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990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2013 Open to Public Inspection

OMB No 1545-0047

Tre-essent zone   String   S	Α	For the 20	013 calendar year, or tax year beginning , and ending			
Continued of the property of the companies of the powering body (Part V, line 1a)   Septiment of the power	В	heck if applica	ble C Name of organization	1	D Employ	er identification number
Notice we share let of Dest ratal and enterents basered   Proceedings   Processing   Processin		Address chang	e FORWARD DEVILS LAKE CORP			
Standards   Stan	~ Fi.	lome change	Doing Business As		45-	0443068_
Temporal composition	닖'	valle Glange	Number and street (or P O box if mail is not delivered to street address) Room/su	nte	E Telepho	ne number
Assented num   PRUTILS LANE   ND 58301   G Gross receptor   Color	ا لِـا	nıtıa) retum	208 HWY 2 WEST	1	701	-662-4933
Application provided  GUY DESAUTEL    Mich is this a group return for subordinates?   Yes   New   New	[ ] ī	Terminated	City or town, state or province, country, and ZIP or foreign postal code			
Application provided  GUY DESAUTEL    Mich is this a group return for subordinates?   Yes   New   New	$\overline{\Box}$	Amonded retur	n DEVILS LAKE ND 58301		G. Gross rece	ots \$ 208,550
Transcering status   201(30)	===		F Name and address of principal officer			
Tax-custrpt stable   Solicide   X   Solicide   Solicide   X   Solicide   Solicide   X   Solici	/ لــا	application per	GUY DESAUTEL H(a)	ls this a gro	up return for su	bordinates? Yes No
Tax-evertor states				Are all subo	ordinates inclui	led? Yes No
Mich Group enverope number   N/A   Mich Group enverope number   Note				If "No,"	attach a list (	see instructions)
Mich Group enverope number   N/A   Mich Group enverope number   Note	-	Toy everant c	101/0 X 501/0 X 501/0 ( 6 ) 4 (most no.) (947/0)(1) or 527			
Part I Summary  1 Brend organization   Tust   Association   Once   Learn dismands   Learn d			3.7.7	Craus avar	matica aumbor	
The Ref Viceoche the organization's mission or most significant activities  PROMOTE ECONOMIC DEVELOPMENT IN DEVILS LAKE, ND  Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets  Number of voting members of the governing body (Part VI, line 1a)  Number of voting members of the governing body (Part VI, line 1b)  Total number of voting members of the governing body (Part VI, line 1b)  Total number of voting members of the governing body (Part VI, line 1b)  Total number of voting members of the governing body (Part VI, line 1b)  Total number of voting members of the governing body (Part VI, line 1c)  Total number of voting members of the governing body (Part VI, line 1c)  Total number of voting members of the governing body (Part VI, line 1c)  Total number of voting members of the governing body (Part VI, line 1c)  Total number of voting members of the governing body (Part VII, line 1c)  Total number of voting members of the governing body (Part VII, line 1c)  Total number of voting members of the governing body (Part VII, line 1c)  Total number of voting members of the governing body (Part VII, line 1c)  Total number of voting members of the governing body (Part VII, line 1c)  Total number of voting members of the governing body (Part VIII, line 1c)  Total number of voting members of the governing body (Part VIII, line 1c)  Total number of voting members of the governing body (Part VIII, line 1c)  Total number of voting members are referred to the state of the governing body (Part VIII, line 1c)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1c)  Total revenue - add lines 8 through 11 (must equal Part VIII, line 1c)  Total revenue - add lines 8 through 11 (must equal Part VIII, line 1c)  Total revenue - add lines 8 through 11 (must equal Part VIII, line 1c)  Total revenue - add lines 8 through 11 (must equal Part VIII, line 1c)  Total revenue - add lines 8 through 11 (must equal Part VIII, line 1c)  Total revenue - add						
1   Briefly describe the organization's mission or most significant activities   PROMOTE ECONOMIC DEVELOPMENT IN DEVILS LAKE, ND				iauori <u>+</u>	J J Z	M State of legal dofflicte TVD
PROMOTE ECONOMIC DEVELOPMENT IN DEVILS LAKE, ND  2 Check this box						<del></del>
2 Check this box   If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of undependent voting members of the governing body (Part VI, line 1b) 5 Total number of undependent voting members of the governing body (Part VI, line 1b) 6 Total number of undependent voting members of the governing body (Part VI, line 1b) 7 Total unrelated business revenue from Part VIII, column (C), line 12 7 Total unrelated business revenue from Part VIII, column (C), line 12 7 Total unrelated business texable income from Port VIII, column (C), line 12 7 Total unrelated business texable income from Port VIII, column (A), line 3.4 8 Contributions and grants (Part VIII, line 1b) 9 Program service revenue (Part VIII, column (A), line 3.4, and 7d) 10 Investment income (Part VIII, column (A), line 3.4, and 7d) 11 Other revenue (Part VIII, column (A), line 3.5, 6d, 8c, 9c, 10c, qnt (A) (Part VIII) 13 Grants and similar amounts paid (Part IX, column (A), line 3.4, and 7d) 14 Benefits paid to or for members (Part XI, column (A), line 3.4, and 7d) 15 Salanes, other compensation, employee benefits (Part IX, column (A), line 3.4, and 7d) 16 Salanes, other compensation, employee benefits (Part IX, column (A), line 3.4, and 7d) 17 Other expenses (Part IX, column (A), line 3.4, and 7d) 18 Professional fundraising fees (Part IX, column (A), line 3.4, and 7d) 19 Revenue less expenses (Part IX, column (A), line 3.4, and 7d) 10 Revenue less expenses (Part IX, column (A), line 25) 10 Revenue less expenses Subtract line 18 from line 12 10 Total assets (Part X, line 26) 11 Total tindraising expenses (Part IX, column (A), line 25) 10 Revenue less expenses Subtract line 18 from line 12 11 Total lindraising expenses (Part IX, line 1b) 11 Total sexpenses Adult line 21 from line 12 11 Total lindraising expenses (Part IX, line 2b) 12 Total lindraising expenses (Part IX, line 2b) 13 Total sexpenses Adult line 21 from line 20 14 Total lindraising			•			
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Ta Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business revenue from Form 990-T, line 34  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  1 15, 095 202, 41 1 144, 959 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9e, 10e, ADE(BEVED) 12 Total revenue - add lines 8 through 11 frunst equal Part VIII-column (TA), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Baines, other compensation, employee benefits (Part IX, column (A), lines 1-10) 16a Professional fundraising essepenses (Part IX, column (A), line 1+10) 16a Professional fundraising essepenses (Part IX, column (A), line 1+10) 17 Other expenses (Part IX, column (A), line 1+10) 18 Total supenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total substites (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X, line 26) 23 Total liabilities (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Less assets or fund balances Subtract line 21 from line 20 27 Total liabilities of penyl, 16 designe that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is signature of officer  15 Grants and substitute of penyl, 16 designe that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is signature of officer  15 Jane 17 Jane 18 Jane	es	4 Nun	nber of independent voting members of the governing body (Part VI, line 1b)		4	
Ta Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business revenue from Form 990-T, line 34  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  1 15, 095 202, 41 1 144, 959 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9e, 10e, ADE(BEVED) 12 Total revenue - add lines 8 through 11 frunst equal Part VIII-column (TA), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Baines, other compensation, employee benefits (Part IX, column (A), lines 1-10) 16a Professional fundraising essepenses (Part IX, column (A), line 1+10) 16a Professional fundraising essepenses (Part IX, column (A), line 1+10) 17 Other expenses (Part IX, column (A), line 1+10) 18 Total supenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total substites (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X, line 26) 23 Total liabilities (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Less assets or fund balances Subtract line 21 from line 20 27 Total liabilities of penyl, 16 designe that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is signature of officer  15 Grants and substitute of penyl, 16 designe that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is signature of officer  15 Jane 17 Jane 18 Jane	viťi	5 Tota	al number of individuals employed in calendar year 2013 (Part V, line 2a)		5	2
Ta Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business revenue from Form 990-T, line 34  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  1 15, 095 202, 41 1 144, 959 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9e, 10e, ADE(BEVED) 12 Total revenue - add lines 8 through 11 frunst equal Part VIII-column (TA), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Baines, other compensation, employee benefits (Part IX, column (A), lines 1-10) 16a Professional fundraising essepenses (Part IX, column (A), line 1+10) 16a Professional fundraising essepenses (Part IX, column (A), line 1+10) 17 Other expenses (Part IX, column (A), line 1+10) 18 Total supenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total substites (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X, line 26) 23 Total liabilities (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Less assets or fund balances Subtract line 21 from line 20 27 Total liabilities of penyl, 16 designe that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is signature of officer  15 Grants and substitute of penyl, 16 designe that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is signature of officer  15 Jane 17 Jane 18 Jane	Ċ	6 Tota	al number of volunteers (estimate if necessary)		6	0
b Net unrelated business taxable income from Form 990-T, line 34  8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 115, 095 202, 41 13 (Program service revenue (Part VIII, loulum (A), lines 3, 4, and 7d) 10 (Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Cother revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 1-3) 16 Salanes, other compensation, employee benefits (Part IX, column (A), lines 1-3) 17 Other expenses (Part IX, column (A), lines 1-3) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), lines 5-10) 19 Revenue less expenses (Part IX, column (A), lines 11-11d, 11f-24e) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 26) 21 Total labilities (Part X, line 26) 22 Not assets or fund balances Subtract line 21 from line 20 230, 359 234, 37;  Part II Signature Block  Under penalties of perjuy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Dipologition of preparer segnature  Prims name	a.	7a Tota	at unrelated business revenue from Part VIII, column (C), line 12		7a	0
