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Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

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

Open to Public Inspection

| A                              | For the                   | 2012 calendar year, or tax year beginning SEP 1, 2012 and ending                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AUG 31, 2013                        |                             |
|--------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------|
| В                              | Check if                  | C Name of organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | D Employer identific                | cation number               |
|                                | applicable                | FARGO-MOORHEAD CONVENTION & VISITORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                             |
|                                | Addres<br>change          | BUREAU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                             |
| L                              | Name<br>Change            | Doing Business As                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 45-0                                | 363220                      |
| E                              | Initial return Terminated | Number and street (or P 0 box if mail is not delivered to street address)  2001 44TH STREET SW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | 282-3653                    |
|                                | Amend<br>return           | City, town, or post office, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | G Gross receipts \$                 | 2,512,247.                  |
|                                | Application               | TARGO, ND 30103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | H(a) Is this a group re             |                             |
|                                | pendin                    | F Name and address of principal officer: CHARLES JOHNSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | for affiliates?                     | Yes X No                    |
|                                |                           | SAME AS C ABOVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | H(b) Are all affiliates inc         |                             |
|                                |                           | 7. ( T. (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <del></del> 1                       | list. (see instructions)    |
|                                |                           | e: ► WWW.FARGOMOORHEAD.ORG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | H(c) Group exemption                |                             |
|                                |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ear of formation 1981 N             | State of legal domicile ND  |
|                                | art I                     | Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MOODUEAD CO                         | 3 MOTONAZI                  |
| e                              | 1 1                       | Briefly describe the organization's mission or most significant activities: THE FARGULITAN OF THE FARG | COMMINITY MAD                       | E UP OF TWO                 |
| nan                            | -                         | r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                             |
| Activities & Governance        | 1                         | Check this box  If the organization discontinued its operations or disposed of m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ore than 25% of its field as        | 9                           |
| ဗ္                             | 1                         | Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4                                   | 9                           |
| <b>ಶ</b>                       |                           | Fotal number of individuals employed in calendar year 2012 (Part V, line 2a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5                                   | 43                          |
| ij                             | 1                         | Fotal number of volunteers (estimate if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6                                   | 0                           |
| Ę.                             | 1                         | Fotal unrelated business revenue from Part VIII, column (G)-line 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7a                                  | 0.                          |
| Þ                              |                           | Net unrelated business taxable income from Form 990 T-line 34 VLU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7b                                  | 0.                          |
|                                |                           | A THE STATE OF THE PARTY OF THE | Prior Year                          | Current Year                |
| •                              | 8 (                       | Contributions and grants (Part VIII, line 1h) IS JAN 0 7 2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3,751.                              | 3,483.                      |
| Ž                              | 9 1                       | Program service revenue (Part VIII, line 2g)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2,347,228.                          | 2,473,947.                  |
| Revenue                        | 10                        | nvestment income (Part VIII, column (A), lines 3, 4, and 70 GDEN, UT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 24,324.                             | 18,655.                     |
| <u> </u>                       | 11 (                      | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -3,031.                             | -3,081.                     |
|                                | -12 <sub>-</sub> 7        | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2,372,272.                          | 2,493,004.                  |
|                                | 13 (                      | Grants and similar amounts paid (Part IX, column (A), lines 1·3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 639,934.                            | 527,514.                    |
|                                | 14                        | Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0.                                  | 0.                          |
| ès                             | 15 5                      | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 672,345.                            | 680,781.                    |
| Expenses                       | 16a l                     | Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0.                                  | 0.                          |
| Ϋ́                             | b l                       | Total fundraising expenses (Part IX, column (D), line 25)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 002 056                           | 1 211 220                   |
| _                              | 17 (                      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1,093,056.<br>2,405,335.            | 1,214,228.<br>2,422,523.    |
|                                |                           | Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | 70,481.                     |
| - S                            | 19                        | Revenue less expenses. Subtract line 18 from line 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -33,063.  Beginning of Current Year | End of Year                 |
| Net Assets or<br>Fund Balances | 20                        | Fotal assets (Part X, line 16)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2,682,364.                          | 2,797,618.                  |
| Asse                           | 21                        | Fotal liabilities (Part X, line 16)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 608,323.                            | 653,096.                    |
| E SE                           | 22                        | Net assets or fund balances. Subtract line 21 from line 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2,074,041.                          | 2,144,522.                  |
| P                              | art II                    | Signature Block                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                            |                             |
|                                |                           | ties of perjury, I declare that I have examined this return, including accompanying schedules and sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | tements, and to the best of my      | knowledge and belief, it is |
|                                |                           | , and complete. Declaration of preparer (other than officer) is based on all information of which prep                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | 1                           |
|                                |                           | the the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1/2                                 | /14                         |
| Sig                            | n                         | Signature of officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date                                |                             |
| He                             | re                        | CHARLES JOHNSON, PRESIDENT/CEO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                             |
|                                |                           | Type or print name and title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <del></del>                         |                             |
|                                |                           | Print/Type preparer's name Preparer's signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date Check                          | PTIN                        |
| Pai                            | F                         | RALPH HANSEN, CPA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 17-50-13 sett-employe               |                             |
|                                | ·                         | Firm's name FIEBIGER, SWANSON, WEST & CO, PLLP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Firm's EIN ▶                        | 41-6134264                  |
| Use                            | Only                      | Firm's address 2537 S UNIVERSITY DR, STE 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | 01 200 2100                 |
| _                              |                           | FARGO, ND 58103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Phone no /                          | 01-280-2100<br>X Yes No     |
| Ma                             | v the IR                  | S discuss this return with the preparer shown above? (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     | X Yes No                    |

| FARGO-MOORHEAD | CONVENTION | & | VISITORS |  |
|----------------|------------|---|----------|--|
| DIIDDAII       |            |   |          |  |

| Pai   | t III Statement of Program Service Accomplishments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|       | Check if Schedule O contains a response to any question in this Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 1     | Briefly describe the organization's mission: THE FARGO-MOORHEAD CONVENTION & VISITORS BUREAU FUNCTIONS IN A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|       | METROPOLITAN COMMUNITY MADE UP OF TWO INDIVIDUAL COMMUNITIES IN TWO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|       | STATES. WE EXIST TO PROMOTE THE FARGO-MOORHEAD AREA AS A DESTINATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|       | FOR GROUPS OF VISITORS INVOLVED WITH CONVENTIONS, TRADE SHOWS, AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 2     | Did the organization undertake any significant program services during the year which were not listed on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|       | the prior Form 990 or 990-EZ?  Yes X No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| _     | If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 3     | Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 4     | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|       | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|       | revenue, if any, for each program service reported.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 4a    | (Code) (Expenses \$ 2,422,523 • including grants of \$) (Revenue \$2,470,866 • )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|       | THE ORGANIZATION PROMOTED TOURISM IN THE FARGO-MOORHEAD AREA BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|       | ADVERTISING IN SEVERAL PUBLICATIONS AND ATTENDED SEVERAL CONFERENCES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|       | AND TRADE SHOWS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|       | AND TRADE SHOWS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| 4b    | (Code) (Expenses \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| 4c    | (Code) (Expenses \$) (Revenue \$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| 4:    | Other and the Company of Decomposity Company of Company |
| 4d    | Other program services (Describe in Schedule O.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|       | (Expenses \$ including grants of \$ ) (Revenue \$ )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 4e    | Total program service expenses ▶ 2,422,523.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 32002 | Form <b>990</b> (2012)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

|           |                                                                                                                                                                                                                                  | _          | 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          |      | X      |
| 2         | Is the organization required to complete Schedule B, Schedule of Contributors?                                                                                                                                                   | 2          |      | X      |
| 3         | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for                                                                                                  |            |      |        |
|           | public office? If "Yes," complete Schedule C, Part I                                                                                                                                                                             | 3          |      | X      |
| 4         | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect                                                                                                 |            |      |        |
|           | during the tax year? If "Yes," complete Schedule C, Part II                                                                                                                                                                      | 4          |      |        |
| 5         | is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or                                                                                                     | _          |      | v      |
|           | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                                                                                                                   | 5          |      | X      |
| 6         | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to                                                                                                        |            |      | v      |
|           | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                                                                                     | 6          |      | X      |
| 7         | Did the organization receive or hold a conservation easement, including easements to preserve open space,                                                                                                                        | _          |      | Х      |
|           | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                                                                             | 7          |      |        |
| 8         | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete                                                                                                     |            | х    |        |
| _         | Schedule D, Part III                                                                                                                                                                                                             | 8          | Λ.   |        |
| 9         | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for                                                                                                    |            |      |        |
|           | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?                                                                                                        | 9          |      | Х      |
| 10        | If "Yes," complete Schedule D, Part IV                                                                                                                                                                                           |            |      |        |
| 10        | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent                                                                                                    | 10         |      | х      |
| 11        | endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X                   |            | ., , |        |
| ••        | as applicable.                                                                                                                                                                                                                   |            |      |        |
| а         | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,                                                                                                      |            |      |        |
| •         | Part VI                                                                                                                                                                                                                          | 11a        | Х    |        |
| ь         | Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total                                                                                                      |            |      |        |
|           | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                                                                                      | 11b        |      | X      |
| С         | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total                                                                                                       |            |      |        |
|           | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                                                                                     | 11c        |      | Х      |
| d         | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in                                                                                                     |            |      |        |
|           | Part X, line 16? If "Yes," complete Schedule D, Part IX                                                                                                                                                                          | 11d        |      | X      |
| <b>e</b>  |                                                                                                                                                                                                                                  | 11e        |      | X      |
| f         | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                                                                                                          |            | v    |        |
|           | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                                                                                           | 11f        | Х    |        |
| 12a       | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                                                                                                              | 40-        |      | Х      |
|           | Schedule D, Parts XI and XII                                                                                                                                                                                                     | 12a        |      | Α      |
| D         | Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b        | х    |        |
| 12        | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                | 13         |      | Х      |
| 13<br>14a | Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                      | 14a        |      | X      |
|           | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,                                                                                                          |            |      |        |
|           | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000                                                                                                       |            |      |        |
|           | or more? If "Yes," complete Schedule F, Parts I and IV                                                                                                                                                                           | 14b        |      | Х      |
| 15        | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization                                                                                                        |            |      |        |
|           | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV                                                                                                                                      | 15         |      | X      |
| 16        | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals                                                                                                   |            |      |        |
|           | located outside the United States? If "Yes," complete Schedule F, Parts III and IV                                                                                                                                               | 16         |      | Х      |
| 17        | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,                                                                                                          |            |      |        |
|           | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I                                                                                                                                                               | 17_        |      | 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? If "Yes," complete Schedule G, Part II                                                                                                                                                                                | 18         | l    | X      |
| 19        | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"                                                                                                           |            |      | v      |
| ••        | complete Schedule G, Part III                                                                                                                                                                                                    | 19         |      | X      |
|           | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                      | 20a<br>20b | l —  |        |
| <u>b</u>  | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                     |            | 990  | (2012) |

