organization licensed to operate gaming activities in each of these states?										
b If "No," explain										
10a b		ere any of the organization's gaming lice 'Yes," explain	enses revoked, suspended o	r terminated during the tax y	ear ⁹	Yes X No				
EEA				-		G (Form 990 or 990-EZ) 2012				

Schedu	sle G (Form 990 or 990-EZ) 2012	03-0613312 Page 3
11	Does the organization operate gaming activities with nonmembers?	X Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	🗌 Yes 🗓 No
13	Indicate the percentage of gaming activity operated in:	
a	The organization's facility	
b	An outside facility	13b
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	
	records	
	Name & CRECC & MONOR	
	Name ► GREGG A. KONOP	
	Address ► 529 EGRET LANE ZIMMERMAN, MN 55398	
15a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	Yes 🗓 No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	amount of gaming revenue retained by the third party \$	
c	If "Yes," enter name and address of the third party	
	Name ▶	
	Address ▶	
	Address •	
16	Gaming manager information	
	Name ► DONALD R. WEIMER	
	Gaming manager compensation ► \$ 323	
	Description of services provided SUPERVISES, BANK DEPOSITS, PURCHASES GAM	
	☐ Director/officer ☐ Employee ☐ Independent contractor	
17	Mandatory distributions	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	5 7 1
	retain the state gaming license?	
ь	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	
Par	spent in the organization's own exempt activities during the tax year \$\bigs \\$ 11,777 IV Supplemental Information. Complete this part to provide the explanations required by F	Part I line 2h
1 41	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also com	
	part to provide any additional information (see instructions)	ipiete titis
	part to provide any additional information (see instructions)	

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990.

OMB No 1545-0047

Open to Public

Inspection

% □ X Yes Employer identification number Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, 03-0613312 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States General Information on Grants and Assistance the selection criteria used to award the grants or assistance? FOE 3264 GAMBLING ACCOUNT Name of the organization Part II Part I

Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ecipient that received	more than \$5,000. F	art II can be dupli	cated if additional sp	ace is needed.		
I (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
	ind government organization	ons listed in the line 1 tabl	· · · · ·	• • • • • • • • • • • • • • • • • • • •		A	
3 Enter total number of other organizations listed in the line 1 table	s listed in the line 1 table					•	

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

Schedule I (Form 990) (2012)

EEA

Page 2															0) (2012)
03-0613312	00, Part IV, line 22.	(f) Description of non-cash assistance							d any other additional						Schedule I (Form 990) (2012)
	nswered "Yes" to Form 99	(e) Method of valuation (book. FMV appraisal, other)							2. Part III, column (b), and						
	if the organization a	(d) Amount of non-cash assistance							uired in Part I, line						
	1 States. Complete	(c) Amount of cash grant							the information req						
CCOUNT	pace is needed.	(b) Number of recipients							this part to provide						:
990 (2012) FOE 3264 GAMBLING ACCOUNT	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	(a) Type of grant of assistance							Supplemental Information. Complete this part to provide the information required in Part I, line 2. Part III, column (b), and any other additional information.						
Schedule I (Form 990) (2012)	raitiii		 2	3	4	S	9	7	Part IV						EEA

SCHEDULE O

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Internal Revenue Service Name of the organization

03-0613312 FOE 3264 GAMBLING ACCOUNT 01. Member election for additional members (Part VI, line 7a) ALL MEMBERS AT A REGULAR SCHEDULED MEETING, HAVE THE RIGHT TO ELECT OTHER MEMBERS TO OFFICE OR APPOINT NEW MEMBERS, SUBJECT TO THE FINAL APPROVAL OF THE MEMBERSHIP. 08 - GOVERNING BODY DECISIONS PART VI LINE 1B: ALL MEMBERS AT A REGULAR SCHEDULED MEETING, HAVE THE RIGHT TO APPROVE OR DISAPPROVE ALL GOVERNING BODY DECISIONS. 02. Form 990 governing body review (Part VI, line 11) FORM 990 PART VI LINE 11B THIS ORGANIZATION WAS PROVIDED FORM 990 FOR REVIEW BY THE GOVERNING BODY AND MEMBERSHIP AT OUR AUG. 22, 2013 REGULAR MEETING. FORM 990 WAS REVIEWED BY THE PRESIDENT, TRUSTEES AND MEMBERSHIP PRIOR TO SIGNING AND SUBMISSION. PART VI LINE 15A & 15B ANY INCREASE IN COMPENSATION TO THOSE ENVOLVED IN GAMBLING, MUST BE APPROVED BY THE PRESIDENT, TRUSTEES AND THE ORGANIZATIONS MEMBERSHIP, AT A REGULAR SCHEDULED MEETING.

