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Form 990-E

Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No. 1545-1150

nen to Publ

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990-

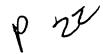
Open to Public Inspection

B Creat if specialists Address charge Address charge Home charge				nue Service Information about 1 of in 350-E2 and its instruction is at 1 www.is.gov/		10101	
Marses charge MODAK ELECTRIC COOPERATIVE TRUST, INC Minuther and street (or P.O box, if mail a not delivered to street address) Room/aute E Telephone number Telephone numb		A F	or the			12/31	, 20 13
Numer entanger Number and street (or P.O. Dot., rimals and delivered to street address) Room/suite Tol-1746-4461 Number and street (or P.O. Dot., rimals and delivered to street address) Room/suite Tol-1746-4461 Number and street (or P.O. Dot., rimals and delivered to street address) Tol-1746-4461		B c	heck if ap	opticable C Name of organization	D Emp	loyer id	entification number
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Immentated returns		=		The state of the s	E Telep	ohone ni	umber
Anomender return City or town, state or province, country, and zilf of toregin postal codes Recruption Number Participation Cash Accounting Method: Cash		=		4000 32ND AVE S; PO BOX 13000		70	1-746-4461
Accounting Method:		=	-	■ City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exe	mption
G Accounting Method:		=			Nur	nber 🕨	•
Website:					Check	▶ 	f the organization is not
K Form of organization: Corporation Z Trust Association Other							-
K Form of organization:					(Form 9	90, 990	D-EZ, or 990-PF).
Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets		-					
Part II Coultmn (B) below) are \$\$00,000 or more, the Form 990 instead of Form 990-EZ Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 47999 1 1 47999 1 1 47999 1 1 47999 2 2 2 2 2 2 2 3 3 3		LA	dd lines		tal assets	 }	
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1						▶ s	
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11 Benefits paid to or for members	00				<u>:-:▶</u>		
12 Salaries, other compensation, and employee benefits							47873
Professional fees and other payments to independent contractors			i	Benefits paid to or for members			
14 Occupancy, rent, utilities, and maintenance		es	I	Salaries, other compensation, and employee benefits			1830
16 Other expenses (describe in Schedule O)		ŝ	ı				
16 Other expenses (describe in Schedule O)		Š	ı			-	
17 Total expenses. Add lines 10 through 16		Ш	15			——	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)			16	Other expenses (describe in Schédule O)		$\overline{}$	9
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end-of-year figure reported on prior year's return)		Se	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agr	ee with		
20 Other changes in net assets or fund balances (explain in Schedule O)		As	1		_	$\overline{}$	13747
21 Net assets or fund balances at end of year. Combine lines 18 through 20		<u>e</u>	20				
		<u>z</u>	21	Net assets or fund balances at end of year. Combine lines 18 through 20	<u> ▶</u>	21	12037

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 10642I

Form **990-EZ** (2013)



Pai					-	
	Check if the organization used Schedule	O to respond to ar	ny question in this		<u> </u>	<u> </u>
				(A) Beginning of year		B) End of year
22	Cash, savings, and investments			13747		12037
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets		-	13747		12037
26	Total liabilities (describe in Schedule O)		<u> </u>		26 27	10027
27 Par	Net assets or fund balances (line 27 of column Statement of Program Service Accom				21	12037
I al	Check if the organization used Schedule				' -	Expenses
What	is the organization's primary exempt purpose?	O to respond to ai	iy question in this	1 411 11	(Requ 501(c)	red for section (3) and 501(c)(4)
	ribe the organization's program service accompli	sharenta fer anab a	f ita thraa largaat n	regreen services	organ	zations and section
as m	easured by expenses. In a clear and concise m	nanner, describe the	e services provided	, the number of	4947(a for oth	a)(1) trusts, optional ners.)
	ons benefited, and other relevant information for ea			bill	- 1	
28	Revenue received comes from members of Nodak El					
	payment up to the nearest dollar. The revenue is the List is attached.	in distributed by tile t	rust benefitting gran	ices.		
	(Grants \$ 47873) If this amount	includes foreign gra	nts, check here	• 🗖	28a	47873
29	 					
	(Grants \$) If this amount	ıncludes foreign gra	ints, check here .	▶ 🗆	29a	
30		<u> </u>				
					i	
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ □	30a	
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	
	Total program service expenses (add lines 28a				32	47873
Par					struct	ions for Part IV)
	Check if the organization used Schedule		(c) Reportable	(d) Health benefits,		<u>· · · · ! .</u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employe		
	(a) Mario and the	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		her compensation
lav F	stvold					
	9 43rd St NE Lakota, ND 58334	Director				202.90
	ell Vold					
	21st Ave NE Mekinock, ND 58257	Director				67.80
	sland					
1533	3 13th St NE Mayville, ND 58257	Director		<u> </u>	<u> </u>	94.92
Harv	ey Puppe					
8680	143rd Ave NE Hensel, ND 58241	Director			-	293.80
	r Windjue					
	Layfayette Rd Devils Lake, ND 58301	Director	·		+-	402.28
	ard Messner					450.00
	106th Ave SE Hannaford, ND 58448	Director			+	452.00
	yl Kjelland 3 65th St NE Park River, ND 58270	Director				316.40
1282	3 65th St NE Park River, ND 36270	Director			†-	310.40
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	rant	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	res	VO V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<u>✓</u>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<u> </u>
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		√
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36_		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			٠٠٠٠)
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		√
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	7	,	
39	Section 501(c)(7) organizations. Enter:	1	7	
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	; !	*	
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	'		;
40a	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	``		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	<u> </u>		1
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ▶ ND			
42a		701-74	6-446	1
724	Located at ► 4000 32nd Ave S Grand Forks, ND ZIP + 4 ►	582		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country: ▶	j . ,	i	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	1.5	٠	
	and Financial Accounts.	1,00,31		22
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u>L</u>	_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		•	▶ ∐
	-		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			<u> </u>
	completed instead of Form 990-EZ	44b		1
_	Did the organization receive any payments for indoor tanning services during the year?	44c		1
C	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	770	 	 •
d		A A = A	 	-
•-	explanation in Schedule O	44d	 	 √
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	↓ ✓
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