| <u>Form</u> | 990 (2012) BUREAU 45-0363                                                                                                       | <u> </u> | P   | <u>age 4</u> |
|-------------|---------------------------------------------------------------------------------------------------------------------------------|----------|-----|--------------|
| Pa          | rt IV Checklist of Required Schedules (continued)                                                                               |          | _   |              |
|             |                                                                                                                                 |          | Yes | No           |
| 21          | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the           |          |     |              |
|             | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                     | 21       | X   |              |
| 22          | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,    |          |     |              |
|             | column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                                              | 22       |     | X            |
| 23          | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current      |          |     |              |
|             | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                  |          |     |              |
|             | Schedule J                                                                                                                      | 23       |     | Х            |
| 24a         | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the         |          |     |              |
|             | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete              |          |     |              |
|             | Schedule K. If "No", go to line 25                                                                                              | 24a      |     | X            |
| h           | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                               | 24b      |     |              |
|             | 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      |     |              |
| a           | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                         | 24d      |     |              |
|             | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a              |          |     |              |
| 23a         | disqualified person during the year? If "Yes," complete Schedule L, Part I                                                      | 25a      |     |              |
|             |                                                                                                                                 | 200      | -   |              |
| D           | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and      |          |     |              |
|             | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete           | 056      |     |              |
|             | Schedule L, Part I                                                                                                              | 25b      |     |              |
| 26          | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified |          |     | x            |
|             | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II                         | 26       |     |              |
| 27          | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial            |          |     |              |
|             | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member             |          |     | X            |
|             | 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):                                                     |          |     | v            |
|             | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                         | 28a      |     | X            |
|             | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV      | 28b      |     | _ <u>^</u>   |
| С           | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | l ;      |     | ١,,          |
|             | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV                                          | 28c      |     | X            |
| 29          | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                        | 29-      | -   | X            |
| 30          | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation     |          |     | <b> </b>     |
|             | contributions? If "Yes," complete Schedule M                                                                                    | 30       |     | X            |
| 31          | Did the organization liquidate, terminate, or dissolve and cease operations?                                                    |          |     | ١            |
|             | If "Yes," complete Schedule N, Part I                                                                                           | 31       |     | X            |
| 32          | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                |          |     | ١            |
|             | Schedule N, Part II                                                                                                             | 32       |     | X            |
| 33          | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                      | 1        |     |              |
|             | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I                                                       | 33       |     | X            |
| 34          | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and       |          |     |              |
|             | Part V, line 1                                                                                                                  | 34       |     | X            |
| 35a         | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                         | 35a      |     | X            |
| b           | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity       |          |     |              |
|             | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                                         | 35b      |     |              |
| 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, Part VI                    | 37       |     | X            |
| 38          | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                  |          |     |              |

Form **990** (2012)

Note. All Form 990 filers are required to complete Schedule O

| Form | 990 (2012) BUREAU                                                                                                                                                                                    | 45-0363                      | <u> </u>     | <u>Р</u> | age :        |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------|----------|--------------|
| Pai  | Statements Regarding Other IRS Filings and Tax Compliance                                                                                                                                            |                              |              |          |              |
|      | Check if Schedule O contains a response to any question in this Part V                                                                                                                               |                              |              |          | ᆫ            |
|      |                                                                                                                                                                                                      |                              |              | Yes      | No           |
| 1a   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable                                                                                                                         | 1a 15                        |              |          |              |
| b    | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                                                                                                      | 1 <b>b</b> 0                 |              |          |              |
| C    | Did the organization comply with backup withholding rules for reportable payments to vendors and re-                                                                                                 | eportable gaming             |              |          |              |
|      | (gambling) winnings to prize winners?                                                                                                                                                                |                              | 1c           | X        | ļ            |
| 2a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                                                                                                          |                              |              |          |              |
|      | filed for the calendar year ending with or within the year covered by this return                                                                                                                    | 2a 43                        |              |          |              |
| b    | If at least one is reported on line 2a, did the organization file all required federal employment tax returns                                                                                        | ns?                          | 2b           | X        | ļ            |
|      | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions                                                                                             | 3)                           |              |          | ١.,          |
| 3a   | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                        |                              | 3a           |          | X            |
|      | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O                                                                                                     |                              | 3b           |          |              |
| 4a   | At any time during the calendar year, did the organization have an interest in, or a signature or other a                                                                                            |                              |              | 1        | ٠            |
|      | 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 A                                                                                               | 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 transa                                                                                           | ction?                       | 5b           |          | Х            |
|      | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                   |                              | 5c           | <u> </u> | <b> </b>     |
| 6a   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the                                                                                               | ne organization solicit      |              |          | ,,           |
|      | any contributions that were not tax deductible as charitable contributions?                                                                                                                          |                              | 6a           |          | X            |
| b    | If "Yes," did the organization include with every solicitation an express statement that such contribut                                                                                              | ions or gifts                |              |          | ŀ            |
| _    | were not tax deductible?                                                                                                                                                                             |                              | _6b          | 1        | <del> </del> |
| 7    | Organizations that may receive deductible contributions under section 170(c).                                                                                                                        |                              | _            |          |              |
|      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set                                                                                  | vices provided to the payor? | 7a           |          | <del> </del> |
|      | 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                                                                                             | as required                  | 7.           |          |              |
| _    | to file Form 8282?                                                                                                                                                                                   | 74                           | 7c           |          |              |
|      | If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                    | 7d                           | 7-           | 1        |              |
|      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of                                                                                             |                              | 7e<br>7f     |          |              |
| 1    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file Fo                     |                              | 7g           |          |              |
| _    | If the organization received a contribution of qualified intellectual property, did the organization file received a contribution of cars, boats, airplanes, or other vehicles, did the organization |                              | 79<br>7h     |          | _            |
| 8    | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di                                                                                          |                              |              |          |              |
| •    | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at                                                                                      | •                            | 8            | ·        | 1            |
| 9    | Sponsoring organizations maintaining donor advised funds.                                                                                                                                            | any timo during the year     | <del>-</del> |          | <u> </u>     |
| •    | Did the organization make any taxable distributions under section 4966?                                                                                                                              |                              | 9a           | •        | 1            |
|      | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                               |                              | 9b           |          |              |
| 10   | Section 501(c)(7) organizations. Enter:                                                                                                                                                              |                              |              |          |              |
|      | Initiation fees and capital contributions included on Part VIII, line 12                                                                                                                             | 10a                          |              |          |              |
|      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                          | 10b                          |              |          |              |
| 11   | Section 501(c)(12) organizations. Enter:                                                                                                                                                             | 1                            |              |          |              |
|      | Gross income from members or shareholders                                                                                                                                                            | 11a                          |              |          |              |
|      | Gross income from other sources (Do not net amounts due or paid to other sources against                                                                                                             |                              |              |          |              |
|      | amounts due or received from them.)                                                                                                                                                                  | 11b                          |              |          |              |
| 12a  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form                                                                                                 |                              | 12a          | <u> </u> | <u> </u>     |
|      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                | 12b                          |              |          |              |
| 13   | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                     |                              |              |          |              |
|      | 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                                                                                                                                             | 13b                          |              |          |              |
| c    | Enter the amount of reserves on hand                                                                                                                                                                 | 13c                          |              | ļ        |              |
| 143  | Did the organization receive any payments for indoor tanning services during the tay year?                                                                                                           |                              | 14a          | 1        | X            |

232005 12-10-12

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

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| Pa  | tVI Governance, Management, and Disclosure For each "Yes" response to lines 2 the to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                       | "No" r  | espon | se       |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------|---------|-------|----------|
|     | Check if Schedule O contains a response to any question in this Part VI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                       |         |       | X        |
| Sec | tion A. Governing Body and Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |                       |         |       |          |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                       |         | Yes   | No       |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1a       | 9                     |         |       | ,        |
|     | 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       | 9                     |         |       |          |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationshi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | p with   | any other             |         |       |          |
|     | officer, director, trustee, or key employee?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                       | 2       |       | X        |
| 3   | Did the organization delegate control over management duties customarily performed by or under the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | e dire   | ct supervision        |         |       |          |
|     | of officers, directors, or trustees, or key employees to a management company or other person?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                       | 3       |       | <u>X</u> |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 990 wa   | as filed?             | 4       |       | X        |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's ass                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | sets?    |                       | 5       |       | X        |
| 6   | Did the organization have members or stockholders?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |                       | 6       |       | Χ_       |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ppoint   | one or                |         |       |          |
|     | more members of the governing body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                       | 7a_     |       | <u>X</u> |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | stockh   | olders, or            |         |       | 1        |
|     | persons other than the governing body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                       | 7b      |       | <u>X</u> |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the ye                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ar by th | ie following          |         |       |          |
| а   | The governing body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                       | 8a      | X     |          |
| b   | 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 real                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ched     | at the                |         |       | v        |
|     | organization's mailing address? If "Yes," provide the names and addresses in Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                       | 9       |       | <u>X</u> |
| sec | tion B. Policies (This Section B requests information about policies not required by the Internal R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | evenu    | e Coae.)              |         | Yes   | No       |
| 100 | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |                       | 10a     | 162   | X        |
|     | If "Yes," did the organization have written policies and procedures governing the activities of such c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | hanter   | s affiliates          | 100     |       |          |
| U   | and branches to ensure their operations are consistent with the organization's exempt purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ιαρισι   | o, annacoo,           | 10b     |       | !        |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing bod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | lv befo  | re filing the form?   | 11a     | Х     |          |
|     | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ,        |                       |         |       |          |
|     | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                       | 12a-    | Х     |          |
|     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | to cor   | iflicts?              | 12b     | X     |          |
|     | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |                       |         |       |          |
|     | ın Schedule O how this was done                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                       | 12c     | Х     |          |
| 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 approve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          | ndependent            |         |       |          |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |                       |         |       |          |
|     | The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                       | 15a     | X     |          |
| 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 arrange                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ment v   | vith a                |         |       | Х        |
|     | taxable entity during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                       | 16a     |       |          |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the procedure of the procedure requiring the organization to evaluate the procedure requiring the organization of the procedur |          |                       |         |       |          |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the property o | nizatio  | on's                  | 16b     |       |          |
| 202 | exempt status with respect to such arrangements? tion C. Disclosure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                       | 1 100   |       |          |
| 17  | List the states with which a copy of this Form 990 is required to be filled NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                       |         |       |          |
| 18  | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Γ (Sect  | tion 501(c)(3)s only) | avallab | le    |          |
|     | for public inspection. Indicate how you made these available. Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ,        | · //-/-               |         |       |          |
|     | Own website Another's website X Upon request Other (explain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | in Sc    | hedule O)             |         |       |          |
| 19  | Describe in Schedule O whether (and if so, how), the organization made its governing documents, co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |                       | d finar | cıal  |          |
|     | 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 a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nd rec   | ords of the organiza  | tion: 🕨 |       |          |
|     | <u>CHARLES JOHNSON - 701-282-3653</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _        |                       |         |       |          |
|     | 2001 44TH STREET SW, FARGO, ND 58104                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |                       |         |       |          |

