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Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions

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

Form 990 (2013)

90.16

OMB No 1545-0047

For the 2013 calendar year, or tax year beginning 07/01/13, and ending 06/30/14C Name of organization Employer identification number Check if applicable THE BANQUET Address change 46-0387495 Doing Business As Name change Number and street (or P O box if mail is not delivered to street address) Room/suite Initial return 605-335-7066 900 E. 8TH STREET Terminated City or town, state or province, country, and ZIP or foreign postal code SIOUX FALLS 1,159,551 Amended return 57103 G Gross receipts \$ Name and address of principal officer Application pending H(a) Is this a group return for subordinates? TOM FULLER 900 E. 8TH STREET H(b) Are all subordinates included? If "No." attach a list (see instructions) SIOUX FALLS 57103 X 501(c)(3) | 501(c) () < (insert no) Tax-exempt status WWW.THEBANQUETSF.ORG Website. H(c) Group exemption number ▶ X Corporation Trust Year of formation 2004 State of legal domicile SD Form of organization Part I Summary 1 Briefly describe the organization's mission or most significant activities See Schedule O SCANNED FEB 1 9 2015
Revenue Activities & Governance 2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets 15 3 Number of voting members of the governing body (Part VI, line 1a) 15 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 18 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 6 20000 6 Total number of volunteers (estimate if necessary) o 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 7b b Net unrelated business taxable income from Form 990-T, line 34 Current Year 1,018,253 1,141,106 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2q) 20,480 18.445 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,038,733 1,159,551 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 76,796 83,418 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 313,244 330,340 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 83,162 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 679,373 767,165 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,180,923 069,413 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -30,680 -21,372 19 Revenue less expenses Subtract line 18 from line 12 End of Year Beginning of Current Year 2,936,183 2,964,264 20 Total assets (Part X, line 16) 53,399 65,428 21 Total liabilities (Part X, line 26) FEB 0 6 2015 2,882,784 2,898,836 22 Net assets or fund balances Subtract line 21 from line 20 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 Signature of officer Sign PRESIDENT Here TOM FULLER Type or print name and title Pnnt/Type preparer's name Date PTIN Paid 01/27/15 self-employed MARY PAT MULLEN P00608028 Preparer Associates 46-0387944 Firm's EIN **Use Only** Ave Ste 6009 Sharon **57108** 605-336-7213 Sioux Falls, SD Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

Form 990 (201)	3) THE BANQUET	_	46-0387495	Page 2
Part III	Statement of Program Se Check if Schedule O conta	rvice Accomplishments ins a response or note to any	line in this Part III	X
	escribe the organization's mission chedule O	<u> </u>		
see se	medule o			
	rganization undertake any significa n 990 or 990-EZ?	ant program services during the year	which were not listed on the	Yes X No
If "Yes,"	describe these new services on Sc			
3 Did the o	-	nake significant changes in how it cor	nducts, any program	Yes X No
If "Yes,"	describe these changes on Schedi			
		e accomplishments for each of its thro organizations are required to report the		
	expenses, and revenue, if any, for		ic amount of grants and anosations t	o others,
146,37 20,140 6,500	'8 MEALS WERE SER' O OF THOSE MEALS ' BACKPACKS FILLED	932,929 including grants of FOCUS IS SERVING MIVED DURING THE FISOMERE SERVED TO CHILL WITH SCHOOL SUPPLE 2014-2015 SCHOOL	EALS TO THOSE IN N CAL YEAR ENDED 6/3 LDREN. IES WERE DISTRIBUT	EED. 0/14.
		S WERE GIVEN OUT D		ISTMAS SEASON.
4b (Code) (Expenses \$	including grants of	\$) (Rev	enue \$
4c (Code) (Expenses \$	including grants of	\$) (Rev	enue \$
·				
				•
4d Other pre	ogram services (Describe in Sche	dule O)		
(Expense	es \$ ogram service expenses ▶	ncluding grants of \$ 932,929) (Revenue \$	
+e rotarpro	gram service expenses	334,343		

Form 990 (2013) THE BANQUET Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		.,	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44.	x	
	complete Schedule D, Part VI	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 16? If "Yes," complete Schedule D, Part VII	11b	•	X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		- 22
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	l	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	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		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		ļ	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	_17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	,		v
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		х
20a	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
	in 100 to mile 200, and the organization attach a copy of its addition infancial statements to this fetum.			<u> </u>