8 Contributions and grants (Part Vill, line 1h) 9 Program service revenue (Part Vill, Line 2g) 10 Investment income (Part Vill, column (A), lines 3, 4, and 7d) 11 Other revenue (Part Vill, column (A), lines 5, 6d, 6c, 9c, 10c, App (Part Vill, Column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part Vill-columnt/A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Benefits paid to or for members (Part IX, column (A), lines 1-3) 16 Benefits paid to or for members (Part IX, column (A), lines 1-3) 17 Other expenses (Part IX, column (A), lines 1-3) 18 Total fundraising fees (Part IX, column (A), line 1e) 19 Total fundraising expenses (Part IX, column (A), line 2b) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total labilities (Part X, line 16) 22 Total assets (Part X, line 26) 23 Total assets (Part X, line 26) 24 Total labilities (Part X, line 26) 25 Total assets (Part X, line 26) 26 Total assets (Part X, line 26) 27 Total labilities (Part X, line 26) 28 Labilities (Part X, line 26) 29 Part II Signature Block  Under penalties of penjury, I declarg that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Designating of perser (pyro) than officer) is based on all information of which preparer has any knowledge and belief, it is supplied to the lability of the minority of persers from the preparer sagnature personal true and the preparer sagnature personal true.  Primit sen Part II Signature Block  Sign Here Brissates Part IX ask to 15 Associates Profits and the preparer sagnature personal true.  Primit sen Part IX ask to the preparer sagnature personal true.  Primit sen Part IX ask to the preparer sagnature personal true.  Primit sen Part IX ask to the preparer shown above? (see instructions)  Promote Part IX ask to the Primit sen Part IX a		<b>b</b> Net	unrelated business taxable income from Form 990-T, line 34		7b	0
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, \$\frac{6}{2}\$, 10c, \$\frac{1}{2}\$ \text{Times 12}\$ \text{ 133} 1300						
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, apagrics) = 1 V	as	8 Con	ntributions and grants (Part VIII, line 1h)	1	5,095	<u>202,417</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, apagrics) = 1 V	Ž	9 Pro	gram service revenue (Part VIII, line 2g)	14	4,959	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, apagrics) = 1 V	<b>C</b> 3	10 Inve	estment income (Part VIII, column (A), lines 3, 4, and 7d)		125	138
15 Salanes, other compensation, employee benefits (Part IX, column (A), line 10)  16 Professional fundraising fees (Part IX, column (A), line 10)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of penjury is based on all information of which preparer has any knowledge  Sign Here  Paid  Penil Type or print name and title  Preparer's signature  Rathleen Knodel, CPA  Firm's address	$\mathcal{Q}^{\alpha}$	11 Oth	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and the EIVED		300	5,995
15 Salanes, other compensation, employee benefits (Part IX, column (A), line 10)  16 Professional fundraising fees (Part IX, column (A), line 10)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of penjury is based on all information of which preparer has any knowledge  Sign Here  Paid  Penil Type or print name and title  Preparer's signature  Rathleen Knodel, CPA  Firm's address	Ź			16	0,479	208,550
15 Salanes, other compensation, employee benefits (Part IX, column (A), line 10)  16 Professional fundraising fees (Part IX, column (A), line 10)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of penjury is based on all information of which preparer has any knowledge  Sign Here  Paid  Penil Type or print name and title  Preparer's signature  Rathleen Knodel, CPA  Firm's address	<b>z</b> -	13 Gra		(	6,500	0
15 Salanes, other compensation, employee benefits (Part IX, column (A), line 10)  16 Professional fundraising fees (Part IX, column (A), line 10)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of penjury is based on all information of which preparer has any knowledge  Sign Here  Paid  Penil Type or print name and title  Preparer's signature  Rathleen Knodel, CPA  Firm's address	四	14 Ben	refits paid to or for members (Part IX, column (A), linear)			0
b Total fundraising expenses (Part IX, column (A), line 25)	( <i>)</i>	15 Sala	aries, other compensation, employee benefits (Part IX, column (A), lines 5–107	11	1.953	110,647
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 230 , 359 234 , 37:  Part II Signature Block Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (ofter than officer) is based on all information of which preparer has any knowledge  Sign Here  Pint/Type or print name and title Preparer's signature Use Only  Athleen Knodel , CPA Firm's name	Sei	16a Prof	fessional fundraising fees (Part IX, column (A), line 11e), OGDEN, UT			0
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 230 , 359 234 , 37:  Part II Signature Block Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (ofter than officer) is based on all information of which preparer has any knowledge  Sign Here  Pint/Type or print name and title Preparer's signature Use Only  Athleen Knodel , CPA Firm's name	<b>Z</b> §			_		<del></del>
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  19 Revenue less expenses Subtract line 18 from line 12  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  23 O Total assets or fund balances Subtract line 21 from line 20  23 O Total assets or fund balances Subtract line 21 from line 20  23 O Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  23 O Total assets (Part X, line 16)  25 O Total assets (Part X, line 26)  25 O Total assets (Part X, line 26)  27 O Total assets (Part X, line 26)  28 D Total assets (Part X, line 26)  29 D Total assets (Part X, line 26)  20 Total assets or fund balances Subtract line 21 from line 20  23 O Total assets (Part X, line 26)  25 O Total assets (Part X, line 26)  27 D Total assets (Part X, line 26)  28 D Total liabilities (Part X, line 26)  29 D Total assets (Part X, line 26)  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  23 O Total assets (Part X, line 26)  25 D Total assets (Part X, line 26)  26 D Total assets (Part X, line 26)  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  23 O Total assets (Part X, line 26)  25 D Total assets (Part X, line 26)  25 D Total liabilities (Part X, line 26)  27 D Total liabilities (Part X, line 26)  28 D Total liabilities (Part X, line 26)  29 D Total liabilities (Part X, line 26)  20 D Total assets (Part X, line 26)  20 D Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  23 D Total liabilities (Part X, line 26)  24 D Total liabilities (Part X, line 26)  25 D Total liabilities (Part X	┷┈			8	8.551	93 891
19 Revenue less expenses Subtract line 18 from line 12  19 Revenue less expenses Subtract line 18 from line 12  10 Total assets (Part X, line 16)  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  230 , 359  234 , 37.  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign  Perparer   Print   Print   Print   Preparer signature   Preparer's signature   Prem's name   Print	<b>₽</b>					
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (orige than officer) is based on all information of which preparer has any knowledge  Sign  Here  Preparer's signature  Pre	2	1				
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (orige than officer) is based on all information of which preparer has any knowledge  Sign  Here  Preparer's signature  Pre	<u>= = = = = = = = = = = = = = = = = = = </u>	-				
Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of perferer (other than officer) is based on all information of which preparer has any knowledge  Sign Here    GUY DESAUTEL   PRESIDENT	ance	20 Tota				237,509
Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of perferer (other than officer) is based on all information of which preparer has any knowledge  Sign Here    GUY DESAUTEL   PRESIDENT	Ass	21 Tota	•			
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Sign   Signature of officer   Date					<u>0,555</u>	234,314
True, correct, and complete Declaration of perferer (other than officer) is based on all information of which preparer has any knowledge  Sign Here  GUY DESAUTEL Type or print name and title  Preparer's signature Preparer's signature Preparer Use Only  415 6th Ave NE Firm's address Devils Lake, ND 58301  May the IRS discuss this return with the preparer shown above? (see instructions)  For Paperwork Reduction Act Notice, see the separate instructions.			<del></del>			
Sign Here    GUY DESAUTEL   PRESIDENT					my knowied	ige and belief, it is
Here  GUY DESAUTEL  Type or print name and title  Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  O5/09/14 self-employed P01039907  Preparer  Use Only  A15 6th Ave NE  Firm's address Devils Lake, ND 58301  May the IRS discuss this return with the preparer shown above? (see instructions)  For Paperwork Reduction Act Notice, see the separate instructions.		10,000.00.,1	California de la companya del companya del companya de la companya			
Here  GUY DESAUTEL  Type or print name and title  Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  O5/09/14 self-employed P01039907  Preparer  Use Only  A15 6th Ave NE  Firm's address Devils Lake, ND 58301  May the IRS discuss this return with the preparer shown above? (see instructions)  For Paperwork Reduction Act Notice, see the separate instructions.	<b>a</b> !.		Supplying of Affiner		Data	
Type or print name and title  Print/Type preparer's name  Preparer's signature  Rathleen Knodel, CPA  Preparer's signature  Kathleen Knodel, CPA  Prim's name	_		•		Date	
Print/Type preparer's name Preparer Use Only  At 5 6th Ave NE Firm's address Devils Lake, ND 58301  May the IRS discuss this return with the preparer shown above? (see instructions)  Preparer's signature O5/09/14 self-employed P01039907  Firm's EIN Devil S Lake, ND 58301  Phone no 701-662-872  X Yes No For Paperwork Reduction Act Notice, see the separate instructions.	He	re				
Paid Rathleen Knodel, CPA Cotton CPA CPA COTTON CPA						
Preparer Use Only A15 6th Ave NE Firm's address Devils Lake, ND 58301 Phone no 701-662-872  May the IRS discuss this return with the preparer shown above? (see instructions)  For Paperwork Reduction Act Notice, see the separate instructions.		F	VA Z	Date	Check	L # PTIN
Use Only 415 6th Ave NE  Firm's address Devils Lake, ND 58301  May the IRS discuss this return with the preparer shown above? (see instructions)  For Paperwork Reduction Act Notice, see the separate instructions.  Form 990 (201		<u> </u>		05/09	/14 self-em	
May the IRS discuss this return with the preparer shown above? (see instructions)  For Paperwork Reduction Act Notice, see the separate instructions.  Phone no 701-662-872  X Yes No. 701-662-872		·		F	im's EIN	20-1746221
May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No For Paperwork Reduction Act Notice, see the separate instructions.  Form 990 (201	Use	Only		T		
May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No For Paperwork Reduction Act Notice, see the separate instructions.  Form 990 (201		{F	m's address Devils Lake, ND 58301		hone no	701-662-8724
For Paperwork Reduction Act Notice, see the separate instructions.	May	the IRS d	liscuss this return with the preparer shown above? (see instructions)			X Yes No
			Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2013