# 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.

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

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

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

| (A)                                 | (B)                                                                  |                                                  |                       | (0            | C)           |                              |          | (D)                                    | (E)                                        | (F)                                             |
|-------------------------------------|----------------------------------------------------------------------|--------------------------------------------------|-----------------------|---------------|--------------|------------------------------|----------|----------------------------------------|--------------------------------------------|-------------------------------------------------|
| Name and Title                      | Average<br>hours per<br>week                                         | box                                              | not c<br>, unle       | heck<br>ss pe | rson .       | than<br>is bot<br>or/trus    | h an     | Reportable<br>compensation<br>from     | Reportable<br>compensation<br>from related | Estimated<br>amount of<br>other                 |
|                                     | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual frustee or director                   | institutional trusibe | Officer       | Key employee | Highest compensated employee | Former   | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)           | from the organization and related organizations |
| (1) KONRAD OLSON                    | 1.00                                                                 |                                                  |                       |               |              |                              |          |                                        |                                            | 0                                               |
| PAST CHAIR                          | 1 00                                                                 | X                                                | _                     | X             |              |                              |          | 0.                                     | 0.                                         | 0.                                              |
| (2) JENNIFER BUCHERT                | 1.00                                                                 | ,,                                               |                       | ١,,           |              |                              |          | 0.                                     | 0.                                         | 0                                               |
| VICE CHAIR                          | 1 00                                                                 | Х                                                |                       | Х             |              |                              | <u> </u> | 0.                                     | 0.                                         | 0.                                              |
| (3) SHARON ODEGAARD                 | 1.00                                                                 | X                                                |                       | X             |              |                              |          | 0.                                     | 0.                                         | 0.                                              |
| SECRETARY/TREASURER                 | 1.00                                                                 | ^_                                               | $\vdash$              | ^             | $\vdash$     |                              |          |                                        |                                            | <u></u>                                         |
| (4) MIKE PREKEL DIRECTOR            | 1.00                                                                 | X                                                |                       |               |              |                              |          | 0.                                     | 0.                                         | 0.                                              |
| (5) HOLLY HEITKAMP                  | 1.00                                                                 | ^                                                |                       | -             |              |                              |          | 0.                                     |                                            |                                                 |
| DIRECTOR                            | 1.00                                                                 | X                                                |                       |               |              |                              |          | 0.                                     | 0.                                         | 0.                                              |
| (6) SCOTT HUTCHINS                  | 1.00                                                                 | <del>                                     </del> |                       |               |              |                              |          |                                        |                                            |                                                 |
| DIRECTOR                            | 1.00                                                                 | x                                                |                       |               |              |                              |          | 0.                                     | 0.                                         | 0.                                              |
| (7) KYLE ANDERSON                   | 1.00                                                                 |                                                  |                       |               |              |                              |          |                                        |                                            |                                                 |
| DIRECTOR                            |                                                                      | х                                                |                       |               |              |                              |          | 0.                                     | 0.                                         | 0.                                              |
| (8) TOM KASPER                      | 1.00                                                                 | İ                                                |                       |               |              |                              |          |                                        |                                            |                                                 |
| CHAIR                               |                                                                      | Х                                                |                       | Х             |              |                              |          | 0.                                     | 0.                                         | 0.                                              |
| (9) BARRY KUHNKE                    | 1.00                                                                 |                                                  |                       |               |              |                              |          |                                        |                                            |                                                 |
| DIRECTOR                            |                                                                      | Х                                                |                       |               |              |                              |          | 0.                                     | 0.                                         | 0.                                              |
| (10) COLE CARLEY (THRU 6/30/12)     | 40.00                                                                |                                                  |                       |               |              |                              |          |                                        |                                            |                                                 |
| PRESIDENT/EXECUTIVE DIRECTOR        |                                                                      |                                                  | L                     | Х             |              |                              |          | 45,445.                                | 0.                                         | 8,730.                                          |
| (11) CHARLES JOHNSON (BEGAN 7/1/12) | 40.00                                                                |                                                  |                       |               |              |                              |          | 50 500                                 | 0                                          | 2 015                                           |
| PRESIDENT/CEO                       |                                                                      | -                                                |                       | X             | _            |                              | _        | 50,580.                                | 0.                                         | 3,815.                                          |
|                                     |                                                                      |                                                  |                       |               |              |                              |          |                                        |                                            |                                                 |
|                                     |                                                                      | -                                                |                       |               |              |                              |          |                                        |                                            |                                                 |
|                                     |                                                                      | 1                                                |                       |               |              |                              |          |                                        |                                            |                                                 |
|                                     |                                                                      |                                                  |                       |               |              |                              |          |                                        |                                            |                                                 |
|                                     |                                                                      |                                                  |                       | <u> </u>      |              |                              |          |                                        |                                            |                                                 |
|                                     | <del> </del>                                                         |                                                  |                       |               |              |                              |          |                                        |                                            |                                                 |
|                                     |                                                                      |                                                  |                       |               |              |                              |          |                                        |                                            |                                                 |
|                                     |                                                                      | _                                                |                       |               | <u></u>      | L                            |          |                                        |                                            |                                                 |
|                                     |                                                                      |                                                  |                       |               |              |                              |          |                                        |                                            |                                                 |
|                                     |                                                                      |                                                  | L                     |               |              | L.                           |          |                                        |                                            |                                                 |