Depreciation and Amortization Form 4562 OMB No. 1545-0172 (Including Information on Listed Property) 2012 Attachment Department of the Treasury 179 ► See separate instructions. ▶ Attach to your tax return. Internal Revenue Service (99) Sequence No. Business or activity to which this form relates Identifying number FOE 3264 GAMBLING ACCOUNT FORM 990 -03-0613312 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (b) Cost (business use only) Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) Part III **MACRS** Depreciation (Do not include listed property) (See instructions) Section A 17 238 MACRS deductions for assets placed in service in tax years beginning before 2012 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery placed in (business/investment use (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction only-see instructions) 19 a 3-year property 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. h Residential rental 27 5 yrs MM S/L property 27 5 yrs MM S/L Nonresidential real 39 yrs MM S/L property Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20 a Class life b 12-year 12 yrs S/L 40-year S/L c 40 yrs MM Part IV Summary (See instructions) 537 Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter

here and on the appropriate lines of your return Partnerships and S corporations - see instructions

For assets shown above and placed in service during the current year, enter the

22

775

23

Page 2

Part V Listed Property (Include automobiles, certain other vehicles certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Cautions: See the mistractions for Immix for passenger automobiles) Ves No V		240, colui	nns (a) through (c) or section	A, all of	Section	D, and 3	ection C	п аррпс	auic							
On Type of papers (bits) Displaced D		Section A - Depr	eciation and Oth	er Informati	ion (Cau	tion: See	the insti	ructions	for limits	for passe	nger aut	omobiles)				
Type of piggings (but and the presentation of	242	a Do you have evidence to	support the business/inv	estment use claim	ed?			☐ Yes	☐ No	24b If	"Yes," is	the evid	lence w	ritten?	☐ Ye	s 🗌 No	
The tax year and used more than 50% in a qualified business use Strong	-	Type of property (list	Date placed	Business/ investment use	Cost or o			is for deprec	tment	Recovery	ecovery Met		Depre	Depreciation		Elected section 179	
the tax year and used more than 50% in a qualified business use COMPUTER PRINT 20120328 100 % 1,412 1,412 5 200 DB-MQ 537	25	Special depreciation	allowance for qu	alified listed	property	placed i	n service	during								······································	
26 Property used more than 50% in a qualified business use COMPUTER PRINT 20120328 100 % 1,412 1,412 5 200 DB-MQ 537 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Eiter here and on line 21, page 1 58/L 29 Add amounts in column (h), lines 25 through 27 Eiter here and on line 21, page 1 28 537 29 Add amounts in column (h), lines 26 Eiter here and on line 7, page 1 28 537 Section B - Information on Use of Velncles Complete this section for vehicles used by a sole propietor, 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 30 Total business/investment miles driven during the year (40 not include commuting miles) 31 Total commuting miles driven during the year Add lines, 30 through 21 32 Was the vehicle available for personal 33 Total miles driven during the year Add lines, 30 through 22 34 Was the vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owner or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits all personal use of vehicles, except communing, by your employees? 40 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? 41 Do you more the requirements concerning qualified automobile demonstration use? (See instructions) 42 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the informat												. 25					
COMPUTER PRINT 2012/03/28 10.0 s 1,412 1,412 5 20.0 DB-MQ 53.7 1	26	···				<u>:</u>											
1 5 5 5 5 5 5 5 5 5						1.41	2	1.	412	T 5	200	DB-MO		537	Ī	•	
Property used 50% or less in a qualified business use StL St			1								 				1		
27 Property used 50% or less in a qualified business use	_									·		-					
1 % S/L S/	27	Property used 50%	or less in a qualif										L				
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1		Troperty used 50 %	1 1		1					1	S/L-			-	1		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1			1 1		 								·	1	1		
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 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) (a) (b) (c) (d) (d) (d) (e) (d) (vehicle 1 Vehicle 2 Vehicle 3 (vehicle 3 Vehicle 3 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Vehicle 5 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 7 Vehicle 7 Vehicle 7 Vehicle 7 Vehicle 7 Vehicle 8 Vehicle 8 Vehicle 9 Vehi	_		1 .							 					1		
Section B - Information on Use of Vehicles Section F - 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	28	Add amounts in col	umn (h) lines 25			re and or	n line 21.	nage 1				. 28		537	537		