Form 990 (2013)	FORWARD DEVILS LA	KE CORP	45-044	13068	Page 2
Part III S	Statement of Program Servi	ce Accomplishments	 S		
	Check If Schedule O contains nibe the organization's mission	a response or note to	any line in this Part	<u>                                     </u>	
	ECONOMIC DEVELOPI	MENT IN DEVILS	LAKE, ND		
2 Did the orga	anization undertake any significant pr	ogram services during the y	year which were not listed	on the	
•	990 or 990-EZ?				Yes X No
	scribe these new services on Schedu				
3 Did the orga	anization cease conducting, or make	significant changes in now	it conducts, any program		Yes X No
=	scribe these changes on Schedule O				
	e organization's program service acc		- · ·		
	Section 501(c)(3) and 501(c)(4) organ		ort the amount of grants a	nd allocations to others,	
the total exp	penses, and revenue, if any, for each	program service reported			
4a (Code	) (Expenses \$	ıncluding gra		) (Revenue \$	)
	DEVILS LAKE IS T				
	R. THEREBY, FORWAIS LOCATION INCENT:				
PROVIDE	D DOCATION INCLINI	IVEO IO MILION	CI DOCINEDOES	10 DEVIES DAGE	•
		<del></del>		<del></del>	
4b (Code	) (Expenses \$	ıncluding gra	nts of \$	) (Revenue \$	)
4c (Code	) (Expenses \$	ıncluding gra	nts of \$	) (Revenue \$	
•				, ,	·
· -	am services (Describe in Schedule	0)			
(Expenses		uding grants of \$	) (Reve	enue \$	
	am service expenses >				- 000
DAA					Form <b>990</b> (2013