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| A   Name and title        | Par  | YII Section A. Officers, Directors, Trus        | tees, Key Em                                                | ploy         | ees   | , and                | d Hi                        | ghe                 | st C        | compensated Employe       | es (continued)           |                                         |                                              |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------|-------------------------------------------------------------|--------------|-------|----------------------|-----------------------------|---------------------|-------------|---------------------------|--------------------------|-----------------------------------------|----------------------------------------------|----------|
| Dist arry   Notes   Part         |      | (A)                                             | (B)<br>Average<br>hours per                                 | (do          | not c | Pos<br>heck<br>ss pe | C)<br>Ition<br>more<br>rson | )<br>than<br>is bot | one<br>h an | ( <b>D)</b><br>Reportable | <b>(E)</b><br>Reportable |                                         | stimate                                      |          |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of indeviduals (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 X  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? It say year.  (A)  Name and business address  NONE  Description of services  Compensation  Compensation  Compensation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                                 | (list any<br>hours for<br>related<br>organizations<br>below | $\vdash$     |       |                      |                             |                     |             | the organization          | organizations            | org<br>ar                               | npensat<br>rom the<br>ganization<br>d relate | on<br>ed |
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| 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 list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  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 for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  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)  Name and business address  NONE  Bescription of services  Compensation  C |      |                                                 | L                                                           |              | L     | <b>!</b>             | <b></b>                     | <b>&gt;</b>         | L           |                           |                          | . 1                                     | 2,54                                         |          |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization      Ves   No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                                                 | I, Section A                                                |              |       |                      |                             | <b>&gt;</b>         |             |                           |                          |                                         | 2.54                                         |          |
| Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.  Yes No No Individual stands and related organization 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 for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  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) Name and business address NONE  Description of services  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Provided the provided more than \$100,000 of compensation from the organization.  Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                                 | ot limited to th                                            | ose          | liste | ed al                | DOVE                        | e) wł               | no re       | <del></del>               |                          | •1 . •                                  | 2/3                                          |          |
| Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      | compensation from the organization              |                                                             |              |       | -                    | -                           |                     | -           |                           |                          |                                         | Yes                                          |          |
| 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  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)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization    0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                                                 |                                                             | ıste         | e, ke | y en                 | nplo                        | yee,                | or l        | highest compensated e     | mployee on               | 3                                       |                                              |          |
| 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  Section B. Independent Contractors  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) Name and business address NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶  0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4    | For any individual listed on line 1a, is the su | ım of reportabl                                             |              |       |                      |                             |                     |             |                           | the organization         |                                         |                                              | Х        |
| 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) Name and business address NONE Description of services Compensation  Description of services Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      | Did any person listed on line 1a receive or a   | accrue comper                                               | nsat         | ion f | rom                  | any                         | unr                 |             |                           | dual for services        | *************************************** |                                              |          |
| the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Compensation  Name and business address NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sect | •                                               | plete Schedul                                               | e <i>J 1</i> | or su | ich j                | pers                        | son                 |             |                           | · <del></del>            |                                         | <u> </u>                                     |          |
| (A) Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \$\infty\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                                 |                                                             |              |       |                      |                             |                     |             |                           |                          | nsation                                 | from                                         |          |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      | (A)                                             |                                                             |              |       |                      | VICII                       | <u> </u>            |             | (B)                       |                          |                                         |                                              |          |
| \$100,000 of compensation from the organization ▶ 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      | Name and business                               | acoress                                                     | NO           | JNE   | <u>:</u>             |                             |                     |             | Description of s          | ervices                  | Compe                                   |                                              |          |
| \$100,000 of compensation from the organization ▶ 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                                                 |                                                             |              |       |                      |                             |                     | $\dashv$    |                           |                          |                                         | -                                            |          |
| \$100,000 of compensation from the organization ▶ 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                                                 |                                                             |              |       | -                    |                             |                     | $\dashv$    |                           |                          |                                         |                                              |          |
| \$100,000 of compensation from the organization ▶ 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      | <u> </u>                                        |                                                             |              |       |                      |                             |                     | _           |                           |                          | -                                       |                                              |          |
| \$100,000 of compensation from the organization ▶ 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                                                 |                                                             |              |       |                      |                             | _                   | $\dashv$    |                           |                          |                                         |                                              | _        |
| \$100,000 of compensation from the organization ▶ 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      | Total number of independent contractors fire    | ncludina but n                                              | ot li        | mite  | d to                 | thos                        | se lis              | sted        | l above) who received m   | ore than                 |                                         | <del></del>                                  |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                                 | _                                                           |              |       |                      |                             | _                   |             |                           |                          | Earn                                    | 990 /0                                       | O12\     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Pa         | rt VI | III Statement of Reve            | nue                                               |                 |            |                   |           | _                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------|----------------------------------|---------------------------------------------------|-----------------|------------|-------------------|-----------|---------------------------------|
| 1   1   2   2   2   2   2   2   2   2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | •     | Check if Schedule O cont         | tains a response                                  | to any question | (A)        | Related or        | Unrelated | Revenue excluded from tax under |
| 2 a FARGO LODGING TAX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 10 10      |       |                                  |                                                   | <u></u>         |            | revenue           | revenue   | 513, or 514                     |
| 2 a FARGO LODGING TAX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ants       | Ι.    | • •                              | <u> </u>                                          |                 | 1          |                   |           |                                 |
| 2 a FARGO LODGING TAX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | عَ ق       | l     | •                                | - <del>  -   -  </del>                            |                 |            |                   |           |                                 |
| 2 a FARGO LODGING TAX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | īts,       |       |                                  |                                                   |                 | 1          |                   |           |                                 |
| 2 a FARGO LODGING TAX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>.</u>   | l     | •                                | <del> </del>                                      | 3.483.          | -          |                   |           |                                 |
| 2 a FARGO LODGING TAX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sis        | ŀ     | - ·                              | ' <del>                                    </del> | 3,403.          | 1          |                   |           |                                 |
| 2 a FARGO LODGING TAX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 돌          | ·     |                                  |                                                   |                 |            |                   |           |                                 |
| 2 a FARGO LODGING TAX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ĒΣ         | , ا   |                                  |                                                   |                 | 1          |                   |           |                                 |
| 2 a FARGO LODGING TAX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | a          | Ι.    |                                  | s (a- i) \$                                       |                 | 3,483.     |                   |           |                                 |
| 2 a FARGO LODGING TAX  MOORHEAD LODGING TAX  1 All other program service revenue  2 Total. Add lines 2a2!  2 a Gross rents  4 Income from investment of tax exempt bond proceeds  5 Royalties  6 a Gross rents  6 b Less: rental expenses  6 a Gross amount from sales of assests other than inventory  b Less: cost or other basis and asles expenses  c Gann or (loss)  7 a Gross amount from sales of inventory  b Less: cost or other basis and asles expenses  c Gan or (loss)  8 a Gross necome from fundraising events  9 a Less direct expenses  c Net income or (loss) from fundraising events  9 a Less direct expenses  c Net income or (loss) from fundraising events  9 a Less cident expenses  c Net income or (loss) from fundraising events  9 a Less cident expenses  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less cost of gods sold  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less cost of gods sold  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less cost of gods sold  c Net income or (loss) from gaming activities  10 a Gross sales of inventory  Miscellaneous Revenue  11 a  b  c All other revenue  Total. Add lines 11a-11d  Total trevenue. See instructions  All other revenue  Total. Add lines 11a-11d  Total trevenue. See instructions  1 2, 493,004.2,470,866.  0 . 18,655.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |       | Total / tag m/co fa fi           |                                                   | Business Code   |            |                   |           |                                 |
| Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 1x2-11d g. Total program service revenue g. Total. Add lines 1x2-11d g. Total program service revenue g. Total. Add lines 1x2-11d g. Total program service revenue g. Total. Add lines 1x2-11d g. Total program service revenue g. Total. Add lines 1x2-11d g. Total program service revenue g. Total. Add lines 1x2-11d g. Total program service revenue g. Total. Add lines 1x2-11d g. Total program service revenue g. Total. Add lines 1x2-11d g. Total program service revenue g. Total. Add lines 1x2-11d g. Total program service revenue g. Total. Add lines 1x2-11d g. Total program service program services g. Total. Add lines 1x2-11d g. Total program service program services g. Total. Add lines 1x2-11d g. Total program services g. Total. Add lines 1x2-11d g. Total program services g. Total. Add lines 1x2-11d g. Total program services g. Total. Add lines 1x2-11d g. Total program services g. Total. Add lines 1x2-11d g. Total program services g. Total. Add lines 1x2-11d g. Total program services g. Total. Add lines 1x2-11d   | e,         | 2 a   | a FARGO LODGING T                | ΓAX                                               | 900099          | 2,234,648. | 2,234,648.        |           | 1                               |
| Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 2x2f  f. All other program service revenue g. Total. Add lines 1x2-11d g. Total program service revenue g. Total. Add lines 1x2-11d g. Total program service revenue g. Total. Add lines 1x2-11d g. Total program service revenue g. Total. Add lines 1x2-11d g. Total program service revenue g. Total. Add lines 1x2-11d g. Total program service revenue g. Total. Add lines 1x2-11d g. Total program service revenue g. Total. Add lines 1x2-11d g. Total program service revenue g. Total. Add lines 1x2-11d g. Total program service revenue g. Total. Add lines 1x2-11d g. Total program service revenue g. Total. Add lines 1x2-11d g. Total program service program services g. Total. Add lines 1x2-11d g. Total program service program services g. Total. Add lines 1x2-11d g. Total program services g. Total. Add lines 1x2-11d g. Total program services g. Total. Add lines 1x2-11d g. Total program services g. Total. Add lines 1x2-11d g. Total program services g. Total. Add lines 1x2-11d g. Total program services g. Total. Add lines 1x2-11d g. Total program services g. Total. Add lines 1x2-11d   | ه ≩        | L     | MOORHEAD LODGIN                  | NG TAX                                            | 900099          | 239,299.   | 239,299.          |           |                                 |
| Total. Add lines 2a-27    Total. Add lines 2a-27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Se         | (     | c                                |                                                   |                 |            |                   |           |                                 |
| Total. Add lines 2a-27    Total. Add lines 2a-27   Total. Add lines 2a-27   Total. Add lines 11a-11d                                                                                                                                                                                                                                                                                                                                        | eve<br>eve | ، ا   |                                  |                                                   |                 |            |                   |           |                                 |
| Total. Add lines 2a-27    Total. Add lines 2a-27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>6</u>   |       | e                                |                                                   |                 |            |                   |           |                                 |
| 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$\frac{1}{2}\$ including \$\frac{1}{2}\$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: circlet expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c dil other revenue c Total. Add lines 11a-11d Total revenue, see instructions  1 2, 493,004-2,470,866. 0 . 18,655.  18,655.  18,655.  18,655.  18,655.  18,655.  18,655.  18,655.  18,655.  18,655.  18,655.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ₫          | f     | All other program service reve   | enue                                              |                 |            |                   |           |                                 |
| other similar amounts)  Income from investment of tax-exempt bond proceeds  Royalties  Gaross rents  Less: rental expenses  Can trental income or (loss)  A cross amount from sales of assets other than inventory  Less: cost or other basis and sales expenses  Can or (loss)  A cross necome from fundraising events (not incliuding \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |       | g Total. Add lines 2a-2f         |                                                   | <u> </u>        | 2,473,947. |                   |           |                                 |
| 4 Income from investment of fax-exempt bond proceeds 5 Royalties  (i) Real (ii) Personal  6 a Gross rents b Less: rental expenses c Rental income or (joss) d Net rental income or (joss) f assets other than inventory b Less: cost or other basis and sales expenses c Gain or (joss) d Net gain or (joss) d Net gain or (joss) d Net gain or (joss) f contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (joss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (joss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total trevenue, see instructions  > 2, 493, 004, 2, 470, 866.  0 . 18, 655.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | 3     |                                  | ı dıvıdends, ınter                                | est, and        | 10 655     |                   |           | 10 655                          |
| Solution     |            |       | •                                |                                                   | <b>•</b>        | 18,655.    |                   |           | 18,655.                         |
| (i) Real (ii) Personal b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gann or (loss) d Net gann or (loss) d Net gann or (loss) c Net income or (loss) from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a b C C Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b C C Net income or (loss) from sales of inventory  All other revenue e Total revenue. See instructions  12 Total revenue. See instructions  13 A C C Net income or (loss) from sales of inventory  A Net rental income or (loss) from sales of inventory  A Net rental income or (loss) from sales of inventory  A Net rental income or (loss) from sales of inventory  A Net rental income or (loss) from sales of inventory  A Net rental income or (loss) from sales of inventory  A Net rental income or (loss) from sales of inventory  A Net rental income or (loss) from sales of inventory  A Net rental income or (loss) from sales of inventory  A Net rental income or (loss) from sales of inventory  A Net rental income or (loss) from sales of inventory  A Net rental income or (loss) from sales of inventory  A Net rental income or (loss) from sales of inventory  A Net rental income or (loss) from sales of inventory  A Net rental income or (loss) from sales of inventory  A Net rental income or (loss) from sales of inventory  A Net rental income or (loss) from sales of inventory  A Net rental income or (loss) from sales of inventory  A Net rental income or (loss) from sales of inventory  A Net re |            |       |                                  | x-exempt bond                                     | proceeds -      |            |                   |           |                                 |
| 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gam or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | 5     | Royalties                        |                                                   | <u> </u>        |            |                   |           |                                 |
| b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gam or (loss) d Net gain or (loss) c Net income or from fundraising events (not including \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |       | _                                | (i) Real                                          | (II) Personal   | 1          |                   |           |                                 |
| C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gan or (loss) d Net gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |       |                                  |                                                   | -               | -          |                   |           |                                 |
| d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |       |                                  |                                                   |                 | -          |                   |           |                                 |
| To a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities and allowances a less: cost of goods sold c Net income or (loss) from sales of inventory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |       | , ,                              |                                                   |                 | -          |                   |           |                                 |
| assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |       |                                  | (t) Securities                                    |                 |            |                   |           |                                 |
| b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | , ,   |                                  | (i) Securities                                    | (ii) Other      |            |                   |           |                                 |
| and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |       | •                                |                                                   |                 | 1          |                   |           |                                 |
| C Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions  D All other revenue e Total revenue. See instructions  D All other revenue e Total revenue. See instructions  D All other revenue e Total revenue. See instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | _     |                                  |                                                   |                 |            |                   |           |                                 |
| d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |       | •                                |                                                   | 1               | 1          |                   |           |                                 |
| 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions  A g Gross income from fundraising events (not including \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |       |                                  | •                                                 | <b>•</b>        | 1          | [                 |           | ]                               |
| c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions  A Gross sales of inventory  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081  | nue        |       | Gross income from fundraising    | _                                                 |                 |            |                   | <u> </u>  |                                 |
| c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions  A Gross sales of inventory  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081  | e e        |       | <u> </u>                         |                                                   |                 |            |                   |           |                                 |
| c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions  A Gross sales of inventory  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081  | Ŗ          |       | •                                | ,                                                 |                 |            |                   |           |                                 |
| c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions  A Gross sales of inventory  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081  | the        | ь     |                                  |                                                   |                 | 1          |                   |           |                                 |
| 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions  b Less: direct expenses b c Net income or (loss) from sales of inventory  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081.  -3,081  | 0          |       |                                  | draising events                                   | <b></b>         | 1          |                   |           | Ì                               |
| b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a b c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions  b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |       |                                  | -                                                 |                 |            |                   |           |                                 |
| c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions    Net income or (loss) from sales of inventory   -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.    -3,0813,081.                                                                                                                                                                                                                                                                              |            |       | Part IV, line 19                 | а                                                 | ı <u> </u>      |            |                   |           |                                 |
| 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions  16, 162. 19, 243.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 081.  -3, 0  |            | b     | Less: direct expenses            | b                                                 |                 |            |                   |           |                                 |
| and allowances  b Less. cost of goods sold  c Net Income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue  e Total. Add lines 11a-11d  12 Total revenue. See instructions  a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | c     | Net income or (loss) from gan    | ning activities                                   |                 |            |                   |           |                                 |
| b Less. cost of goods sold c Net Income or (loss) from sales of Inventory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | 10 a  | a Gross sales of inventory, less | returns                                           | 1               |            |                   |           |                                 |
| c Net income or (loss) from sales of inventory       ▶ -3,081.       −3,081.         Miscellaneous Revenue       Business Code         11 a       b         c       d         d All other revenue       e         Total. Add lines 11a-11d       b         12 Total revenue. See instructions       D         All other revenue       D         2,493,004.2,470,866.       0.18,655.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |       | and allowances                   | а                                                 | 16,162.         |            |                   |           |                                 |
| Miscellaneous Revenue       Business Code         11 a       b         c       d All other revenue         e Total. Add lines 11a-11d       ▶         12 Total revenue. See instructions       ▶ 2,493,004.2,470,866.       0. 18,655.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | b     | Less. cost of goods sold         | b                                                 | 19,243.         |            |                   |           |                                 |
| 11 a  b  c  d All other revenue  e Total. Add lines 11a-11d  12 Total revenue. See instructions  > 2,493,004.2,470,866.  0. 18,655.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | c     | Net income or (loss) from sale   | es of inventory                                   | <u> </u>        |            | -3,081.           |           |                                 |
| b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |       | <del></del>                      | je                                                | Business Code   |            |                   |           |                                 |
| c d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions  > 2,493,004.2,470,866.  0.18,655.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | _     |                                  |                                                   |                 |            |                   |           |                                 |
| e Total. Add lines 11a-11d  Total revenue. See instructions  > 2,493,004.2,470,866.  0. 18,655.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | b     | ·                                |                                                   |                 |            |                   |           |                                 |
| e Total. Add lines 11a-11d  Total revenue. See instructions  > 2,493,004.2,470,866.  0. 18,655.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | С     |                                  |                                                   |                 |            |                   |           |                                 |
| 12 Total revenue. See instructions ▶ 2,493,004.2,470,866. 0. 18,655.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | d     |                                  |                                                   |                 |            |                   |           |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |       |                                  |                                                   |                 | 2.493.004  | 2.470.866         | 0         | 18,655                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 23200      |       | TOTAL TENERING. OF HISTINGUIS    |                                                   |                 | -101001.   | _, _, _, _, _, _, |           |                                 |