Form 990 (2013) THE BANQUET Part IV Checklist of Required Schedules (continued)

	are real of reduced contentions			
04		_	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			7.7
22		21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States	_	w l	
23		22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			v
24a		23		X
244	9	1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a			x
ь		4a		Λ
C		4b		
·	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?			
а		4c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	4d		
254			1	X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	5a		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		l	
		5b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	30		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
		26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	-	1	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
		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		8a	İ	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
		8b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	8c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
		33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		<u>_x</u>
35a		5a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
		5b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			_
		36		X
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,			
		37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38 📗	X	

Pa	Statements Regarding Other IRS Filings and Tax Compliance			\Box
	Check if Schedule O contains a response or note to any line in this Part V		V	LI No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	-		į
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	\dashv \mid		ĺ
Ū	reportable gaming (gambling) winnings to prize winners?	1c	x	
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 18			ĺ
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			i
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			v
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	6a		X
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	05		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		X
ь	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		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
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			ĺ
9	organization, have excess business holdings at any time during the year?	8		
a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		İ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	33		
а	Initiation fees and capital contributions included on Part VIII, line 12			į
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	$\neg $		ĺ
11	Section 501(c)(12) organizations. Enter	\neg		ĺ
а	Gross income from members or shareholders			į
b	Gross income from other sources (Do not net amounts due or paid to other sources			ĺ
	against amounts due or received from them)			ĺ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		····
	Note. See the instructions for additional information the organization must report on Schedule O			
þ	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans [3b]			
C 140	Enter the amount of reserves on hand [13c] Did the errorization receive any newments for indeed tenning convece during the tay year?	445		X
14a h	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		^
	100, indo a normal review to report these payments in into, provide an explanation in Schedule O	170		

46-0387495 Form 990 (2013) THE BANQUET Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 15 1b b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members. X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8Ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? X The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b 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 X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure SD 17 List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X 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 > SHILOH OORLOG 900 E. 8TH ST.

605-335-7066

SD 57103

SIOUX FALLS

Form 990 (2013)	THE	BANOUET	
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46-0387495

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

(A) Name and Title	(B) Average hours per week (list any	Average Pos hours per (do not check				s both a	an.	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)DICK CASEY										
	1.00				ļ				_	_
PAST PRESIDENT	0.00	X				\sqcup		0	0	0
(2) MEGAN DAHLE										
	1.00								_	
TREASURER	0.00	X		X		\sqcup		0	0	0
(3) MAGGIE GROTELUS	L	1								
	1.00								_	_
BOARD MEMBER	0.00	X	_					0	. 0	0
(4) TOM FULLER		ł		l						
	1.00	ł		l						_
PRESIDENT	0.00	X	<u> </u>	X				0	0	0
(5) JAY HUIZENGA										
	1.00							_		_
BOARD MEMBER	0.00	X	<u> </u>			\sqcup		0	0	0
(6) TERESA JACKSON										
	1.00					.			_	_
BOARD MEMBERS	0.00	X	<u> </u>					0	0	0
(7) MARK JENSEN										
	1.00	1							_	
BOARD MEMBER	0.00	X				\sqcup		0	0	0
(8) SCOTT MOELLER										
	1.00								_	
BOARD MEMBER	0.00	X		<u> </u>	ļ			0	0	0
(9) CINDY MONNIN				ĺ						
	1.00			İ					_	_
VICE PRESIDENT	0.00	X	<u> </u>	X	_	Ш		0	0	0
(10)MIKE MOORE			ŀ							
	1.00	1							_	_
BOARD MEMBER	0.00	X	丄	<u> </u>	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	Ш		0	0	0
(11) RYAN OTTO										
	1.00								_	_
BOARD MEMBER	0.00	X						0	0	Form 990 (2013)