### Form 990 (2013) FORWARD DEVILS LAKE CORP 45-0443068 Page 3 **Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or X debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes." complete Schedule D. Part X 11e X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 12b $\bar{\mathbf{x}}$ Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking. 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 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F. Parts III and IV X 16

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

19 X 20a X

17

18

20b

X

X

17

18

Form	1 990 (2013) FORWARD DEVILS LAKE CORP 45-0443068		F	age 4
Pa	art IV Checklist of Required Schedules (continued)		r	
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	·		
	government on Part IX, column (A), line 19 if "Yes," complete Schedule I, Parts I and II	21	<b>-</b>	<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States		ļ	l
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		ļ	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		ļ	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		į	
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	<u> </u>
С	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	<b>└</b>	<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	<b>└</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		]	]
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part i	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		ļ	ļ
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26_	ļ	X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			i
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27_		X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		ļ	
	Schedule L, Part IV	28b	<u> </u>	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			1
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29_	L	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30_	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31_	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		Í	
	or IV, and Part V, line 1	34	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	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	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36_	<u> </u>	<u> </u>
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,		1	} _
	Part \/I	1 07	1	

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

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

	990 (2013) FORWARD DEVILLE CORP. 43 0443000			aye
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check of Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		103	1,40
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	_		
•	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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 authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		}
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	- [		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_	<u> </u>	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_5c_		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-	}	X
b	organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u>6a</u>		
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	100		
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			İ
_	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	L	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		L
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
9	organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	8_		
a	Did the organization make any taxable distributions under section 4966?	00		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter	35		
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		[	
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<b>_</b>	-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<del>  -</del> -
1-	Note. See the instructions for additional information the organization must report on Schedule O		1	
b	Enter the amount of reserves the organization is required to maintain by the states in which	[		l
С	the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b		[	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del> </del>	X
_ b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	$\vdash$	1