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

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|--------------------|-----|------|----|-----|---|------|----|
|--------------------|-----|------|----|-----|---|------|----|

|        | on 501(c)(3) and 501(c)(4) organizations must comp                                                                                                                                             |                       | er organizations must o               | complete column (A).                |                                        |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------|-------------------------------------|----------------------------------------|
| 2000   | Check if Schedule O contains a respons                                                                                                                                                         |                       |                                       |                                     |                                        |
|        | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                                                                                                                     | (A)<br>Total expenses | (B) Program service expenses          | (C) Management and general expenses | ( <b>D)</b><br>Fundraising<br>expenses |
| 1      | Grants and other assistance to governments and                                                                                                                                                 |                       |                                       |                                     |                                        |
|        | organizations in the United States See Part IV, line 21                                                                                                                                        | 527,514.              |                                       |                                     |                                        |
| 2      | Grants and other assistance to individuals in                                                                                                                                                  |                       |                                       |                                     |                                        |
|        | the United States. See Part IV, line 22                                                                                                                                                        |                       |                                       |                                     |                                        |
| 3      | Grants and other assistance to governments,                                                                                                                                                    |                       |                                       |                                     |                                        |
|        | organizations, and individuals outside the                                                                                                                                                     |                       |                                       |                                     |                                        |
|        | United States. See Part IV, lines 15 and 16                                                                                                                                                    |                       |                                       |                                     |                                        |
| 4      | Benefits paid to or for members                                                                                                                                                                |                       |                                       |                                     |                                        |
| 5      | Compensation of current officers, directors,                                                                                                                                                   | 02 042                |                                       |                                     |                                        |
|        | trustees, and key employees                                                                                                                                                                    | 83,942.               |                                       |                                     |                                        |
| 6      | Compensation not included above, to disqualified                                                                                                                                               |                       |                                       |                                     |                                        |
|        | persons (as defined under section 4958(f)(1)) and                                                                                                                                              |                       |                                       |                                     |                                        |
| _      | persons described in section 4958(c)(3)(B)                                                                                                                                                     | 478,275.              |                                       |                                     |                                        |
| 7      | Other salaries and wages                                                                                                                                                                       | 4/0,2/3.              |                                       |                                     |                                        |
| 8      | Pension plan accruals and contributions (include                                                                                                                                               |                       |                                       |                                     |                                        |
| _      | section 401(k) and 403(b) employer contributions)                                                                                                                                              | 78,077.               |                                       |                                     |                                        |
| 9      | Other employee benefits                                                                                                                                                                        | 40,487.               |                                       |                                     |                                        |
| 10     | Payroll taxes                                                                                                                                                                                  | 40,40/.               |                                       |                                     |                                        |
| 11     | Fees for services (non-employees):                                                                                                                                                             |                       |                                       |                                     |                                        |
| a      | Management                                                                                                                                                                                     | 4,305.                |                                       |                                     |                                        |
| b      | Legal                                                                                                                                                                                          | 21,801.               |                                       |                                     |                                        |
| C<br>L | Accounting                                                                                                                                                                                     | 21,001.               |                                       |                                     |                                        |
| ď      | Lobbying Professional fundraising services See Part IV, line 17                                                                                                                                |                       |                                       |                                     |                                        |
| f      | Investment management fees                                                                                                                                                                     |                       |                                       |                                     |                                        |
| g      | Other. (If line 11g amount exceeds 10% of line 25,                                                                                                                                             |                       | · · · · · · · · · · · · · · · · · · · |                                     |                                        |
| 9      | column (A) amount, list line 11g expenses on Sch O                                                                                                                                             | 25,212.               |                                       |                                     |                                        |
| 12     | Advertising and promotion                                                                                                                                                                      | 563,655.              |                                       |                                     |                                        |
| 13     | Office expenses                                                                                                                                                                                | •                     |                                       |                                     |                                        |
| 14     | Information technology                                                                                                                                                                         |                       |                                       |                                     |                                        |
| 15     | Royalties                                                                                                                                                                                      |                       |                                       |                                     |                                        |
| 16     | Occupancy                                                                                                                                                                                      | 176,790.              |                                       |                                     |                                        |
| 17     | Travel                                                                                                                                                                                         | 138,827.              | ·                                     |                                     |                                        |
| 18     | Payments of travel or entertainment expenses                                                                                                                                                   |                       |                                       |                                     |                                        |
|        | for any federal, state, or local public officials                                                                                                                                              |                       |                                       |                                     |                                        |
| 19     | Conferences, conventions, and meetings                                                                                                                                                         |                       |                                       |                                     |                                        |
| 20     | Interest                                                                                                                                                                                       |                       |                                       |                                     |                                        |
| 21     | Payments to affiliates                                                                                                                                                                         |                       |                                       |                                     |                                        |
| 22     | Depreciation, depletion, and amortization                                                                                                                                                      | 65,993.               |                                       | ļ <u> </u>                          | <u></u>                                |
| 23     | Insurance                                                                                                                                                                                      |                       |                                       |                                     |                                        |
| 24     | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0) |                       |                                       |                                     |                                        |
| а      | DUES, SUBSCRIPTIONS, RE                                                                                                                                                                        | 124,012.              |                                       |                                     |                                        |
| b      | SUPPLIES                                                                                                                                                                                       | 39,407.               |                                       |                                     |                                        |
| С      | PURCHASED SERVICES                                                                                                                                                                             | 34,041.               |                                       |                                     |                                        |
| d      | EQUIPMENT AND AUTOMOBIL                                                                                                                                                                        | 14,706.               |                                       |                                     |                                        |
| е      | All other expenses                                                                                                                                                                             | 5,479.                |                                       |                                     |                                        |
| 25     | Total functional expenses Add lines 1 through 24e                                                                                                                                              | 2,422,523.            |                                       |                                     |                                        |
| 26     | Joint costs. Complete this line only if the organization                                                                                                                                       |                       |                                       |                                     |                                        |
|        | reported in column (B) joint costs from a combined                                                                                                                                             |                       |                                       |                                     |                                        |
|        | educational campaign and fundraising solicitation                                                                                                                                              |                       |                                       |                                     |                                        |
|        | Check here ▶                                                                                                                                                                                   |                       | <u> </u>                              |                                     |                                        |
| 23201  | 12-10-12                                                                                                                                                                                       |                       |                                       |                                     | Form <b>990</b> (2012                  |

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| Part :                                 | <u> </u> | Balance Sheet                                        |                                                                      |                             |                                        |     |                                     |
|----------------------------------------|----------|------------------------------------------------------|----------------------------------------------------------------------|-----------------------------|----------------------------------------|-----|-------------------------------------|
|                                        |          | Check if Schedule O contains a response to any       | ques                                                                 | tion in this Part X         |                                        |     |                                     |
|                                        |          |                                                      |                                                                      |                             | (A)<br>Beginning of year               |     | ( <b>B)</b><br>End of year          |
|                                        | 1        | Cash - non-interest-bearing                          |                                                                      |                             |                                        | 1   | 500                                 |
| :                                      | 2        | Savings and temporary cash investments               |                                                                      |                             | 1,941,038.                             | 2   | 2,101,626                           |
| ;                                      | 3        | Pledges and grants receivable, net                   |                                                                      |                             | 289,293.                               | 3   |                                     |
| 4                                      | 4        | Accounts receivable, net                             | s and other receivables from current and former officers, directors, |                             |                                        |     | 311,176                             |
|                                        | 5        | Loans and other receivables from current and for     |                                                                      |                             |                                        |     |                                     |
|                                        |          | trustees, key employees, and highest compensation    |                                                                      |                             |                                        |     |                                     |
|                                        |          | Part II of Schedule L                                |                                                                      |                             | ······································ | 5   |                                     |
| (                                      | 6        | Loans and other receivables from other disquali      | fied pe                                                              | rsons (as defined under     |                                        |     |                                     |
|                                        |          | section 4958(f)(1)), persons described in section    | 4958                                                                 | (c)(3)(B), and contributing |                                        |     |                                     |
|                                        |          | employers and sponsoring organizations of sections   | ion 50                                                               | 1(c)(9) voluntary           |                                        |     |                                     |
| ,                                      |          | employees' beneficiary organizations (see instr).    |                                                                      | 6                           |                                        |     |                                     |
| Assets                                 | 7        | Notes and loans receivable, net                      |                                                                      |                             |                                        | 7   |                                     |
| SK S                                   | 8        | Inventories for sale or use                          |                                                                      |                             |                                        | 8   |                                     |
| !                                      | 9        | Prepaid expenses and deferred charges                |                                                                      | _                           | 5,833.                                 | 9   | 4,108                               |
| 10                                     | 0a       | Land, buildings, and equipment: cost or other        |                                                                      |                             |                                        |     |                                     |
|                                        |          | basis. Complete Part VI of Schedule D                | 10a                                                                  | 563,182.<br>201,674.        |                                        |     |                                     |
|                                        | b        | Less: accumulated depreciation                       | 10b                                                                  | 201,674.                    | 427,500.                               | 10c | 361,508                             |
| 1.                                     | 1        | Investments - publicly traded securities             |                                                                      |                             |                                        | 11  |                                     |
| 12                                     | 2        | Investments - other securities. See Part IV, line    |                                                                      |                             | 12                                     |     |                                     |
| 13                                     | 3        | Investments - program-related. See Part IV, line     | 11                                                                   |                             |                                        | 13  |                                     |
| 14                                     | 4        | Intangible assets                                    |                                                                      | <u> </u>                    |                                        | 14  |                                     |
| 15                                     | 5        | Other assets See Part IV, line 11                    |                                                                      | _                           | 18,700.                                | 15  | 18,700                              |
| 16                                     | 6        | Total assets. Add lines 1 through 15 (must equ       | al line :                                                            | 34)                         | 2,682,364.                             | 16  | 2,797,618                           |
| 17                                     | 7        | Accounts payable and accrued expenses                |                                                                      | <u> </u>                    | 608,323.                               | 17  | 68,362                              |
| 18                                     |          | Grants payable                                       |                                                                      |                             |                                        | 18  | 584,734                             |
| 19                                     |          | Deferred revenue                                     |                                                                      |                             |                                        | 19  |                                     |
| 20                                     |          | Tax-exempt bond liabilities                          |                                                                      |                             | 20                                     |     |                                     |
| ဂ္ဂ 21                                 | 1        | Escrow or custodial account liability. Complete I    |                                                                      |                             | 21                                     |     |                                     |
| 22                                     | 2        | Loans and other payables to current and former       |                                                                      |                             |                                        |     |                                     |
|                                        |          | key employees, highest compensated employee          |                                                                      |                             |                                        |     |                                     |
| <b>'</b>                               |          | Complete Part II of Schedule L                       |                                                                      |                             |                                        | 22  |                                     |
| 23                                     |          | Secured mortgages and notes payable to unrela        | ited th                                                              | ird parties                 | ·- ·- ·                                | 23  |                                     |
| 24                                     |          | Unsecured notes and loans payable to unrelated       | d third                                                              | parties                     |                                        | 24  |                                     |
| 25                                     | 5        | Other liabilities (including federal income tax, pa  | _                                                                    |                             |                                        |     |                                     |
|                                        |          | parties, and other liabilities not included on lines | 17-24                                                                | ). Complete Part X of       |                                        |     |                                     |
|                                        |          | Schedule D                                           |                                                                      | -                           | (00 222                                | 25  | CF2 00C                             |
| 26                                     |          | Total liabilities. Add lines 17 through 25           |                                                                      | <b>.</b> [V]                | 608,323.                               | 26  | 653,096                             |
|                                        |          | Organizations that follow SFAS 117 (ASC 958          |                                                                      | ck here ▶ X and             |                                        |     |                                     |
| 27<br>28<br>29<br>30<br>31<br>32<br>32 |          | complete lines 27 through 29, and lines 33 an        | d 34.                                                                |                             | 2 074 041                              |     | 2 144 522                           |
| 27                                     |          | Unrestricted net assets                              |                                                                      | -                           | 2,074,041.                             | 27  | 2,144,522                           |
| 28                                     |          | Temporarily restricted net assets                    |                                                                      | -                           |                                        | 28  |                                     |
| 29                                     |          | Permanently restricted net assets                    |                                                                      |                             |                                        | 29  |                                     |
| 2                                      |          | Organizations that do not follow SFAS 117 (A         | SC 95                                                                | B), check here 🕨 📖          |                                        |     |                                     |
| 5                                      |          | and complete lines 30 through 34.                    |                                                                      |                             |                                        |     |                                     |
| 30                                     |          | Capital stock or trust principal, or current funds   |                                                                      | . <u>.</u> .                |                                        | 30  |                                     |
| 31                                     |          | Paid-in or capital surplus, or land, building, or eq |                                                                      |                             |                                        | 31  |                                     |
| 32                                     |          | Retained earnings, endowment, accumulated in         | come,                                                                | or other funds              | 2 074 041                              | 32  | 2 144 522                           |
| 33                                     |          | Total net assets or fund balances                    |                                                                      | -                           | 2,074,041.                             | 33  | 2,144,522                           |
| 34                                     | 4        | Total liabilities and net assets/fund balances       |                                                                      |                             | 2,682,364.                             | 34  | 2,797,618.<br>Form <b>990</b> (2012 |