Part VII Section A. Officers	s, Directors, Iru	stee	s, K	ey E	mpi	oyee	s, a	nd Highest Compensated	Employees (continued)		
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	erson	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	n
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(12) PAT RIEPEL	1.00										
BOARD MEMBER	0.00	x						0	0		0
(13) TODD SUNDLEAF											
	1.00								_		
SECRETARY (14) RACHEL SHERARD	0.00	X	_	X	_			0	0		0
(14) RACHEL SHERARD	1.00										
BOARD MEMBER	0.00	x						0	0	Ì	0
(15) ERIC SCHULTE											
	1.00								_		_
BOARD MEMBER (16) TAMERA JERKE-LI:	0.00	X						0	0		0
(16) TAMERA DERRE-III.	40.00										
EXECUTIVE DIRECTOR	0.00			x				53,131	0	10	,966
(17)	,										
//0)			<u> </u>		ļ	Ш					
(18)											
(19)											
1b Sub-total	<u> </u>						<u> </u>	53,131		10	,966
c Total from continuation she	ets to Part VII,	Secti	ion A	١.			•		-		
d Total (add lines 1b and 1c) Total number of individuals (in				thos	e lıs	ted a	bov	53,131 e) who received more than	\$100,000 in	10	<u>,966</u>
reportable compensation from										Ye	s No
3 Did the organization list any for employee on line 1a? If "Yes,"								oyee, or highest compensa	ted	3	x
For any individual listed on lini organization and related organization.	e 1a, is the sum	of re	port	able	com	pens	atio				
individualDid any person listed on line 1					a t.ar	fron		w unrelated organization or	and and and	4	<u> </u>
for services rendered to the or									individual	5	x
Section B. Independent Contracto	_										
Complete this table for your five compensation from the organical compensation from the organical compensation.	zation Report c							dar year ending with or with	in the organization's tax ye		
Name and	(A) business address							Descrip	(B) tion of services	(C Comper) isation
	· · · · · · · · · · · · · · · · · · ·					·					
	 ,		-								
2 Total number of independent received more than \$100,000								se listed above) who	0		
DAA	or compensation	. 1101		, org	aill	acion				Form 9	90 (2013)

Pa	ert V		nent of Reve if Schedule C		ains a	response o	or note to any line	in this Part VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts ts	1a	Federated car	mpaigns	1a				TOTOLIGE		012 014
ᅙᆲ	b	Membership d	lues	1b						
A, C	c	Fundraising e	vents	1c						
# E	d	Related organ		1d						
S.E	e	Government grants	(contributions)	1e						
ဦလ	f	All other contribution								
亞		and similar amounts	s not included above	1f	1,	141,106				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributio	ns included in lines 1a-1	f \$		68,197				
ರ್ಷ	h	Total. Add line	es 1a-1f			▶	1,141,106			
Program Service Revenue						Busn Code				
e Ve	2a									
بو	Ь									
돌	C									
န္တ	d							 	<u> </u>	
<u>Tau</u>	e									
õ			am service rever	ue						
_		Total. Add line				t				
	3	and other simi	come (including d	vidend	us, intere	est,	12,749			12,749
			nar amounts) nvestment of tax-	ovomn	t bond n	roopeds \	12,149			12,149
	4 5	Royalties	nvesiment or tax-	exemp	n bona p	noceeus P	· ·			
	"	Royalles	(ı) Real	F	/m) I	Personal				
	62	Gross rents	(,, , , , , ,		(,					
	b									
	C									
	ď					•		j		
		Gross amount from	(i) Securities		(11) Other				
		sales of assets other than inventory	5,	696		,				
	ь	Less cost or other								
		basis & sales exps								
	С	Gain or (loss)	5,	696						
		Net gain or (lo	ess)			•	5,696	5,696		
a)		-	om fundraising ever	ts 「						
Other Revenue		(not including \$	_	1						
eve		of contributions i	reported on line 1c)							
2		See Part IV, line	18	а						
Ĕ	b	Less direct ex	rpenses	ь						
O			(loss) from fund		events	•				
	9a		om gaming activities	.						
		See Part IV, line		a	_					
		Less direct ex		ьL						
			(loss) from gami	ng acti	vities	▶				
	10a		f inventory, less							
	١.	returns and all		a						
		Less cost of g		p						
	_ <u>c</u>		(loss) from sales	of inv	entory	Burn Out				
	44-		cellaneous Revenue			Busn Code		ł		
	11a					\vdash				
	b					 			<u></u>	
	G	All ather								
	d	All other rever Total. Add line								
	12		es 11a-110 e. See instruction	e		[]	1,159,551	5,696	0	12,749
		. Juli 10 Yould	z. oce monucion	<u> </u>			-,, -	<u> </u>		

THE BANQUET Form 990 (2013)