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

Section A. Governing Body and Management   Veg. No   No   No   No   No   No   No   No		Check if Schedule O contains a response or note to any line in this Part VI				_ <b>X</b> _
1a Effect the number of voting members of the governing body at the end of the tax year If there are material differences are voting nights among members of the governing body, or If the governing body delegated troad authority to an executive committee or similar committee, explain in Schedule O  5 Enter the number of voting members included in line 1a, above, who are independent  6 Any official, circuit, rustice, or key employee  7 Any official field, disclain, rustice, or key employee  8 Any official field, disclain, rustice, or the year profised to the organization have members as circuit and the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members.  8 A Did the organization have members, stockholders or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members.  8 A Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  9 B Dr Are any overninace discussion of the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  9 B Dr Are any overninace decisions of the organization reserved to (or subject to approval by) members.  8 S Dr Are any overninace decisions of the organization reserved to (or subject to approval by) members.  8 S Dr Are any overninace decisions of the organization reserved to (or subject to approval by) members.  8 S Dr Are any overninace decisions of the organization reserved to (or subject to approval by) members.  8 S Dr Are any overninace decisions of the organization reserved to (or subject to approval by) members.  8 S Dr Are any overninace decisions of the organization reserved to (or subject to approval by) members.  8 S Dr Are any overninace decisions of the organization reserved to white the members of the power to approval by the following a treat the power to appr	Sec	tion A. Governing Body and Management				
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No   Did the organization have local chapters, branches, or affiliates?   10a   10a   X   10a   10a   X   10a   10a   X   10a   10a   10a   X   10a						<u> </u>
10a	Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue	Code.)		
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b III As the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11a X    12b Describe in Schedule O the process, if any, used by the organization to review this Form 990 to all members of its governing body before filing the form?  11a X    12a Did the organization have a written conflict of interest policy? If "No.", go to line 13  12a Did the organization have a written conflict of interest policy? If "No." go to line 13  12b X    12c X    13c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  13c Did the organization have a written whistleblower policy?  13d Did the organization have a written whistleblower policy?  14d Did the organization have a written document retention and destruction policy?  15d Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15a The organization's CEO, Executive Director, or top management official  15b Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  15d Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16b Diff "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  16c Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16c Diff "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  16d Diff					Yes	
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b   11a   11a   11a   11a   11b   11a				10a		X
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11a X  b Describe in Schedule O the process, if any, used by the organization to review this Form 990  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  12c X  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15 Did the organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  16 Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ None  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply  Own website Another's website X Upon request Office (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organizatio	b					
b Describe in Schedule O the process, if any, used by the organization to review this Form 990  12a Did the organization have a written conflict of interest policy? If "No." go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  12c X  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written whistleblower policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15 The organization's CEO, Executive Director, or top management official  15 Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a X  17e** of the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a X  16b Vers, did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of lollow a written policy of this Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply  Own website Another's website Upon request Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the pu		• • • • • • • • • • • • • • • • • • • •	_		7	
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13	С			40.	v	
14	40				Α	- <del>-</del>
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Own website Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► FORWARD DEVILS LAKE CORPORATION 208 HWY 2 BIKE PATH	10		is utily)			
<ul> <li>Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► FORWARD DEVILS LAKE CORPORATION 208 HWY 2 BIKE PATH</li> </ul>						
financial statements available to the public during the tax year  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization FORWARD DEVILS LAKE CORPORATION 208 HWY 2 BIKE PATH	10		a. a.a.			
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization FORWARD DEVILS LAKE CORPORATION 208 HWY 2 BIKE PATH	13		cy, and			
organization ► FORWARD DEVILS LAKE CORPORATION 208 HWY 2 BIKE PATH	20					
	20	• • • • • • • • • • • • • • • • • • • •				
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Form 990 <u>(201</u>	3) FORWARD DEVILS LAKE COL	RP 45-0443068	Page
Part VII	Compensation of Officers, Directors	, Trustees, Key Employees, Highest Compensated E	Employees, and
	Independent Contractors		
	Check if Schedule O contains a respon	ise or note to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees	s, and Highest Compensated Employees	

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	of	ix, unle	(C) Position not check more than one , unless person is both an cer and a director/trustee)			an e)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	,	organization and related organizations
(1) GUY DESAUTEL										
	1.00								_	
PRESIDENT	0.00	X	L.	X	_			0	0	0
(2) RENARD BERGSTROM	1.00									
				<b>.</b>	ļ	\			_	
VICE PRESIDENT (3) SHANNON TEIGEN	0.00	X	├	X	-	<del>├</del>		0	0	0
(3) SHANNON TEIGEN	1.00									
SECRETARY	0.00	x	l	x				o	0	•
(4) JOHN NORD	0.00	┲	┢	1		$\vdash$				0
(4) 501114 110145	1.00	1		ł	ĺ					
TREASURER				o	o	o				
(5) DICK JOHNSON			$\vdash$			† †				<del>_</del>
(6, 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1.00									
CITY REPRESENTATIVE	0.00	X		X				o	0	o
(6) MYRNA HEISLER										
	1.00									
COUNTY REPRESENTATIV	0.00	X		X				0	0	0
(7) WADE SCHWAN										
i	1.00									
PAST PRESIDENT	0.00	X	<u>L</u>		<u> </u>	1_1		0		0
(8) CHRIS SCHILKEN										
	40.00					ĺĺ				
EXECUTIVE DIRECTOR	0.00		<u> </u>	X	<u> </u>	$oxed{oxed}$		68,351	0	17,264
(9) RACHEL LINDSTROM		Į		Į	ļ	ll				
	40.00									
EXECUTIVE DIRECTOR	0.00	↓		X	<u> </u>	$\vdash$		15,542	0	1,942
(10)										
(11)					-					
			<u> </u>							

Pa	rt VII Section A. Officers	, Directors, Tru	stees	s, Ke	y Er	nplo	yees	, ar	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unie	Pos check ess pe nd a d	rson ı	than o s both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	con	(F) stimated mount of other opensation the	if ion	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(1. 2.1000 1.1100)	org	janizatio id relate anizatio	on ed	
(12)														
(13)						_				,				
(14)						-						_		
(15)			-		-	_								
(16)	· · · · · · · · · · · · · · · · · · ·		<del>                                     </del>		 									
(17)			-											
(18)			-								·			
(19)						<u> </u>		<u> </u>						
1b c d	Sub-total  Total from continuation she  Total (add lines 1b and 1c)	ets to Part VII, S	ection	on A	<u> </u>	<b>L</b> ,	1 <u></u>	<b>&gt; &gt; &gt;</b>	83,893				9,2 9,2	
2	Total number of individuals (in reportable compensation from				ose	liste	d abo	ve)						
3	Did the organization list any fo employee on line 1a? If "Yes,"								ee, or highest compensated	ı		3		No_
4	For any individual listed on line organization and related organ	1a, is the sum o	f rep	ortat	ole co	omp	ensat	ion		m the				
5	individual  Did any person listed on line 1 for services rendered to the or									dividual		<u>4</u> 5		<u>x</u> _
Section 1	ion B. Independent Contractor Complete this table for your five	e highest compe												
	compensation from the organi.  Name and	zation Report co (A) d business address	mper	nsatio	on fo	r the	cale	nda		the organization's tax year (B) tion of services		Com	(C) pensatio	
				_										
			_											
2	Total number of independent or received more than \$100,000								e listed above) who	0				
DAA		ponoutoff	U111		<u> </u>					· · · · · · · · · · · · · · · · · · ·	L	Form	990	(2013)