Form **990** (2012)

| 9  | Other changes in net assets or fund balances (explain in Schedule O)                                               | 9          |      |     | <u> </u> |  |  |
|----|--------------------------------------------------------------------------------------------------------------------|------------|------|-----|----------|--|--|
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,                 |            |      |     |          |  |  |
|    | column (B)) 2,                                                                                                     |            |      |     |          |  |  |
| 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 X Accrual Other                                               |            | -    |     |          |  |  |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule     | Ο.         |      |     | х        |  |  |
| 2a |                                                                                                                    |            |      |     |          |  |  |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed    | d on a     |      |     |          |  |  |
|    | 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 separat    | e basis,   |      |     |          |  |  |
|    | consolidated basis, or both:                                                                                       |            |      |     |          |  |  |
|    | Separate basis X 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 of the | e audīt,   |      |     |          |  |  |
|    | review, or compilation of its financial statements and selection of an independent accountant?                     |            | 2c   | X   |          |  |  |
|    | If the organization changed either its oversight process or selection process during the tax year, explain in Sch  | edule O.   |      |     |          |  |  |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si |            |      |     |          |  |  |
|    | 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 requi | ired audit |      |     |          |  |  |
|    | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                           |            | 3b   |     |          |  |  |
|    |                                                                                                                    |            | Form | 990 | (2012)   |  |  |

8

9

0.

Investment expenses

Prior period adjustments

7

8

### **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. QMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization

FARGO-MOORHEAD CONVENTION & VISITORS

Employer identification number 45-0363220

|      | BUREAU                                                                                                     |                                                  | 43-0303220                                |  |  |  |  |  |  |
|------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------|--|--|--|--|--|--|
| Pa   | t I Organizations Maintaining Donor Advise                                                                 | ed Funds or Other Similar Funds o                | r Accounts. Complete if the               |  |  |  |  |  |  |
|      | organization answered "Yes" to Form 990, Part IV, lin                                                      |                                                  |                                           |  |  |  |  |  |  |
|      |                                                                                                            | (a) Donor advised funds                          | (b) Funds and other accounts              |  |  |  |  |  |  |
| 1    | Total number at end of year                                                                                |                                                  |                                           |  |  |  |  |  |  |
| 2    | Aggregate contributions to (during year)                                                                   |                                                  |                                           |  |  |  |  |  |  |
| 3    | Aggregate grants from (during year)                                                                        |                                                  |                                           |  |  |  |  |  |  |
| 4    | Aggregate value at end of year                                                                             |                                                  |                                           |  |  |  |  |  |  |
| 5    | Did the organization inform all donors and 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?                         | Yes No                                    |  |  |  |  |  |  |
| 6    | Did the organization inform all grantees, donors, and donor a                                              | advisors in writing that grant funds can be use  | ed only                                   |  |  |  |  |  |  |
|      | for charitable purposes and not for the benefit of the donor                                               | or donor advisor, or for any other purpose cor   | nferring                                  |  |  |  |  |  |  |
|      | impermissible private benefit?                                                                             |                                                  | Yes No                                    |  |  |  |  |  |  |
| Pa   | t II Conservation Easements. Complete if the or                                                            | ganization answered "Yes" to Form 990, Part      | IV, line 7.                               |  |  |  |  |  |  |
| 1    | Purpose(s) of conservation easements held by the organization                                              | tion (check all that apply).                     |                                           |  |  |  |  |  |  |
|      | Preservation of land for public use (e.g., recreation or                                                   | education) Preservation of an histori            | cally important land area                 |  |  |  |  |  |  |
|      | Protection of natural habitat                                                                              | Preservation of a certified                      | d historic structure                      |  |  |  |  |  |  |
|      | Preservation of open space                                                                                 |                                                  |                                           |  |  |  |  |  |  |
| 2    | Complete lines 2a through 2d if the organization held a quali                                              | ified conservation contribution in the form of a | a conservation easement on the last       |  |  |  |  |  |  |
|      | day of the tax year.                                                                                       |                                                  |                                           |  |  |  |  |  |  |
|      |                                                                                                            |                                                  | Held at the End of the Tax Year           |  |  |  |  |  |  |
| а    | Total number of conservation easements                                                                     |                                                  | 2a                                        |  |  |  |  |  |  |
| b    | b Total acreage restricted by conservation easements 2b                                                    |                                                  |                                           |  |  |  |  |  |  |
| c    | c Number of conservation easements on a certified historic structure included in (a)                       |                                                  |                                           |  |  |  |  |  |  |
| d    | d 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, re                                                 | eleased, extinguished, or terminated by the or   | ganization during the tax                 |  |  |  |  |  |  |
|      | year ▶                                                                                                     |                                                  |                                           |  |  |  |  |  |  |
| 4    | Number of states where property subject to conservation ea                                                 | asement is located 🕨 🔤 🔤 🚾                       |                                           |  |  |  |  |  |  |
| 5    | Does the organization have a written policy regarding the pe                                               | riodic monitoring, inspection, handling of       |                                           |  |  |  |  |  |  |
|      | violations, and enforcement of the conservation easements                                                  | rt holds?                                        | └── Yes         No                        |  |  |  |  |  |  |
| 6    | Staff and volunteer hours devoted to monitoring, inspecting,                                               |                                                  |                                           |  |  |  |  |  |  |
| 7    | Amount of expenses incurred in monitoring, inspecting, and                                                 |                                                  |                                           |  |  |  |  |  |  |
| 8    | Does each conservation easement reported on line 2(d) about                                                | ve satisfy the requirements of section 170(h)(4  |                                           |  |  |  |  |  |  |
|      | and section 170(h)(4)(B)(ii)?                                                                              |                                                  | └── Yes                                   |  |  |  |  |  |  |
| 9    | In Part XIII, describe how the organization reports conservat                                              | ion easements in its revenue and expense sta     | atement, and balance sheet, and           |  |  |  |  |  |  |
|      | include, if applicable, the text of the footnote to the organization                                       | tion's financial statements that describes the   | organization's accounting for             |  |  |  |  |  |  |
| III. | conservation easements.                                                                                    | (A - 11: - : - 1 T                               | Ol II A                                   |  |  |  |  |  |  |
| Pa   | Organizations Maintaining Collections of                                                                   | -                                                | er Similar Assets.                        |  |  |  |  |  |  |
|      | Complete if the organization answered "Yes" to Form                                                        |                                                  |                                           |  |  |  |  |  |  |
| 1a   | If the organization elected, as permitted under SFAS 116 (AS                                               | •                                                |                                           |  |  |  |  |  |  |
|      | historical treasures, or other similar assets held for public ex                                           |                                                  | of public service, provide, in Part XIII, |  |  |  |  |  |  |
|      | the text of the footnote to its financial statements that descr                                            |                                                  |                                           |  |  |  |  |  |  |
| b    | If the organization elected, as permitted under SFAS 116 (AS                                               | **                                               |                                           |  |  |  |  |  |  |
|      | treasures, or other similar assets held for public exhibition, e                                           | ducation, 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                                                       |                                                  | ► \$<br>► \$ 18,700.                      |  |  |  |  |  |  |
|      | (ii) Assets included in Form 990, Part X                                                                   |                                                  |                                           |  |  |  |  |  |  |
| 2    | If the organization received or held works of art, historical tre                                          |                                                  | in, provide                               |  |  |  |  |  |  |
|      | the following amounts required to be reported under SFAS 1                                                 | 116 (ASC 958) relating to these items:           | <b>.</b> .                                |  |  |  |  |  |  |
| a    | Revenues included in Form 990, Part VIII, line 1                                                           |                                                  | ► \$<br>► \$                              |  |  |  |  |  |  |
| b    | Assets included in Form 990, Part X                                                                        |                                                  | <b>\$</b>                                 |  |  |  |  |  |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12:10-12