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. 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year. 32 Total other personal (noncommuting) miles driven. 33 Total miles driven during the year. 34 Was the vehicle available for personal. 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees. Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). 70 Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees? 80 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 81 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? 41 Do you pour masser to 37 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization (a) (b) (c) (d) (a) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d									•						 		
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) (c) (d) (c) (d) (c) Vehicle 5 (d) (d) (e) Vehicle 6 (d) Vehicle 7 (d) Vehicle 7 (d) Vehicle 7 (d) Vehicle 7 (d) Vehicle 8 (d) Vehicle 8 (d) Vehicle 8 (d) Vehicle 8 (d) Vehicle 9 (d) Vehicle 6 (d) Vehicle 7 (d) Vehicle 6 (d) Vehicle 6 (d) Vehicle 6 (d) Vehicle 7 (d) Vehicle 6 (d) Vehicle 7 (d) Vehicle 6 (d) Vehicle 6 (d) Vehicle 6 (d) Vehicle 6 (d) Vehicle 6 (d) Vehicle 6 (d) Vehicle 6 (d) Vehicle 6 (d) Vehicle 6 (d) Vehicle 6 (d) Vehicle 6 (d) Vehicle 6 (d) Vehicle 6 (d) Vehicle 6 (d) Vehicle 6 (d) Vehicle 6 (d) Vehicle 6 (d) Vehicle 6 (d) Vehicle 6 (d) Vehicle 7 (d) Vehicle 7 (d) Vehicle 7 (d) Vehicle 7 (d) Vehicle 7 (d) Vehicle 7 (d) Vehicle 7 (d) Vehicle 7 (d) Vehicle 7 (d) Vehicle 8 (d) Vehicle 8 (d) V	2,5	Add alloulis in col	anni (i), nne 20	Enter here at									· · · · · ·	<u> </u>	1		
10 your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles 10 Total business/investment miles driven during the year (do not include commuting miles) 11 Total commuting miles driven during they ear 12 Total other personal (noncommuting) 13 Total other personal (noncommuting) 14 Was the vehicle available for personal 15 Was the vehicle available for personal 16 Use thick of the vehicle available for personal 17 Weshale 3 Was the vehicle used primarily by a more 18 than 5% owner or related person? 19 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) 19 Do you amaintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 19 Do you treat all use of vehicles by employees as personal use? 10 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 10 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 10 Do you treat all use of vehicles by employees as personal use? 11 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) 12 Do you meet the requirements concerning qualified automobile demonstration use? 15 Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees? 10 Do you meet the requirements concerning qualified automobile demonstration use? 10 Do you meet the requirements concerning qualified automobile demonstration use? 16 Journal of Journal of Journal of Journal of Journal of Journal of Journal of Journal of Journal of Journal of Journal of Journal of Journal of Journal of Journal of Journal of Jo	Co	mulata this vastion fo	e vahiolus iii ad hi	, a cole prop							elated ne	rson If y	/OU DEOS	uded veh	ucles		
Column C															110103		
Total obusiness/investment miles driven during the year (do not include commuting miles) 10 Total commuting miles driven during the year and the personal (noncommuting) miles driven	to	your employees, first	answer the questi	ons in secuc					1-				i		Τ ,	n	
the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours?. 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 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? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles [Part VI Amortization Lobert primor of course. Amortization Amortization Amortization periodic answerite provides. Amortization periodic answerite provides. Amortization periodic answerite provides.		T											l		1		
Total commuting miles driven during the year Total other personal (noncommuting) miles driven	30		_	venicle i										1			
Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 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? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization Code section Amortization period or period		•			-				 								
miles driven 33 Total miles driven during the year Add Innex 30 through 32 34 Was the vehicle available for personal use during off-duity hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 40 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? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (b) (c) (a) (b) (b) (c) (d) (d) (e) (Amortization Information for this year personal repaid or		-							 								
33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours?. 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you treat all use of vehicles by employees as personal use? 40 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? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (n) Amortization Amortization answer to 37 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles (n) Amortization answer to 37 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles	32																
Innex 30 through 32														 			
Yes No Yes Yes Yes No Yes Yes Yes Yes Yes Yes No Yes	33		= -	dd						İ							
use during off-duty hours?		•				,			ļ <u>-</u>			ı———		T	l		
35 Was the vehicle used primarily by a more than 5% owner or related person?	34		•		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
than 5% owner or related person?							ļ	ļ	ļ				_	 	-		