Page 10 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 (A) Total expenses (B) Program service (C) (D) Do not include amounts reported on lines 6b. Management and Fundraising 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 83,418 83,418 the U.S. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the US See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 129,723 305,525 127,043 48,759 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 24,815 11,367 9,718 3,730 Payroll taxes 10 Fees for services (non-employees) a Management b Legal 9,000 7,290 900 810 c Accounting d Lobbying Professional fundraising services See Part IV, line 17 2,550 2,550 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 315 4,011 3,326 370 12 Advertising and promotion 53,135 13,827 18,648 20,660 13 Office expenses Information technology 15 Royalties 5,136 69,693 60,690 3,867 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 63,27357,104 3,164 3,005 22 Depreciation, depletion, and amortization 17,649 21,789 2,179 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.) 426,763 426,763 **MEALS** MILK 80,146 80,146 b 20,644 С SATELLITE LOCATION EXPENS 20,644 7,324 PROFESSIONAL DEVELOPMENT 7,324 8,837 8,837 e All other expenses 1,180,923 932,929 164,832 83,162 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)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 Cash—non-interest bearing 1,037,780 1,024,152 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 4 4 Accounts receivable, net 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. 7 Notes and loans receivable, net 7 57,565 51,124 Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 2,033,653 other basis Complete Part VI of Schedule D 10a 1,524,717 507,715 1,525,938 b Less accumulated depreciation 10b 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 316,121 363,050 15 Other assets See Part IV, line 11 15 2,936,183 2,964,264 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 53,399 65,428 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 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 53,399 65,428 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 2,454,346 27 2,427,443 Unrestricted net assets 148,412 191,367 28 Temporarily restricted net assets 280,026 280,026 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 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 32 2,882,784 33 2,898,836 Total net assets or fund balances 2,936,183 2,964,264 Total liabilities and net assets/fund balances

Form 990 (2013)

om	1 990 (2013) THE BANQUET	46-0387495			Pa	ge 1 <u>2</u>
Pa	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any l	ne in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1		59,	
2	Total expenses (must equal Part IX, column (A), line 25)		2		80,	
3	Revenue less expenses Subtract line 2 from line 1		3		21,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 3	3, column (A))	4	2,8	82,	
5	Net unrealized gains (losses) on investments		5		37,	<u> 424</u>
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 (mu	st equal Part X, line				
	33, column (B))		10	2,8	98,	<u>836</u>
Pa	ert XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any I	ne in this Part XII				
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X A	ccrual Other				
	If the organization changed its method of accounting from a prior year or cl	necked "Other," explain in				
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an in	dependent accountant?		2a		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 ac	countant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for	the year were audited on a				
	separate basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated	and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assure	mes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection	of an independent accountant?		2c	X	<u></u>
	If the organization changed either its oversight process or selection proces	s during the tax year, explain in				
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an	audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?			_3a	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization	ganization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps	taken to undergo such audits		3b		

Form **990** (2013)

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.

▶ 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

THE BANQUET

The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

Employer identification number 46-0387495 Reason for Public Charity Status (All organizations must complete this part) See instructions.

2		A school des	scribed in section 170(b)(1)	(A)(ii). (Attach Schedule E)										
3	\Box	A hospital or	a cooperative hospital serv	ice organization described in sec	ction 170	(b)(1)(A)(iii).							
4		A medical re	search organization operate	ed in conjunction with a hospital o	described	ın sectio	n 170(b)(1)(A)(i	ii). Ente	er the ho	ospital's na	me,		
		city, and stat	te											
5		An organizat	tion operated for the benefit	of a college or university owned	or operate	ed by a g	overnme	ental uni	t descri	bed in				
		section 170	(b)(1)(A)(iv). (Complete Par	t II)										
6		A federal, sta	ate, or local government or o	governmental unit described in <mark>s</mark>	ection 17	'0(b)(1)(A)(v).							
7	X	An organizat	tion that normally receives a	substantial part of its support fro	om a gove	ernmental	unit or 1	from the	genera	al public				
		described in	section 170(b)(1)(A)(vi). (C	Complete Part II)										
8				170(b)(1)(A)(vi). (Complete Part	tII)									
9	П			1) more than 33 1/3% of its supp		contributi	ons, me	mbershi	p fees,	and gro	ss			
				mpt functions—subject to certain						-				
				nd unrelated business taxable in										
		• •	•	30, 1975 See section 509(a)(2)	•			,						
10			-	exclusively to test for public safe			•							
11	H	•	•	exclusively for the benefit of, to	•				out the	9				
		_	•	ted organizations described in se	•			•			ı			
				the type of supporting organizati										
		a Type		c Type III–Function			d [n-functi	ionally inte	arated		
е			··	ganization is not controlled direc			·					gialou		
•			•	er than one or more publicly sup	-									
		or section 50		,,	,	,				(/(.,			
f				ermination from the IRS that it is	a Type I.	Type II	or Type	III suppo	ortina					
•		_	, check this box		, , , ,	. , , , , .	o,po	σαρμο	,,,,,,g				Г	7
g		_		ation accepted any gift or contrib	ution from	any of th	ne						_	
9		following per		and a coopies any give or commo										
		• .		ontrols, either alone or together	with nerso	nns descr	ihed in (u) and				Ye	s No	_
		7.7	w, the governing body of the	· · · · · · · · · · · · · · · · · · ·	mar poroc	J.10 4000.		, a			119		- 	_
			member of a person descri	•							119		+	
				described in (i) or (ii) above?							119		+	
h				the supported organization(s)							[11]	\···/I		
) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Did v	ou notify	(v ₁) [s the	(vii) Amoi	int of mo	netarv	_
٠.		ganization	(1) 2111	(described on lines 1–9	1 ' '	sted in your	the organ	nzation in	organizati	ion in col		upport	riotal y	
				above or IRC section	governing	document?		of your port?	(i) organi	zed in the				
				(see instructions))	Yes	No	Yes	No	Yes	No				
A)					1.55				100					
~,														
B)				 	 									
υ,														
C)				 	 									
C,														
D)				1	 			l 						
U)				1	1	1			i					
					 	 								