### FARGO-MOORHEAD CONVENTION & VISITORS

|       | edule D (Form 990) 2012 BUREAU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |              |               |                 |            | 4                   | 5-03      | 36322               | 0 Pa    | age <b>2</b> |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|---------------|-----------------|------------|---------------------|-----------|---------------------|---------|--------------|
| Pa    | rt III Organizations Maintaining C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Collections of A         | rt, Hist     | torical Tr    | easures,        | or Othe    | er Simila           | r Asse    | e <b>ts</b> (contir | nued)_  |              |
| 3     | Using the organization's acquisition, accessi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | on, and other record     | ds, checl    | k any of the  | following tha   | nt are a s | gnificant u         | se of its | collection          | n item  | s            |
|       | (check all that apply):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |              |               |                 |            |                     |           |                     |         |              |
| а     | X Public exhibition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | c                        | ı 🔲          | Loan or exc   | hange progra    | ams        |                     |           |                     |         |              |
| b     | Scholarly research                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | •                        | , 🗀          | Other         |                 |            |                     |           |                     |         |              |
| c     | X Preservation for future generations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |              |               |                 |            |                     |           |                     |         |              |
| 4     | a a contract of the contract o |                          |              |               |                 |            |                     |           |                     |         |              |
| 5     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |              |               |                 |            |                     |           |                     |         |              |
|       | to be sold to raise funds rather than to be m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | aintained as part of     | the orga     | nization's co | llection?       |            |                     |           | Yes_                | X       | No           |
| Pa    | rt V Escrow and Custodial Arran reported an amount on Form 990, Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          | ete if the   | organizatio   | n answered      | "Yes" to   | Form 990,           | Part IV,  | line 9, or          |         |              |
| 1a    | Is the organization an agent, trustee, custod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | lan or other intermed    | diary for    | contribution  | s or other as   | sets not   | ıncluded            |           |                     |         |              |
|       | on Form 990, Part X?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |              |               |                 |            |                     |           | Yes                 |         | ] No         |
| b     | If "Yes," explain the arrangement in Part XIII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | and complete the fo      | llowing t    | able:         |                 |            |                     |           |                     |         |              |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |              |               |                 |            |                     |           | Amount              | t       |              |
| c     | Beginning balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |              |               |                 |            | 1c                  |           |                     |         |              |
| d     | Additions during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |              |               |                 |            | 1d                  |           |                     |         |              |
| е     | Distributions during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |              |               |                 |            | 1e                  |           |                     |         |              |
| f     | Ending balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |              |               |                 |            | 1f                  |           |                     |         |              |
| 2a    | Did the organization include an amount on Fe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | orm 990, Part X, line    | 21?          |               |                 |            |                     |           | Yes                 |         | No           |
|       | If "Yes," explain the arrangement in Part XIII.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Check here if the ex     | xplanatic    | n has been    | provided in     | Part XIII  |                     |           |                     |         | <u> </u>     |
| Pa    | t V Endowment Funds. Complete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | f the organization ar    | swered       | "Yes" to Fo   | rm 990, Part    | IV, line 1 | 0.                  |           |                     |         |              |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (a) Current year         | <b>(b)</b> P | nor year      | (c) Two year    | rs back    | <b>(d)</b> Three ye | ars back  | (e) Four            | years   | <u>back</u>  |
| 1a    | Beginning of year balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |              | =             |                 |            |                     |           | ļ                   |         |              |
| b     | Contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |              |               |                 |            |                     |           |                     |         |              |
| C     | Net investment earnings, gains, and losses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |              |               |                 |            |                     |           |                     |         |              |
| d     | Grants or scholarships                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |              |               |                 |            |                     |           |                     |         |              |
| е     | Other expenditures for facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | !            |               |                 | - 1        |                     |           | 1                   |         |              |
|       | and programs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |              |               |                 |            |                     |           |                     |         |              |
| f     | Administrative expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |              |               |                 |            |                     |           |                     |         |              |
| g     | End of year balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |              |               |                 |            |                     |           | <u> </u>            |         |              |
| 2     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |              |               |                 |            |                     |           |                     |         |              |
| а     | Board designated or quasi-endowment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | - <u> </u>               | %-           |               | -               |            |                     | -         |                     |         |              |
| b     | Permanent endowment ►                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | %                        |              |               |                 |            |                     |           |                     |         |              |
| С     | Temporarily restricted endowment ►                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | %                        |              |               |                 |            |                     |           |                     |         |              |
|       | The percentages in lines 2a, 2b, and 2c shou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ıld equal 100%.          |              |               |                 |            |                     |           |                     |         |              |
| За    | Are there endowment funds not in the posse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ssion of the organiz     | ation tha    | it are held a | nd administe    | red for th | ne organiza         | ition     |                     |         |              |
|       | by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |              |               |                 |            |                     |           |                     | Yes     | No           |
|       | (i) unrelated organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |              |               |                 |            |                     |           | 3a(i)               |         |              |
|       | (ii) related organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |              |               |                 |            |                     |           | 3a(ii)              |         |              |
| b     | If "Yes" to 3a(ii), are the related organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | s listed as required o   | n Sched      | lule R?       |                 |            |                     |           | 3b                  |         |              |
| 4     | Describe in Part XIII the intended uses of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |              |               |                 |            |                     |           |                     |         |              |
| Pa    | t VI Land, Buildings, and Equipm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>ent.</b> See Form 990 | ), Part X,   | line 10.      |                 |            |                     |           |                     | _       |              |
|       | Description of property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (a) Cost or o            |              | (b) Cost      |                 | • •        | cumulated           | 1         | (d) Bool            | c value | €            |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | basis (investr           | ment)        | basis (       | other)          | dep        | preciation          |           |                     |         |              |
| 1a    | Land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |              |               | <u> </u>        |            | AF A4               |           |                     |         | 20           |
| b     | Buildings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |              | 35            | 6 <u>,</u> 574. |            | 95,84               | 4.        | 260                 | 7.7     | <u> 30.</u>  |
| C     | Leasehold improvements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |              |               | 0 010           |            | 00.05               | _  _      |                     |         |              |
| d     | Equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |              |               | 2,913.          |            | 99,09               |           |                     | 3,82    |              |
|       | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |              |               | 3,695.          |            | 6 <u>,</u> 73       | 9.        |                     | 5,9!    |              |
| Total | Add lines 1a through 1e (Column (d) must e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | aud Form 000 Port        | V colum      | on IPI line 1 | 0(0) )          |            |                     |           | 3 h                 | 1.50    | UK.          |

| Part VII Investments - Other Securities. See                                    | (b) Book value | (a) Method of valuation               | on: Cost or end-of-year market value   |
|---------------------------------------------------------------------------------|----------------|---------------------------------------|----------------------------------------|
| (a) Description of security or category (including name of security)            | (b) Book value | (c) Method of Valuation               | on: Cost of end-of-year market value   |
| (1) Financial derivatives                                                       | . <del></del>  |                                       |                                        |
| (2) Closely-held equity interests                                               |                |                                       |                                        |
| (3) Other                                                                       |                |                                       |                                        |
| (A)                                                                             |                |                                       |                                        |
| (B)                                                                             |                |                                       |                                        |
| (C)                                                                             |                |                                       |                                        |
| (D)                                                                             |                | <u> </u>                              |                                        |
| (E)                                                                             |                |                                       |                                        |
| (F)                                                                             |                | <del> </del>                          | <del></del>                            |
| (G)                                                                             |                |                                       |                                        |
| (H)                                                                             |                |                                       |                                        |
| (1)                                                                             |                |                                       |                                        |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)                | - F 000 B+ V b |                                       |                                        |
| Part VIII Investments - Program Related. Se  (a) Description of investment type | (b) Book value |                                       | on: Cost or end-of-year market value   |
|                                                                                 | (b) Book value | (o) Method of Valdatio                | The cook of one of your market value   |
| (1)                                                                             |                |                                       |                                        |
| (2)                                                                             |                |                                       | <u>.</u>                               |
| (3)                                                                             |                |                                       |                                        |
| (4)                                                                             |                | <del> </del>                          | <del></del>                            |
| (5)                                                                             | <del></del>    | <del> </del>                          | · · · · · · · · · · · · · · · · · · ·  |
| (6)                                                                             |                |                                       |                                        |
| (7)                                                                             |                | <del> </del>                          |                                        |
| (8)                                                                             | <del></del>    |                                       |                                        |
| (9)<br>(10)                                                                     |                |                                       |                                        |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13 )                |                | <u> </u>                              |                                        |
| Part IX Other Assets. See Form 990, Part X, line                                | 15             | _l                                    |                                        |
| <u></u>                                                                         | Description    | · · · · · · · · · · · · · · · · · · · | (b) Book value                         |
| (1)                                                                             |                | <del></del>                           | , , , , , , , , , , , , , , , , , , ,  |
| (1)                                                                             |                |                                       |                                        |
| (3)                                                                             |                |                                       |                                        |
| (4)                                                                             |                |                                       |                                        |
| (5)                                                                             |                | · · · · · · · · · · · · · · · · · · · |                                        |
| (6)                                                                             |                |                                       |                                        |
| (7)                                                                             |                |                                       |                                        |
| (8)                                                                             |                | <del></del>                           |                                        |
| (9)                                                                             |                | · · · · · · · · · · · · · · · · · · · |                                        |
| (10)                                                                            |                |                                       |                                        |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line                   | 15)            | <u> </u>                              | <b>&gt;</b>                            |
| Part X Other Liabilities. See Form 990, Part X, III                             |                | *                                     |                                        |
| 1. (a) Description of liability                                                 |                | (b) Book value                        | ······································ |
| (1) Federal income taxes                                                        |                |                                       |                                        |
| (2)                                                                             |                | -                                     |                                        |
| (3)                                                                             |                |                                       |                                        |
| (4)                                                                             |                |                                       |                                        |
| (5)                                                                             |                |                                       |                                        |
| (6)                                                                             |                |                                       |                                        |
| (7)                                                                             |                |                                       |                                        |
| (8)                                                                             |                |                                       |                                        |
| (9)                                                                             |                |                                       |                                        |
| (10)                                                                            |                |                                       |                                        |
| (10)                                                                            | -              |                                       |                                        |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line                   | 25)            |                                       |                                        |
|                                                                                 |                |                                       |                                        |

FARGO-MOORHEAD CONVENTION & VISITORS

| Sche        | dule D (Form 990) 2012 BUREAU                                                                  |         |                            | <u>45-(</u> | 0363220 Page <b>4</b>                 |
|-------------|------------------------------------------------------------------------------------------------|---------|----------------------------|-------------|---------------------------------------|
| Par         | t XI Reconciliation of Revenue per Audited Financial Statemen                                  | nts W   | ith Revenue per R          | eturn       |                                       |
| 1           | Total revenue, gains, and other support per audited financial statements                       |         |                            | 1           | 2,618,004.                            |
| 2           | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |         |                            |             |                                       |
| а           | Net unrealized gains on investments                                                            | 2a      |                            |             |                                       |
| b           | Donated services and use of facilities                                                         | 2b      | 125,000.                   |             |                                       |
| С           | Recoveries of prior year grants                                                                | 2c      |                            |             |                                       |
| d           | Other (Describe in Part XIII.)                                                                 | 2d      |                            |             |                                       |
| е           | Add lines 2a through 2d                                                                        |         |                            | 2e          | 125,000.                              |
| 3           | Subtract line 2e from line 1                                                                   |         |                            | 3           | 2,493,004.                            |
| 4           | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |         |                            |             |                                       |
| а           | Investment expenses not included on Form 990, Part VIII, line 7b                               | 4a      |                            |             |                                       |
| b           | Other (Describe in Part XIII.)                                                                 | 4b      |                            |             |                                       |
| С           | Add lines 4a and 4b                                                                            |         |                            | 4c          | 0.                                    |
| 5           | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)                |         |                            | 5           | 2,493,004.                            |
| Pai         | t XII Reconciliation of Expenses per Audited Financial Stateme                                 | nts V   | Vith Expenses per          | Retu        | m                                     |
| 1           | Total expenses and losses per audited financial statements                                     |         |                            | 1           | 2,547,523.                            |
| 2           | Amounts included on line 1 but not on Form 990, Part IX, line 25:                              |         |                            |             |                                       |
| а           | Donated services and use of facilities                                                         | 2a      | 125,000.                   |             |                                       |
| ь           | Prior year adjustments                                                                         | 2b      |                            |             |                                       |
| С           | Other losses                                                                                   | 2c      |                            |             |                                       |
| d           | Other (Describe in Part XIII.)                                                                 | 2d      |                            |             |                                       |
| е           | Add lines 2a through 2d                                                                        |         |                            | 2e          | 125,000.                              |
| 3           | Subtract line 2e from line 1                                                                   |         |                            | 3           | 2,422,523.                            |
| 4           | Amounts included on Form 990, Part IX, line 25, but not on line 1:                             |         |                            |             |                                       |
| а           | Investment expenses not included on Form 990, Part VIII, line 7b                               | 4a      |                            |             |                                       |
| b           | Other (Describe in Part XIII.)                                                                 | 4b      |                            |             |                                       |
| c           | Add lines 4a and 4b                                                                            |         |                            | 4c          | 0.                                    |
| 5           | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)               |         |                            | 5           | 2,422,523.                            |
| Par         | t XIII Supplemental Information                                                                |         |                            |             | · · · · · · · · · · · · · · · · · · · |
| Com         | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, | lines 1 | a and 4; Part IV, lines 1b | and 2       | 2b; Part V, line 4; Part              |
|             | e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p     |         |                            |             |                                       |
| PAF         | T III, LINE 4: OUR COLLECTIONS CONSIST OF                                                      | PUB:    | LIC ART AND                | ART:        | IFACTS                                |
| TH <i>P</i> | T REFLECT OUR MISSION BY PROMOTING FARGO-M                                                     | OOR     | HEAD AS A DE               | STI         | NATION FOR                            |
| VIS         | ITORS. THE COLLECTIONS ARE PLACED ON OUR G                                                     | ROU     | NDS OR WITHI               | N TI        | HE                                    |
| BUI         | LDING, WITH NO FEES OR ADMISSIONS, TO ACT                                                      | AS Z    | ATTRACTIONS                | FOR         | VISITORS                              |
| то          | ENJOY. BY DOING SO, WE HOPE THAT THEY REMA                                                     | IN :    | LONG ENOUGH                | TO I        | POSSIBLY                              |
|             |                                                                                                |         |                            |             |                                       |