Pa	rt V	II Statement of Reve Check if Schedule (	<b>nue</b> O con	tains a r	esponse o	r note to any line i	n this Part VIII		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a						
ran	b	Membership dues	1b		13,450				
S, M	c	Fundraising events	1c						
ar/	d	Related organizations	1d		]	]			
s, C	е	Government grants (contributions)	1e	_	188,967				
Program Service Revenue Contributions, Giffs, Grants	f	All other contributions, gifts, grants, and similar amounts not included above	1f						
d Ot	g	Noncash contributions included in lines 1a-		\$					
Co	<u>h</u>	Total. Add lines 1a-1f			<b>•</b>	202,417			
nue	_				Busn Code				
eve	2a								
S	ь						<del></del>		
Ż	. C								
n Se	d				<u></u>		<del> </del>		
gran	e ı	All other program service rever							
Pro	t a	Total. Add lines 2a–2f	iue		<b>—</b>	·		<u>.                                    </u>	
_	3	Investment income (including d	lividen	ds interest					
		and other similar amounts)			" ▶	138	138		
	4	Income from investment of tax-	exemp	t bond pro	ceeds				<del> </del>
	5	Royalties			<b>•</b>				·
		(i) Real		(ii) P	'ersonal				
	6a	Gross rents							
	b	Less rental exps							
	С	Rental inc or (loss)		l					:
	_d	Net rental income or (loss)			<b>•</b>				
	7a	Gross amount from (i) Securities sales of assets		(u)	Other				
		other than inventory							
	b	Less cost or other							
		basis & sales exps		ļ					
	С	Gain or (loss)		<u> </u>					
		Net gain or (loss)							
e	8a	Gross income from fundraising ever	nts						
ē		(not including \$							
ě		of contributions reported on line 1c)							
Other Revenue		See Part IV, line 18	a b	<u> </u>					
<del>5</del>		Less direct expenses  Net income or (loss) from fund	_						
		Gross income from gaming activitie	-	events_					
İ	Эа	See Part IV, line 19	s a	ļ					
	h	Less direct expenses	b						
		Net income or (loss) from gam	_	L Ivities					
		Gross sales of inventory, less	ing doc						
		returns and allowances	а						
	ь	Less cost of goods sold	b						
		Net income or (loss) from sales	s of inv	entory	▶			,	
		Miscellaneous Revenue			Busn Code		-		
	11a	Other Revenue				5,995	5,995		
	b								
	С								
	d	All other revenue							
	е	Total. Add lines 11a-11d			•	5,995			
	12	Total revenue. See instruction	18		<b>•</b>	208,550	6,133	0	0

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX X (B) Program service (A) Total expenses (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 103,099 103,099 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salanes and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 7,548 7,548 10 Payroll taxes Fees for services (non-employees) Management b Legal 960 960 C Accounting d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 28,936 28,936 (A) amount, list line 11g expenses on Schedule () 9,239 9,239 12 Advertising and promotion 9,856 13 Office expenses 9,856 14 Information technology 15 Royalties 22,250 22,250 16 Occupancy 4,593 4,593 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 1,163 1,163 Depreciation, depletion, and amortization 22 1,540 1,540 23 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 5,815 DOWN STREAM ACCEPTANCE PR 5,815 HOUSING STUDY 3,000 3,000 b 2,903 GRANT WRITING 2,903 DUES & SUBSCRIPTIONS d 2,675 2,675 961 961 All other expenses 37,751 204,538 166,787 25 Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 41,062 41,398 Cash-non-interest bearing 95,423 96,926 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 86,420 other basis. Complete Part VI of Schedule D. 10a 14,992 87,143 10b 71,428 b Less accumulated depreciation 10c 11 Investments—publicly traded securities 11 12 Investments-other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 26,606 21,507 15 15 Other assets See Part IV, line 11 250,234 237,509 Total assets. Add lines 1 through 15 (must equal line 34) 4,575 17 Accounts payable and accrued expenses 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 15,300 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 19,875 26 3,138 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 17,257 11,719 Unrestricted net assets 213,102 222,652 28 Temporanly restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 234,371 237,509 230,359 Total net assets or fund balances 33 250,234 Total liabilities and net assets/fund balances

orm	1 990 (2013) FORWARD DEVILS LAKE CORP 45-0443068			<u> Pa</u>	<u>ige 12</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	_1_		208,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	204,	
3	Revenue less expenses Subtract line 2 from line 1	3		4,	012
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4_		230,	<u>359</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6_			
7	Investment expenses	7_			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2	234,	371
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	_			Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				1
	Schedule O			1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2a	Ш_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				1
	Separate basis Consolidated basis Both consolidated and separate basis			}	
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			-	ļ
	separate basis, consolidated basis, or both				1
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			1	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O			1	}
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	1	

Form 990 (2013)

## 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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.qov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

<b>ਸ</b> (	ORWARD DEVILS LAKE CORP		45-04	143068
	irt I Organizations Maintaining Donor Advised Fun	nds or Other Similar Funds or Ac		
	Complete if the organization answered "Yes" to Fe	<del></del>		
		(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	ne assets held in donor advised		
	funds are the organization's property, subject to the organization's exclus	ive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wi	nting that grant funds can be used		
	only for chantable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	rt II Conservation Easements.		,	
	Complete if the organization answered "Yes" to F	orm 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (check al	li that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically impo	rtant land	area
	Protection of natural habitat	Preservation of a certified historic s		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservation	on	
	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	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure include	led in (a)	2c	
d		• •		······································
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, extin	aguished, or terminated by the organization of		
	tax year ▶	.g,		
4	Number of states where property subject to conservation easement is loc	cated >		
5	Does the organization have a written policy regarding the periodic monito			
	violations, and enforcement of the conservation easements it holds?	goposio,eag or		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year		
•	<b>&gt;</b>	g concentration casements actually and your		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cor	rservation easements during the year		
•	<b>▶</b> \$	to valid a substitution of the substitution of		
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section 170(h)(4)(B)		
_	(i) and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easemen	its in its revenue and expense statement, an	nd	□ ····
·	balance sheet, and include, if applicable, the text of the footnote to the or			
	organization's accounting for conservation easements			
Pa	art III Organizations Maintaining Collections of Art,	Historical Treasures, or Other Si	milar A	ssets.
	Complete if the organization answered "Yes" to F	orm 990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	to report in its revenue statement and balan	ce sheet	
	works of art, historical treasures, or other similar assets held for public ex			
	public service, provide, in Part XIII, the text of the footnote to its financial			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to re		sheet	
	works of art, historical treasures, or other similar assets held for public ex	•		
	public service, provide the following amounts relating to these items	, , , , , , , , , , , , , , , , , , , ,		
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, historical treasures, or of	ther similar assets for financial dain, provide	the	<b>~</b>
-	following amounts required to be reported under SFAS 116 (ASC 958) re			
а	Revenues included in Form 990, Part VIII, line 1	and to those items	•	S
	Assets included in Form 990. Part X		_	•