E)														
					-	<u> </u>								
-														
ota	ı		L	<u> </u>	.L	L	L	.		<u> </u>				_

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

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

Sec	tion A. Public Support			•	•	·	
Cale	ndar 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")	865,183	808,734	874,154	1,018,253	1,036,212	4,602,536
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						<u>-</u>
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	865,183	808,734	874,154	1,018,253	1,036,212	4,602,536
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						31,120
6	Public support. Subtract line 5 from line 4 tion B. Total Support						4,571,416
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(a) 2011	(4) 2012	(e) 2013	/D Tatal
7	Amounts from line 4	865,183	(b) 2010	(c) 2011	(d) 2012		(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,848	808,734 21,871	874,154 18,533	1,018,253 15,480	1,036,212	4,602,536 91,481
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						4,694,017
12	Gross receipts from related activities, etc	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first	, second, third, for	ırth, or fifth tax yea	r as a section 501	(c)(3)	
	organization, check this box and stop here						•
	tion C. Computation of Public Su	••					
14	Public support percentage for 2013 (line 6		•	n (f))		14	97.39%
15	Public support percentage from 2012 Sche					15	97.52%
16a	33 1/3% support test—2013. If the organ				3 1/3% or more, c	neck this	⊾ ⊽
	box and stop here. The organization quali 33 1/3% support test—2012. If the organ	•	•		E 10 22 1/20/ 05 mg		▶ X
	check this box and stop here. The organization			•	3 15 33 17370 01 1110	Jie,	▶ □
17a	10%-facts-and-circumstances test—201			_	a or 16h and line	14 16	
	10% or more, and if the organization meet						
	Part IV how the organization meets the "fa				-		
	organization	ioto una oncumbia	locs test the org	amzation quannes	as a publicity supp	ontou	▶ □
b	10%-facts-and-circumstances test—201	2. If the organization	on did not check a	box on line 13 16	a 16b or 17a and	d line	
-	15 is 10% or more, and if the organization					.	
	Explain in Part IV how the organization me				-	blicly	
	supported organization			_			▶ ∐
18	Private foundation. If the organization did instructions	d not check a box o	on line 13, 16a, 16i	o, 17a, or 17b, che	ck this box and se	e	▶ 🗆

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II

<u></u>	If the organization falls to	quality under t	ne tests listed t	pelow, please o	complete Part I	1)	
_	ction A. Public Support		1 (1) (2)	1 () 00//	4,0,0040	1 () (0)	
	ndar 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						
5	The value of services or facilities 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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)				‡ ‡		
	tion B. Total Support		_				
Cale	ndar 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						
С	Add lines 10a and 10b				-		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						. <u>-</u>
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						-
	and 12)				L		
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	st, second, third, to	urth, or fifth tax ye	ar as a section 50	1(c)(3)	▶ □
Sec	ction C. Computation of Public Su		tage				
15	Public support percentage for 2013 (line 8			nn (f))		15	%
16	Public support percentage from 2012 Scho		•	.,,		16	%
Sec	tion D. Computation of Investme	nt Income Pe	rcentage				
17	Investment income percentage for 2013 (In	ine 10c, column (f) divided by line 13	3, column (f))		17	%
18	Investment income percentage from 2012	Schedule A, Part	III, line 17			18	%
19a	33 1/3% support tests—2013. If the orga	nization did not ch	eck the box on line	e 14, and line 15 is	s more than 33 1/3	3%, and line	
	17 is not more than 33 1/3%, check this be		=				▶ [_
b	33 1/3% support tests—2012. If the orga						
20	line 18 is not more than 33 1/3%, check the	·	•	•		•	P -