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) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 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? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization Code section Code section Amortization Amortization Period or Perio	35	Was the vehicle use	d primarily by a r	nore													
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) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 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? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization Code section Amortization Amortization Amortization Amortization Amortization Percentage Amortization Amortization Percentage P		than 5% owner or r	elated person?				ļ			<u> </u>				ļ	ļ		
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) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 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? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization Code section Amortization period or peri	36	Is another vehicle a	vailable for person	nal use?					<u> </u>				<u> </u>	<u> </u>			
more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 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? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization Description of costs Code section Amortization period or				_	-												
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 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? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization Code section Period or peri	An	swer these questions	to determine if yo	u meet an ex	ception 1	o compl	eting Sec	tion B fo	or vehicle	es used by	employ	ees who	are not				
your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 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? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization Date amortization begins Amortizable amount Code section Amortization period or	mo	re than 5% owners o	r related persons	(see instruction	ons)											,	
28 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 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? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (b) Date amortization (c) Amortization period or period	37	Do you maintain a	written policy stat	ement that pi	rohibits a	II person	al use of	vehicles	, ıncludı	ng commi	iting, by				Yes	No	
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 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? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (a) Date amortization Description of costs (b) Date amortization begins Amortizable amount Code section Percentage (f) Amortization for this year percentage		your employees?															
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? 1 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (b)	38	Do you maintain a	' '														
40 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? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (a) Date amortization (b) Date amortization Amortizable amount (c) Code section Code section Amortization period or percentage		employees? See the	instructions for v	ehicles used	by corpo	rate offic	cers, dire	ctors, or	1% or 1	more owne	ers						
use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (a) Date amortization Date amortization begins (b) Code section Code section Code section Description of costs (c) Amortization period or perio	39	Do you treat all use	of vehicles by en	nployees as p	ersonal t												
Anortization begins Note: If your answer to 37 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (a) Date amortization Description of costs (b) Date amortization begins (c) Amortizable amount Code section Code section Code section Percentage (f) Amortization period or percentage	40	Do you provide mo	re than five vehic	les to your ei	mployees	, obtain	ınformat	ion from	your en	nployees a	bout the						
Note: If your answer to 37 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (a) Date amortization begins (b) Date amortization begins (c) Amortizable amount Code section period or percentage (f) Amortization for this year		use of the vehicles,	and retain the infe	ormation rec	eived?												
Part VI Amortization (b) (c) (d) Code section period or percentage (f) Amortization for this year	41	Do you meet the re-	quirements concer	nıng qualıfie	d automo	bile den	nonstratio	on use') (See instr	uctions)							
Part VI Amortization (b) (c) (d) Code section period or percentage (f) Amortization for this year		Note: If your answe	er to 37 38, 39, 4	0, or 41 is "	Yes," do	not com	iplete Sec	ction B fo	or the co	vered veh	ıcles						
(a) Date amortization Amortizable amount Code section period or percentage	P	art VI Amort	ization														
			.0515	Date amor	ortization Amort						on	Amortiza period o	ition or	Amortiza			
72 Amortization of costs that organs during four zora tax year (see instructions)	42	Amortization of cos	ets that begins duri	ing vour 201	2 tax ver	r (see in	struction	s)	L			percentage			-		
	72	Amortization of cos	no mar ocgans dur	, 201	_ tan yea	. (500 111		-/									
	_			 		+											
43 Amortization of costs that began before your 2012 tax year	43	Amortization of cos	ts that began hefo	re vour 2012	tax veni							I	43				
44 Total. Add amounts in column (f) See the instructions for where to report			=	-			n renort						 				