Form 99	0-EZ (20	13)						Page 4	
46	to car	ne organization engage, directly or in andidates for public office? If "Yes," c	omplete Schedule C				ion 📆 🚌	s No	
Part '		Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	s must answer que				e tables for li	nes	
		Officer if the organization used oci	iedale O to respond	to any question in	T tillo T tart	· · · · · · · · · · · · · · · · · · ·	Ye	s No	
47		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec		ct during the	tax . 47	1	
48	Is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," complet	te Schedule	E	. 48	√	
49a		ne organization make any transfers to			nization? .		. 49a	1	
50	Comp	s," was the related organization a se plete this table for the organization's pyees) who each received more than	five highest compen	sated employees (d	other than	officers, direct	. 49b ors, trustees a e, enter "None	_ ✓ and key e."	
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) He contribute benefit pla	ealth benefits, ons to employee ans, and deferred npensation	(e) Estimated am other compens	ount of	
								. <u></u>	
f 51	Com	number of other employees paid over olete this table for the organization' ,000 of compensation from the orga	s five highest compo	. ►ensated independe one, enter "None."	nt contrac	tors who each	received mo	re than	
	(a)	Name and business address of each independ	ent contractor	(b) Type of s	service	(c) Compensation			
d 52	Did tl	number of other independent contra he organization complete Schedule A xempt charitable trusts must attach	A? Note. All section 5	601(c)(3) organizatio	. ► ons and 494		▶ 🗌 Yes 🗀		
Under p	enalties rrect, an	of perjury, I declare that I have examined this is d complete. Or paration of proparer (other than	return, including accompan officer) is based on all info	lying schedules and state ormation of which prepar	ements, and to er has any kno	the best of my kn owledge	nowledge and belie	ef, it is	
			~			5114114			
Sign Here		Signature of officer Mylo Einarson President/CEO		Date					
		Type or print name and title	In-	 	Data	- 	DTIN		
Paid Prep		Print/Type preparer's name	Preparer's signature		Date	Check Self-employ	of PTIN yed	_	
Use		Firm's name ▶				Firm's EIN ▶			
N 4 = 1 + A1	ho IDC	Firm's address >	r shown shows? Soc	instructions	l	Phone no	N T Vac	1 No	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization						5	inployer ic	Jenuncauo	ii iiuiiibei		
Noda	k Electric Trust			_					45-04	53582		<u></u>
Par			ity Status (All orga						nstruction	ons.		
The c	organization is not	a private founda	tion because it is: (Fo	r lines 1 t	hrough 1	1, check	only one	box.)				
1	A church, conv	ention of church	nes, or association of	churches	s describe	ed in sec	tion 170(b)(1)(A)(i).			
2	☐ A school desci	ribed in section	170(b)(1)(A)(ii). (Attac	h Sched	ule E.)							
3			spital service organiza									
4	A medical rese	arch organizatio	n operated in conjunc	ction with	a hospita	al descri	bed in se	ction 170	D(b)(1)(A)	(iii). Ente	r the	
		e, city, and state										
5		n operated for t	the benefit of a collect plete Part II.)	ge or uni	versity ov	vned or	operated	by a go	vernmen	tal unit c	lescrib	ed in
6 7	An organizatio	n that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	l part of					nit or fror	n the ge	neral r	oublic
8	☐ A community t	rust described in	n section 170(b)(1)(A)	(vi). (Cor	nplete Pa	rt II.)						
9	receipts from support from	activities related gross investme	receives: (1) more that to its exempt functi nt income and unrel fter June 30, 1975. Se	ions—sul lated bus	bject to o siness tax	ertain e kable ind	xceptions come (les	s, and (2) ss sectio	no more	e than 3	31/3%	of its
10	☐ An organizatio	n organized and	operated exclusively	to test fo	or public s	afetv. S	ee sectio	n 509(a)((4).			
11			d operated exclusive							or to ca	ırrv oı	ut the
••	purposes of o	ne or more pub	licly supported organ	nizations	described	d in sect	ion 509(a	a)(1) or se	ection 50	9(a)(2). S	see se	ction
	a ☐ Type I	b 🗌 Type	_						Non-func		ntegraf	ted
e			that the organization									
Ĭ	other than fou	ndation manage	ers and other than one	e or more	publicly	support	ed organi	izations o	described	in secti	on 509	9(a)(1)
	or section 509	_				• •						
f	If the organiza	ation received a	written determination	on from	the IRS t	that it is	а Туре	I, Type	II, or Ty _l	oe III su	pportir	ng
	organization, o	check this box .										. 🗆
g	Since August	17, 2006, has the	he organization accep	pted any	gift or co	ontributio	on from a	ny of the	•			
	following pers					•						
	(i) A person v (iii) below,	who directly or i	ndirectly controls, eitlody of the supported	her alone organizat	or toget	her with	persons	describe 	d in (ii) a	nd 11g(i	Yes	No
	(ii) A family m	ember of a person	on described in (i) abo	ove?						11g(i	1)	
			a person described in							11g(ıı	i)	
h			on about the support									
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) li	(v) Is the organization in col (i) listed in your governing document? (v) Did you notify the organization in col. (i) of your		nization in	(vi) Is the organization in col (i) organized in the US?		(vii) Amount of moneta support		onetary
			(See man actions)	Yes	No	Yes	No	Yes	No	1		
(A)												
(B)	<u>.</u>											
(C)						<u>-</u> -						
(D)					_					 		
(E)										 		
		,			-				 	 		
			i .	1		1	1					