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.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name	of the organization		Emptoyer ic	lentification number
וידי	HE BANQUET		46-03	887495
	irt I Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" to F	nds or Other Similar Funds or A		
	<u> </u>	(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	at the assets held in donor advised		
	funds are the organization's property, subject to the organization's exc	lusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or don	or 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	Form 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (check	call that apply)		
	Preservation of land for public use (e g , recreation or education)	Preservation of an historically im	portant land	d area
	Protection of natural habitat	Preservation of a certified historic	c structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conse	ervation	
	easement on the last day of the tax year		F	leld at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic structure inc	luded ın (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17	/06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ex	dinguished, or terminated by the organiza	ition during	the
	tax year ▶			
4	Number of states where property subject to conservation easement is	located ▶		
5	Does the organization have a written policy regarding the periodic mor	nitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	cing conservation easements during the y	ear ear	
	>			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year		
	▶ \$			
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 easer	ents in its revenue and expense statemen	nt, and	
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that d	lescribes th	е
	organization's accounting for conservation easements	11: 4 : 17	0: :: -	
Pa	organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to F		Similar A	Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), r	not to report in its revenue statement and	balance sho	eet
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of	
	public service, provide, in Part XIII, the text of the footnote to its finance	ial statements that describes these items		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), t	o report in its revenue statement and bala	ance sheet	
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of	
	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	r other sımılar assets for financıal gaın, pro	ovide the	
	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items		
а	Revenues included in Form 990, Part VIII, line 1		•	\$
<u>b</u>	Assets included in Form 990, Part X			\$
For F	Paperwork Reduction Act Notice, see the Instructions for Form 990			Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 THE BAN	QUET	_	46-0	387495	Page 2
Part III Organizations Maintain	ing Collections of A	Art, Historical Tr	easures, or Othe	r Similar Asset	s (continued)
3 Using the organization's acquisition, acceded collection items (check all that apply)	ssion, and other records	, check any of the follo	owing that are a signif	icant use of its	
a Public exhibition	d∏L	oan or exchange prog	grams		
b Scholarly research		Other	,		
c Preservation for future generations					
4 Provide a description of the organization's	s collections and explain	how they further the o	organization's exempt	purpose in Part	
XIII		,		F - F	
5 During the year, did the organization solid	at or receive donations of	art, historical treasur	es, or other similar		
assets to be sold to raise funds rather tha					Yes No
Part IV Escrow and Custodial A		······································			<u> </u>
Complete if the organizat	•	to Form 990, Part	t IV, line 9, or repo	orted an amount	on Form
990, Part X, line 21		,	, , ,		
1a Is the organization an agent, trustee, cust	odian or other intermedia	ary for contributions of	r other assets not		
included on Form 990, Part X?		,			Yes No
b If "Yes," explain the arrangement in Part)	KIII and complete the follo	owing table			
	,	- · · · · J - · · · · · ·			Amount
c Beginning balance				1c	
d Additions during the year				1d	
e Distributions during the year				1e	
f Ending balance				1f	
2a Did the organization include an amount o	n Form 990 Part X line 3	212		<u> </u>	Yes No
b If "Yes," explain the arrangement in Part 3			ovided in Part XIII		
Part V Endowment Funds.	the oneok here it the exp	nanation has been pre	ovided in Care Ain	<u>-</u>	
Complete if the organizat	on answered "Yes"	to Form 990 Part	t IV line 10		
Complete it the organizate	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	286,264	267,211	279,722	237,78	
b Contributions	200,204	207,211	215,122	237,70	213,302
					
c Net investment earnings, gains, and	49,944	31,765	-447	54,18	86 28,112
losses d Grants or scholarships	11,746	10,305	9,758	9,90	
•	11,740	10,303	9,130	3,3	7,003
e Other expenditures for facilities and					
programs	2,549	2,407	2,306	2,3:	38 2,249
f Administrative expenses	322,895	286,264	267,211	279,72	
g End of year balance2 Provide the estimated percentage of the			•	213,12	231,100
2 Provide the estimated percentage of the case a Board designated or guasi-endowment ▶		(line rg, column (a))	ileiu as		
b Permanent endowment ▶ 100.00					
	%				
c Temporarily restricted endowment					
The percentages in lines 2a, 2b, and 2c s 3a Are there endowment funds not in the pos		on that are hold and	administered for the		
	ssession of the organizat	ion that are neid and a	administered for the		Yes No
organization by					
(i) unrelated organizations					
(ii) related organizations		O-b-dul- DO			3a(ii) X
b If "Yes" to 3a(ii), are the related organizat					_3b_
4 Describe in Part XIII the intended uses of		vment tunas		_	- <u> </u>
Part VI Land, Buildings, and Ed		t-	1 N / Ivan 44 a Con	Farm 000 David	. V. I 40
Complete if the organizat			·		
Description of property	(a) Cost or other ba			Accumulated	(d) Book value
	(investment)	(othe	 	epreciation	0.60 006
1a Land			60,289	000 550	260,289
b Buildings			27,659	289,550	1,138,109
c Leasehold improvements			55,804	21,082	34,722
d Equipment		28	39,901	197,083	92,818
e Other					
Total. Add lines 1a through 1e (Column (d) mu	st equal Form 990, Part	X, column (B), line 10	(c))	▶	1,525,938