STAY IN FARGO-MOORHEAD OVERNIGHT, AGAIN REINFORCING OUR REPRESENTATION OF

Schedule D (Form 990) 2012

THE DESTINATION.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. FARGO-MOORHEAD CONVENTION & VISITORS BUREAU Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

| Name of  | Name of the organization FARGO-MOORHEAD CONVENTION & VISITORS                                                                                                                | Employer identification number |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
|          | BUREAU                                                                                                                                                                       | 45-0363220                     |
| Part i   | Part i General Information on Grants and Assistance                                                                                                                          |                                |
| <u>-</u> | 1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection                                                           | ction                          |
| C        | criteria used to award the grants or assistance?                                                                                                                             | X Yes                          |
| 2<br>De  | 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.                                                              |                                |
| Part #   | Part # Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any | rt IV, line 21, for any        |
|          | recipient that received more than \$5,000. Part II can be durilicated if additional snace is needed                                                                          |                                |

| recipient that received more than \$5,000. Part II can be duplicated if additional space is needed | \$5,000. Part II ca  | n be duplicated if additic       | onal space is need       | 99                                |                                                       |                                        |                                    |
|----------------------------------------------------------------------------------------------------|----------------------|----------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| 1 (a) Name and address of organization or government                                               | (b) EIN              | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| F-M CURLING CLUB                                                                                   |                      |                                  |                          |                                   |                                                       |                                        |                                    |
| PO BOX 212                                                                                         |                      |                                  |                          |                                   |                                                       |                                        | NEW CURLING CLUB FACILITY          |
| FARGO, ND 58107                                                                                    | 45-0341916           | 501(C)(3)                        | 250,000.                 | 0.                                |                                                       |                                        | IN SOUTH FARGO                     |
| MINICIPAL ATRECEM ATMUCRITUS                                                                       |                      |                                  |                          |                                   |                                                       |                                        |                                    |
| PO BOX 2845                                                                                        |                      |                                  | -                        |                                   |                                                       |                                        | EMCVB SHAKE OF FUNDING             |
| PARGO, ND 58108                                                                                    | 45-6002069           | GOVERNMENT ENTITY                | 25,000.                  | 0.                                |                                                       |                                        | SERVICE GRANT                      |
| CASS COUNTY HISTORICAL SOCIETY                                                                     |                      |                                  |                          |                                   |                                                       |                                        | ENTHARM AO NOTHA IRMOJ             |
| 1351 W MAIN AVE                                                                                    |                      |                                  |                          |                                   |                                                       |                                        | ROOMS IN LUCIEN BARNES             |
| WEST FARGO, ND 58078                                                                               | 45-0306858           | 501(C)(3)                        | 50,000.                  | 0.                                |                                                       |                                        | PAVILION                           |
|                                                                                                    |                      |                                  |                          |                                   |                                                       |                                        |                                    |
| FARGO AIR MUSEUM                                                                                   |                      |                                  |                          |                                   |                                                       |                                        |                                    |
| 1609 19TH AVE N                                                                                    |                      |                                  |                          |                                   |                                                       |                                        | BECK-ODEGAARD WING                 |
| FARGO, ND 58102                                                                                    | 45-0451637           | 501(C)(3)                        | 192,500.                 | 0.                                |                                                       |                                        | ADDITION                           |
|                                                                                                    |                      |                                  |                          |                                   |                                                       |                                        |                                    |
|                                                                                                    |                      |                                  |                          |                                   |                                                       |                                        |                                    |
|                                                                                                    |                      |                                  |                          |                                   |                                                       |                                        |                                    |
| 2 Enter total number of section 501(c)(3) and government organizations                             | and government o     |                                  | sted in the line 1 table |                                   |                                                       |                                        | 4.                                 |
| 3 Enter total number of other organizations listed in the line 1 table                             | s listed in the line | 1 table                          |                          |                                   |                                                       |                                        | <b>A</b>                           |
| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.                         | , see the Instruc    | tions for Form 990.              |                          |                                   |                                                       |                                        | Schedule I (Form 990) (2012)       |

# FARGO-MOORHEAD CONVENTION & VISITORS

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. BUREAU Schedule I (Form 990) (2012)
| Part III | Grants and Other

Page 2

45-0363220

| (b) Number of cash grant cash grant cash grant cash assistance cash grant cash assistance cash grant cash assistance cash grant cash |  |  | Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. | SCHEDULE I, PART I, LINE 2: GRANTS ARE MONITORED THROUGH COMMUNICATIONS |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|
| (a) Type of grant or assistance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  | Part IV Supplemental Information. Complete this part to provide the ii                                                                | SCHEDULE I, PART I, LINE 2                                              |  |

### SCHEDULE O (Form \$90 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.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FARGO-MOORHEAD CONVENTION & VISITORS BUREAU

Employer identification number 45-0363220

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:         |
|------------------------------------------------------------------------|
| INDIVIDUAL COMMUNITIES IN TWO STATES. WE EXIST TO PROMOTE THE          |
| FARGO-MOORHEAD AREA AS A DESTINATION FOR GROUPS OF VISITORS INVOLVED   |
| WITH CONVENTIONS, TRADE SHOWS, AND OTHER BUSINESS TRAVEL, AS WELL AS   |
| INDIVIDUAL VISITORS AND TOUR GROUPS, SO THAT OUR MEMBERS AND THE       |
| COMMUNITY MAY SERVE THEM WHILE THEY ARE HERE. WE DO THIS TO STRENGTHEN |
| THE COMMUNITIES' ECONOMY, CREATE EMPLOYMENT, AND GENERATE TAX REVENUE  |
| FOR THE METROPOLITAN COMMUNITY.                                        |
|                                                                        |
| WE INTEND TO PROVIDE MARKETING OPPORTUNITIES FOR THE PRIVATE           |
| HOSPITALITY SECTOR SO THAT OUR MEMBERS MIGHT HAVE ACCESS TO POTENTIAL  |
| CLIENTS. WE WILL PROVIDE ASSISTANCE TO ORGANIZATIONS AND INDIVIDUALS   |
| IN THE COMMUNITY IN SOLICITING AND IMPLEMENTING MEETINGS OF THEIR      |
| AFFILIATIONS. WE WILL ALSO HELP TO CREATE EXTERNALLY-DIRECTED          |
| COMMUNITY MARKETING EFFORTS.                                           |
|                                                                        |
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:       |
| OTHER BUSINESS TRAVEL, AS WELL AS INDIVIDUAL VISITORS AND TOUR GROUPS, |
| SO THAT OUR MEMBERS AND THE COMMUNITY MAY SERVE THEM WHILE THEY ARE    |
| HERE. WE DO THIS TO STRENGTHEN THE COMMUNITIES' ECONOMY, CREATE        |
| EMPLOYMENT, AND GENERATE TAX REVENUE FOR THE METROPOLITAN COMMUNITY.   |
|                                                                        |
| WE INTEND TO PROVIDE MARKETING OPPORTUNITIES FOR THE PRIVATE           |
| HOSPITALITY SECTOR SO THAT OUR MEMBERS MIGHT HAVE ACCESS TO POTENTIAL  |
| CLIENTS. WE WILL PROVIDE ASSISTANCE TO ORGANIZATIONS AND INDIVIDUALS   |
|                                                                        |
| IN THE COMMUNITY IN SOLICITING AND IMPLEMENTING MEETINGS OF THEIR      |

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

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012) Page 2 Name of the organization FARGO-MOORHEAD CONVENTION & VISITORS **Employer identification number** BUREAU 45-0363220 AFFILIATIONS. WE WILL ALSO HELP TO CREATE EXTERNALLY-DIRECTED COMMUNITY MARKETING EFFORTS. FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS REVIEWS A DRAFT OF THE FORM 990 BEFORE IT IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: PRIOR TO THE DECISION MAKING PROCESS THAT IS UTILIZED TO DETERMINE WHETHER FUNDS WILL BE AWARDED TO ANY ORGANIZATION, ANY BOARD MEMBER MUST DISCLOSE ANY INFORMATION HE/SHE HAS REGARDING POTENTIAL CONFLICT OF INTEREST. THE BOARD, PRIOR TO DISCUSSION OF AWARDING A GRANT, DECIDES IF THERE TRULY IS A CONFLICT OF INTEREST AND REACTS ACCORDING TO THE CONFLICT OF INTEREST POLICY. FORM 990, PART VI, SECTION B, LINE 15: FOR THE CEO: THE BOARD OF DIRECTORS CONDUCTS A PERFORMANCE REVIEW OF THE CEO, COMPARES OUR CEO'S SALARY TO OTHER DESTINATION MARKETING ORGANIZATIONS OF COMPARABLE SIZE, REVIEWS OUR FINANCIAL STATUS AND PROJECTIONS, AND DETERMINES THE NEXT FISCAL YEAR'S

COMPENSATION. FOR KEY EMPLOYEES: THE CEO CONDUCTS A PERFORMANCE REVIEW OF EACH EMPLOYEE, COMPARES SALARIES TO THOSE OF OTHER DESTINATION MARKETING ORGANIZATIONS OF COMPARABLE SIZE, REVIEWS OUR FINANCIAL STATUS AND PROJECTIONS, AND MAKES SUGGESTIONS TO OUR BOARD OF DIRECTORS AS TO THE NEXT FISCAL YEAR'S COMPENSATIONS RATES. THE BOARD OF DIRECTORS DETERMINES THE FINAL COMPENSATION FOR ALL EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C - THE PROCESS HAS NOT CHANGED FROM THE

Schedule O (Form 990 or 990-EZ) (2012)

| Scriedale O (i oith 990 or s | 990-EZ) (2012)<br>FARGO-MOORHEAD | CONTRIBUTION | C WICIMODC  | Page 2                                    |
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| Name of the organization     | BUREAU                           | CONVENTION   | a visitors  | Employer identification number 45-0363220 |
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