•							- 0
	e A (Form 990 or 990-EZ) 2013	5	had in Coati	ana 470/b)/4)	(4)(i,i) and 1	70/h\/4\/A\/.ei	Page 2
Part	Support Schedule for Organiza (Complete only if you checked the	itions Descri	ped in Secti	Ons 170(b)(1)	(A)(IV) and I	ru(b)(T)(A)(VI) a failed to qua	llify under
	Part III. If the organization fails to	e box on line	rthe teete lie	ted below of	esse comple	te Part III)	iny drider
Section	on A. Public Support	quality unde	THE LEGIS IIS	ited below, pi	ease comple	10 1 4.1 11.1	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	(a) 2003	(5) 2010	(0) 2011	(4) 2012	(0) 20 (0)	(1)
•	membership fees received. (Do not						
	include any "unusual grants.")	46924	46532	46947	49626	47999	238028
2	Tax revenues levied for the	40324		- 10047			
_	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	46924	46532	46947	49626	47999	238028
5	The portion of total contributions by					1	
	each person (other than a			j		i	
	governmental unit or publicly						
	supported organization) included on					1	
	line 1 that exceeds 2% of the amount shown on line 11, column (f)	:					
•	, ,,	·					220020
6 Sacti	Public support. Subtract line 5 from line 4. on B. Total Support						238028
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	46924	46532	46947	49626	47999	238028
8	Gross income from interest, dividends,	40324	40332	40347	43020	47000	
0	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	5	4	3	4	3	19
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
11	Total support. Add lines 7 through 10	(aga instructio	, no)	1		40	238047
12	Gross receipts from related activities, etc. First five years. If the Form 990 is for the					12	501(c)(3)
13	organization, check this box and stop he						
Sacti	on C. Computation of Public Suppor					<u> </u>	
14	Public support percentage for 2013 (line			1. column (fl)		14	99.99 %
15	Public support percentage from 2012 Sci					15	99.99 %
16a	331/3% support test—2013. If the organi	zation did not	check the box	on line 13, and	l line 14 is 33 ¹		
	box and stop here. The organization qua	lifies as a publi	cly supported	organization			. ▶ ☑
b	331/3% support test-2012. If the organ	nization did no	t check a box	on line 13 or	16a, and line	15 is 331/3%	or more,
	check this box and stop here. The organ						
17a	10%-facts-and-circumstances test-2	013. If the orga	nization did no	ot check a box	on line 13, 16	a, or 16b, and l	ine 14 is
	10% or more, and if the organization me	ets the "facts-a	and-circumsta	nces" test, che	ck this box an	d stop here. E	xplain in
	Part IV how the organization meets the "						pported
	organization						. ▶ □
b	10%-facts-and-circumstances test-2	012. If the orga	inization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedul	e A (Form 990 or 990-EZ) 2013						Page 3
Part	Support Schedule for Organiza	ations Descr	ibed in Secti	on 509(a)(2)			
	(Complete only if you checked the	ne box on line	9 of Part I o	r if the organi	ization failed	to qualify und	ler Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part I	II.)	
Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	_					
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf		Ì				_
5	The value of services or facilities					j	
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	Anna aloka din interdu	CLES the below the state of a section	Vog 20 Bird V., Lab. 42	Siffurt seasoning beautiful and	A SSACRED EDWINDOWN.	·
8	Public support (Subtract line 7c from				The state of the s		
	line 6.)	美国教育的	Taken taken a	Charles & Same	ं के अर्थ के स्टिक्ट क	patter and with the star	
	on B. Total Support	(-) 0000	(h) 0010	(a) 0011	(d) 2012	(a) 2012	(f) Total
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources .				· '		
	·						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b		 				
	Net income from unrelated business						
11	activities not included in line 10b, whether						
	or not the business is regularly carried on	İ					
12	Other income. Do not include gain or	-					
	loss from the sale of capital assets	1					
	(Explain in Part IV.)	1					
13	Total support. (Add lines 9, 10c, 11,						
_	and 12.)		1				
14	First five years. If the Form 990 is for the	he organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo			·			
15	Public support percentage for 2013 (line			3, column (f))		15	%_
16	Public support percentage from 2012 Sc	, ,	-				%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2013			y line 13, colui	mn (f))	17	%
18	Investment income percentage from 201	2 Schedule A,	Part III, line 17			18	%
19a	331/3% support tests-2013. If the organ						
	17 is not more than 331/3%, check this box	and stop here	. The organizati	on qualifies as	a publicly supp	orted organizati	on . 🕨 📋