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

4b

4c

5

1,180,923

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

Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

b Other (Describe in Part XIII)

c Add lines 4a and 4b

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

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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

Open to Public Inspection 2013

OMB No 1545-0047

2 |**X**| Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance Employer identification number ☐ Yes 46-0387495 non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? (a) Name and address of organization THE BANQUET or government Name of the organization Part II Parti Ξ 3 3 ල 3 9 6 8 6

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

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

1053 01/27/2015 11 51 AM

			-			
	FMV, appraisal, other)	non-cash assistance	cash grant	recipients		
(f) Description of non-c	(e) Method of valuation (book, (f) Description of non-c	(d) Amount of	(c) Amount of	(b) Numper of	(a) Type of grant or assistance	
				onal space is needed	Part III can be duplicated if additional sp	
990, Part IV, line 2.	viduals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 2	blete if the organization	Inited States. Comp	Individuals in the L	Part III Grants and Other Assistance to Indiv	Par
		46-0387495	4		Schedule I (Form 990) (2013) THE BANQUET	Sched

Page 2

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
1 SCHOOL SUPPLIES PROGRAM	6500	71,454			
2 CHRISTMAS PROGRAM	1500	11,482			
3 GUESTS SPECIAL NEEDS		482			
4					
ဟ					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	vide the information re	quired in Part I, line	2, Part III, column (b)	, and any other additional	ınformatıon

Part IV - Additional Information

SCHEDULE I, PART 1, LINE 2: THE BANQUET PROVIDES ASSISTANCE TO PERSONS IN

NEED. ASSISTANCE IS PROVIDED THROUGH THE SERVING OF MEALS, DISTRIBUTION OF

BACKPACKS AND SCHOOL SUPPLIES, AND GAS CARDS. NO PERSON IS REQUIRED TO

PROVE THEIR ECONOMIC NEED.

THE BANQUET KEEPS RECORD OF PERSONS RECEIVING BACKPACKS AND SCHOOL

SUPPLIES. RECORDS ARE NOT MAINTAINED OF PERSONS RECEIVING TOWEL

PACKS OR GAS CARDS. GAS CARDS ARE GIVEN IN THE AMOUNT OF \$10

FROM DONATIONS RECEIVED SPECIFICALLY FOR GAS CARDS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2013

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Inspection Employer identification number

	THE BANQU	JET_		_		46-0387495		
Pa	art I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) Method of determining cash contribution amounts		
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock					<u> </u>		
11	Securities — Partnership, LLC, or trust interests							
12	Securities — Miscellaneous				 -			
13	Qualified conservation			·				
. •	contribution — Historic							
	structures							
14	Qualified conservation			***				
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	x	2	68,197				
25 26	Other ►()			00,197				
26 27	Other ►() Other ►()							
2 <i>1</i> 28	Other ►(
29	Number of Forms 8283 received by	the organiz	zation during the tax yea	r for contributions for				
	which the organization completed Fo	•	,		29			
	,	,	,		· · · · · · · · · · · · · · · · · · ·		Yes	No
30a	During the year, did the organization	receive by	contribution any proper	ty reported in Part I, lines 1	- 28, that			
	it must hold for at least three years f							
	used for exempt purposes for the en	tire holding	g period?			30a		X
b	If "Yes," describe the arrangement in	n Part II						
31	Does the organization have a gift ac	ceptance p	oolicy that requires the re	view of any non-standard				
	contributions?					31		X
32a	Does the organization hire or use the	rd parties	or related organizations	to solicit, process, or sell no	oncash			
	contributions?			•		32a		X
þ	If "Yes," describe in Part II							
33	If the organization did not report an a	amount in (column (c) for a type of p	property for which column (a	a) is checked,			
	describe in Part II							L

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.