Sche	edule D (Form 990) 2013 FORWARD D	EVILS LAKE	COF	RP		<u>45-0</u>	<u>443068</u>		F	age 2
Pa	art III Organizations Maintaining	<b>Collections of</b>	Art, Hi	istorical Tre	easures, c	r Other	Similar Assets	(continu	ed)	-
3	Using the organization's acquisition, accession collection items (check all that apply)	, and other records,	check a	ny of the follow	ing that are a	significan	t use of its			-
а	Public exhibition	d 🗍	Loan or	exchange prog	rams					
ь	Scholarly research	_	Other	0.0	,					
c	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain h	now they	further the ora	anization's ex	empt purr	oose in Part			
•	XIII					.ор. ра. р				
5	Dunng the year, did the organization solicit or r	eceive donations of	art, histo	rical treasures	, or other sim	ılar				
	assets to be sold to raise funds rather than to	oe maintained as pai	rt of the	organization's o	collection?	_		Ye	es 🗌	] No
Pa	art IV Escrow and Custodial Arra	_								
	Complete if the organization	answered "Yes"	' to For	m 990, Parl	t IV, line 9,	or repo	rted an amount o	on Form		
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodiar	or other intermedia	ry for co	ntributions or o	ther assets n	ot				
	included on Form 990, Part X?							Ye	s	No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the follo	wing tab	le						
								Amoun	t	
С	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 For	m 990, Part X, line 2	12					Ye	s	No
b	If "Yes," explain the arrangement in Part XIII C	Check here if the exp	lanation	has been provi	ided in Part X	Ш		_		٦
Pa	art V Endowment Funds.				- <u>-</u>					
	Complete if the organization	answered "Yes"	to For	m 990, Part	IV, line 10	)				
		(a) Current year	(	b) Pnor year	(c) Two yea	rs back	(d) Three years back	(e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and						· · · · · · · · · · · · · · · · · · ·			
	programs							ł		
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the currer	nt vear end balance	(line 1a.	column (a)) hel	ld as					
а	Board designated or quasi-endowment	%		( //						
b	Permanent endowment ▶ %									
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	l equal 100%								
3a	Are there endowment funds not in the possess	ion of the organization	on that a	re held and adı	ministered for	the				
	organization by	•							Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations I	isted as required on	Schedul	e R?				3b		1
4	Describe in Part XIII the intended uses of the o									<u> </u>
Pa	art VI Land, Buildings, and Equip									
	Complete if the organization		to For	m 990. Part	IV. line 11	a. See l	Form 990. Part )	Cline 10		
	Description of property	(a) Cost or other b		(b) Cost or o			ccumulated	(d) Book		
_		(investment)		(othe	I		preciation			
1a	Land				68,347		<del></del>		68	347
	Buildings				<i></i>			<u> </u>	<u> ,</u>	
c	Leasehold improvements									
d	Equipment									
	Other				18,073		14,992		3	081
	I. Add lines 1a through 1e (Column (d) must equ	ual Form 990. Part X	(, column				<b>.</b>	<del></del>	<del>71</del>	428
	5 , , , , , , , , , , , , , , , , , , ,			(2),	,				· <del>- /</del>	

	Form 990) 2013 FORWARD DEVILS LAKE	CORP	43-0443000	Page
Part VII	Investments—Other Securities.	to Form 000 Dart IV line	- 44h Can Farm 000 Dart V	lima 40
	Complete if the organization answered "Yes"	i		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year man	
			Cost of elic-or-year man	ter value
(1) Financial				·
	eld equity interests		<del></del>	
(3) Other				
(A)				
(B)			<u> </u>	
(C)				
(D)				
(E)				
(F)			-	
(G)			<del></del>	
(H)				
	nn (b) must equal Form 990, Part X, col (B) line 12 )		<u> </u>	
Part VIII				
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valua	
			Cost or end-of-year man	ket value
_(1)				
(2)				
(3)	<u> </u>			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13 ) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	to Form 990, Part IV, lin	<u>e 11d See Form 990, Part X</u>	., line 15
	(a) Description			(b) Book value
(1)	NOTES RECEIVABLE			21,50
(2)				
(3)				
(4)				
(5)				
(6)				•
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>	21,50
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	to Form 990, Part IV, lin	e 11e or 11f See Form 990,	Part X,
	line 25			
1.	(a) Description of liability	(b) Book value		
(1) Federa	al income taxes			
(2)			7	
(3)			7	
(4)	•		7	
(5)			┪	
(6)			┨	
			$\dashv$	
			-	
(8)	- <del> </del>		$\dashv$	
<u>(9)</u>	(h) must sound Form 200 P 1 V 1 (P) 1 (P)		$\dashv$	
	mn (b) must equal Form 990, Part X, col (B) line 25 )			
<del>-</del>	or uncertain tax positions. In Part XIII, provide the text of the f	<del>-</del>		
organization's	s liability for uncertain tax positions under FIN 48 (ASC 740)	Uneck here if the text of the for	otnote has been provided in Part XIII	<u></u>

Sche	dule D (Form 990) 2013 FORWARD DEVILS LAKE CORP	4	15-0443068	Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.				
	Complete if the organization answered "Yes" to Form 990, Pa	art IV, line 12a.	·	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	·	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem			
	Complete if the organization answered "Yes" to Form 990, Pa	art IV, line 12a		
1	Total expenses and losses per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	_2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 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		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pa	rt XIII Supplemental Information			

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2013 FORWARD DEVILS LAKE CORP

45-0443068

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047
2013

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

FORWARD DEVILS LAKE CORP

45-0443068

Form 990, Part VI, Line 6 - Classes of Members or Stockholders MEMBERSHIP IS DETERMINED BY WHO PAYS AN ANNUAL MEMBERSHIP FEE.