b 33¹/3% support tests – 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹/3%, and line 18 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (F		age 🗲
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; a Part III, line 12. Also complete this part for any additional information. (See instructions).	ind
		••
		
•••••		

2013 Nodak Operation Round-up Donations

January 2013 Donations	
Altru Health Foundation	\$ 1,500
Christie Carlson	\$ 2,500
Barb Ermer	\$ -
Norman Graber	\$ 2,500
Eric Lutheran	\$ 885
Francine McClendon	\$ 629
Dylan May	\$ 670
Chad Tetrault	\$ 2,198
Local Ambulance Services	\$ 2,500
Local Post Prom Parties	\$ 800
	15,182
	ŕ
April 2013 Donations	
Michael Abrahamson	\$ 1,000
John Anderson	\$ 1,000
Tiffany Byrd	\$ 500
Gladyn and Darren Cox	\$ 500
Bethel Cudmore	\$ 500
Jaden Gilbert	\$ 500
Zackary Gourde	\$ 250
Hospice of the Red River Valley	\$ 500
Lakota Area Ambulance District	\$ 250
Michael LaMonte	\$ 500
Clarice Langerud	\$ 500
Paisley Matthews	\$ 500
Pembina Ambulance Service	\$ 250
Richard Reimer	\$ 500
Kathleen Rodlund	\$ 500
Eleanor Smaaladen	\$ 500
John Thompson	\$ 500
Bruce Umphrey	\$ 500
Local Post Prom Parties	\$ 150
	\$ 9,400
July 2013 Donations	
Greater Grand Forks Commu	\$ 250
Brock Hillebrand	\$ 1,740
Christopher Johnson	\$ 720
•	

(
Marcy Ketelsen	\$	2,500
LaShaun Lewis	\$	294
Brandon O'Halloran	\$	700
Norma Pullen	\$	1,500
James Solwey	\$	1,700
Harlan Strand	\$	1,000
Nicholas Young	\$	910
	\$	11,314
	-	·
October 2013 Donations——		
Grayson Carluen	\$	1,000
Community Violence Intervention Center	\$	500
Tim DeSautel	\$	1,000
Greater Grand Forks Feed My Starving	\$	500
Hillsboro Fire & Rescue	\$	500
Jim Hinkley	\$	363
Hope Early Learning Center	\$	500
Bradley McAdam	\$	500
Lucas Peterson	\$	956
Carl & Lori Quam	\$	1,000
Marlowe Simon	\$	860
Kyanne & Nova Stringer	\$	600
Trevor Wigen	\$	2,500
Gary Woinarowicz	\$	1,198
•	- \$	11,977
Grand Total	\$	47,873