2013

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

THE BANQUET

Employer identification number 46-0387495

Form 990 - Organization's Mission

THE BANQUET IS A FEEDING MINISTRY THAT SERVES HUNGRY PEOPLE IN THE SIOUX FALLS COMMUNITY IN THE SPIRIT OF DIGNITY AND RESPECT, WHICH ORGANIZES VOLUNTEER GROUPS TO PLAN, PURCHASE, PREPARE, AND SERVICE MEALS TO THOSE IN NEED. THE BANQUET ALSO PROVIDES A SAFE PLACE WHERE PEOPLE CAN GATHER TO RECEIVE FOOD FOR THE BODY AND SOUL.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
THE BOARD OF DIRECTORS AND MANAGEMENT WILL REVIEW THE 990 PRIOR TO FILING.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
THE BOARD DISCUSSES THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE FINAL
DECISION IS LEFT TO THE EXECUTIVE COMMITTEE. COMPARABLE DATA WAS USED TO
DETERMINE THE EXECUTIVE DIRECTORS SALARY.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE UPON REQUEST.

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

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

► See separate instructions. (99)

THE BANQUET

Attach to your tax return.

Attachment Sequence No 179

Identifying number

46-0387495

	ess or activity to which this form relates ndirect Depreciat	tion							
		ense Certain Prop	erty Under Se	ction 179					
		any listed property			lamo	ete Part	l		
1	Maximum amount (see instruction		, ,					1	500,000
2	Total cost of section 179 propert	·	e instructions)					2	·-
3	Threshold cost of section 179 pr	• •	•	instructions)				3	2,000,000
4	Reduction in limitation Subtract							4	· · · · · · · · · · · · · · · · · · ·
5	Dollar limitation for tax year Subtract		•		see inst	ructions		5	
6		ion of property		(b) Cost (business use			Elected cost		
				- :					
					_				
7	Listed property Enter the amour	nt from line 29			7				
8	Total elected cost of section 179		ts in column (c) für	nes 6 and 7				8	
9	Tentative deduction Enter the si	• • •	• • •	ios o ana i				9	
10	Carryover of disallowed deduction							10	
11	•	•		se than zero) or line	5 (500	instruction	ne)	11	
12	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions). Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.							12	
13	·							'2	······································
	: Do not use Part II or Part III belo				1 13				
	······	tion Allowance a			ot inc	luda lieta	ed prope	rty) (See instructions \
14	Special depreciation allowance f			_		idae iisk	ca propo		occ mondonono j
14	during the tax year (see instruction		uner than listed pro	operty) placed ill se	IVICE			14	
4 =								15	
15								16	63,275
16 Ba			ide listed prope	orty) (See instri	iotion	- 1		10	05,215
Fe	III III WACKS Deprecia	ation (Do not inclu	Secti		CHOIT)			
	MACRO deductions for constant				_			17	0
17	MACRS deductions for assets p	•					Γ		<u></u>
18	If you are electing to group any assets place	ed in service during the tax yet -Assets Placed in Ser				oral Done	ociation S	uetom.	······
	Section B-	(b) Month and year	(c) Basis for depre		T	- Clai Depi	T T	ystem	
	(a) Classification of property	placed in service	(business/investme only-see instructi	nt use	(e) (Convention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
С	7-year property								
d	10-year property			_	l				
е	15-year property								
f	20-year property								
g	25-year property			25 yrs			S/L		
	Residential rental			27 5 yrs		MM	S/L		
	property			27 5 yrs		MM	S/L		
i	Nonresidential real			39 yrs		MM	S/L		
	property					MM	S/L		
	Section C—A	Assets Placed in Serv	ice During 2013	ax Year Using the	Alterr	ative Dep	reciation	Syste	m
20a	Class life						S/L		
	12-year	7		12 yrs			S/L		
	40-year			40 yrs		MM	S/L		·_
	art IV Summary (See in	structions)	•	1 .0 ,.0		.,			
21	Listed property Enter amount fro							21	
22	Total. Add amounts from line 12		lines 19 and 20 in	column (a), and line	21 F	nter here		-	
	and on the appropriate lines of y	· -		·=·				22	63,275
23	For assets shown above and pla	•	· ·		Ť	1			00,2:0
	portion of the basis attributable t	•	Junent year, e	nor the	23				
	portion of the pasis attributable t	COSCOLION ZOUM COSIS			1 23				· · · · · · · · · · · · · · · · · · ·