Form 990, Part VI, Line 7a - Election of Members and Their Rights
MEMBERS ELECT THE BOARD OF DIRECTORS

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

EXECUTIVE DIRECTOR PRESENTS FORM 990 TO DIRECTORS AT THEIR MONTHLY MEETING.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

EXECUTIVE DIRECTOR MONITORS CONFLICT OF INTEREST POLICY WITH HELP OF THE

DIRECTORS.

Form 990, Part VI, Line 15a - Compensation Process for Top Official DIRECTORS PERFORM AN ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation A COPY IS PROVIDED UPON REQUEST.

Form 990, Part IX, Line 11g - Other Fees for Services
Description

Program Service Mgt & General Fundraising

CONVENTION CENTER STUDY

\$ 8,750 \$ 0 \$ 0

INDUSTRIAL PARK STUDY & DESIG

(99)

**Depreciation and Amortization** 

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

► See separate instructions.

Identifying number

	FORWARD	DEVILS LA	KE CORP	<u> </u>		45-	<u>U44.</u>	3068
	ss or activity to which this form relates							
	ndirect Depreciati		<del> </del>	<del></del>				· · · · · · · · · · · · · · · · · · ·
Pa	ert I Election To Expens	-	_			-		
	Note: If you have a		, complete Part	V before you co	omplete Part		. 1	E00 000
1	Maximum amount (see instructions)						1	500,000
2	Total cost of section 179 property pl	•	•	4			2	2 000 000
3	Threshold cost of section 179 prope	-		tructions)			3	2,000,000
4	Reduction in limitation Subtract line		•				4	· <u>- · · · · · · · · · · · · · · · · · · </u>
5	Dollar limitation for tax year Subtract line		less, enter -0- if marri			Closted seet	5	
6	(a) Description	or property		(b) Cost (business use	Orliy) (C)	Elected cost		
		<del> </del>						
7	Listed property Enter the amount fr	om line 20	L		7			
8	Total elected cost of section 179 pro		in column (c) lines	6 and 7	L		8	
9	Tentative deduction Enter the sma		in column (c), inles	o and 7			9	· · · · · · · · · · · · · · · · · · ·
10	Carryover of disallowed deduction fi		112 Form 4562				10	·
11	Business income limitation Enter th	•		nan zero) or line 5 (s	ee instructions)		11	<del></del>
12	Section 179 expense deduction Ad		,	, ,	ec manachona,		12	
13	Carryover of disallowed deduction to	•		<b>•</b>	13		<u>'</u>	
	: Do not use Part II or Part III below f				1			
	rt II Special Depreciati			eciation (Do no	t include liste	d proper	tv ) (S	See instructions )
14	Special depreciation allowance for o					<u></u>	7,	
	during the tax year (see instructions			· · ·			14	
15	Property subject to section 168(f)(1)						15	-
16	Other depreciation (including ACRS						16	-
Pa	rt III MACRS Depreciati	on (Do not inclu	de listed proper	ty) (See instruc	ctions)			
			Section	on A				
17	MACRS deductions for assets place	ed in service in tax ye	ars beginning befor	e 2013			17	1,163
18	If you are electing to group any assets placed in					<b>•</b>		
	Section B—A	ssets Placed in Se	rvice During 2013	Tax Year Using the	General Depre	ciation Sy	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreci (business/investment only-see instruction	t use	(e) Convention	(f) Metho	od	(g) Depreciation deduction
19a	3-year property							
b	5-year property							_,
С	7-year property							
d	10-year property					<u> </u>		
е	15-year property			<del></del>				
f	20-year property							
<u>g</u>	25-year property			25 yrs		S/L		
h	Residential rental property			27 5 yrs	MM	S/L		
	<del></del>	-		27 5 yrs	MM	S/L		
Ì	Nonresidential real property	<del></del>		39 yrs	MM	S/L		<del></del>
		sets Placed in Serv	ioo Dusing 2012 Te	av Voor Hoine the	MM Alternative Den	S/L	Suntan	<del></del>
20-	Class life	Sets Flaced III Selv	le During 2013 1	ax rear Osing the	T Ternative Dep		ysten	
			-	12	-	S/L		<u></u>
	12-year	<u> </u>		12 yrs	h	S/L		
	40-year art IV Summary (See inst	ructions \	<u> </u>	40 yrs	<u>MM</u>	S/L		
<u> </u>	Listed property Enter amount from						21	
22	Total. Add amounts from line 12, lir		ipe 10 and 20 in act	imp (a), and line 24	Enter hara		21	<del></del>
	and on the appropriate lines of your				Enter nere		22	1,163
23	For assets shown above and place	•	•					1,103
	portion of the basis attributable to s	· ·	o ouriem year, enter	C	23		- 1	
	postable of the busine during during to se	000001 E00/1 00313	<del></del>	·	1 47			

## FORWARD DEVILS LAKE CORP 208 HWY 2 WEST DEVILS LAKE, ND 58301

# **Electing out of Bonus Depreciation Allowance for All Eligible Depreciable Property**

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.

· · · · · · · · · · · · · · · · · · ·			
5/9/2014 9:21 AM	Fund Raising	Fund Raising \$	
	-employee)  Management & General	Management & General \$ 237 \$ 24 \$ 24 \$ \$ 961	
tements	1g - Other Fees for Service (Non-employee)         otal       Program       Manage         Service       Ge         20,186       \$ 750       \$ Ge         28,936       \$ 28,936       \$ E	Form 990, Part IX, Line 24e - All Other Expenses  Total Service Service 3 724 \$ \$ 961 \$ \$ 0	
Federal Statements		990, Part IX, Line 24  Total  Expenses  \$ 724 237 \$ 961	
FORWARD FORWARD DEVILS LAKE CORP 45-0443068 FYE: 12/31/2013	Form 990, Part IX, Line 1  Description  CONVENTION CENTER STUDY  S  Total	Description EDUCATION & TRAINING MISC EXPENSE Total	