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990-EZ

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)

2014

OMB No 1545-1150

Open to Public Inspection

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.

B Cheeck in explicables C Name of organization	A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20								
Number and streets or P O. box. If mail is not delivered to street address) Room/scurle E Telephone number Soft-State Soft-S	В	Check if ap	opticable	Employer id	imployer identification number				
Process amount from sale of assets other than inventory Sa Sa Cas Sa Sa Sa Sa Sa Sa Sa		Address c	ress change Fools Five, Inc			41-1462154			
Final return/termated Coly or trown, state or provence, country, and 2i) or foreign postal code F Group Exemption Number ▶ F Group Exemption Number P F Group Exemption F Group Exemption Number P F Group Exemption F Group Exem		Name cha	inge	Number and street (or P O. box, if mail is not delivered to street address) Room/suite E	Telephone n	umber			
Annexisation memory Cevistron, state or province, country, and 21 or foreign possist codes Accounting Method: Cash Accrual Other (specify)				PO Box 325	50	7-523-2431			
Revenue per Leviston, NM 55982	$\overline{}$			City or town, state or province, country, and ZIP or foreign postal code	Group Exe	mption			
G Accounting Method:	=			-	•				
Website: ► Take-exempt startus (check only one)	_				eck ▶ 🗸	of the organization is not			
Tax-exempt status (check only one)			-						
Revenue Corporation									
L 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, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Part I									
					sets				
Part I 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					. ▶ 9				
Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming (attach Schedule G if greater than \$15,000) c Less: direct expenses from gaming and fundraising events (at his etc.) d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from-line Za) 7c Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors. 13 4,893 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 33,397 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 172,948 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 1182,151	_				structions	for Part I)			
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16 Other expenses (describe in Schedule O)	X	1	Printing n	ublications postage and shipping	<u> </u>	1 400			
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Excess or (deficit) for the year (Subtract line 17 from line 9)		1							
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	Fo:				7 21	Form 990-EZ (2014)			

Cat. No. 106421

	330-122 (2014)					
Pa	rt II Balance Sheets (see the instructions f					
	Check if the organization used Schedule	O to respond to ar				
			<u> </u>	(A) Beginning of year		(B) End of year
22				171,129		182,151
23		· · · · · · · ·			23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			171,129		182,151
26		(0)	· · · · · · · · · · · · · · · · · · ·	118,910		120,435
27 Par	Net assets or fund balances (line 27 of column 1 III Statement of Program Service Accom			52,219	21	61,716
Fai	Check if the organization used Schedule					Expenses
1A/ha	at is the organization's primary exempt purpose?	O to respond to al	iy question in this i	raitiii 📋	(Red	quired for section
	. , , , , ,					(c)(3) and 501(c)(4)
as n	cribe the organization's program service accompli- neasured by expenses. In a clear and concise m	anner, describe the				anizations, optional for ers.)
pers	sons benefited, and other relevant information for ea					
28		er group to give to th	ose needing extra ca	sh for		
	trips to doctor for treatments					
		includes foreign gra			28a	20,435
29	Gunderson Lutheran Hospital - Lacrosse, Wi - Provid	le funds for cancer re	search which is used	l at	İ	
	their discretion				-	
	(One-ph. 6	:				
20		includes foreign gra			29 a	25,000
30	Eagles Cancer Telethon - Rochester, MN - Funds give to be used in cancer research at their discretion.	en to the Eagles is gi	en to the Mayo Clini	<u>C</u>		
	to be used in cancer research at their discretion.					
	(Grants \$) If this amount	ıncludes foreign gra	nte chack hara	▶ □	30a	75.000
31	Other program services (describe in Schedule O)		rits, check here .	• • • • •	300	75,000
		includes foreign gra			31a	
32	Total program service expenses (add lines 28a t				32	
Par	t IV List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not comp	ensated-see the ii	nstru	
	Check if the organization used Schedule					_
	Check if the organization used Schedule	O to respond to an	iy question in this i	Part IV		
	Check if the organization used Schedule	(b) Average	(c) Reportable	(d) Health benefits,	T	
	(a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	ee (e)	
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee (e)	Estimated amount of
Dan ((b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	ee (e)	Estimated amount of
1489	(a) Name and title Goss - Pesident) E. Board St Columbus, OH 43025	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	ee (e)	Estimated amount of
1489 Jim 7	(a) Name and title Goss - Pesident E. Board St Columbus, OH 43025 Ziegler - Vice President	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and	ee (e)	Estimated amount of
1489 Jim 2 275 ((a) Name and title Goss - Pesident E. Board St Columbus, OH 43025 Ziegler - Vice President Cedar Lane - Lewiston, MN 55952	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and	ee (e)	Estimated amount of
1489 Jim 7 275 (Beth	(a) Name and title Goss - Pesident E. Board St Columbus, OH 43025 Ziegler - Vice President Cedar Lane - Lewiston, MN 55952 Carlson - Secretary	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and	ee (e)	Estimated amount of
1489 Jim 7 275 (Beth 90 Li	(a) Name and title Goss - Pesident D.E. Board St Columbus, OH 43025 Ziegler - Vice President Cedar Lane - Lewiston, MN 55952 I Carlson - Secretary inden Street - Lewiston, MN 55952	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and	ee (e)	Estimated amount of
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1489 Jim 2 275 (Beth 90 Li Lou 295 (Dian 95 M	(a) Name and title Goss - Pesident DE, Board St Columbus, OH 43025 Ziegler - Vice President Cedar Lane - Lewiston, MN 55952 Carlson - Secretary inden Street - Lewiston, MN 55952 Ann Wiens - Treasurer Cedar Lane - Lewiston, MN 55952 ine Rislow - Director leadow street - Lewiston, MN 55952	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	(d) Health benefits, contributions to employ benefit plans, and	ee (e)	Estimated amount of
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1489 Jim 7 275 (Beth 90 Li Lou / 295 (Dian 95 M Glori 2145	(a) Name and title Goss - Pesident DE, Board St Columbus, OH 43025 Ziegler - Vice President Cedar Lane - Lewiston, MN 55952 Carlson - Secretary inden Street - Lewiston, MN 55952 Ann Wiens - Treasurer Cedar Lane - Lewiston, MN 55952 ine Rislow - Director leadow street - Lewiston, MN 55952 ia Kulak - Director 99 Dutchman Crossing - Lewiston, MN 55952	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	(d) Health benefits, contributions to employ benefit plans, and	ee (e)	Estimated amount of
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1489 Jim 7 275 (Beth Lou 6 2295 (Dian Glori Glori Lois 323 I Wad	(a) Name and title Goss - Pesident D.E. Board St Columbus, OH 43025 Ziegler - Vice President Cedar Lane - Lewiston, MN 55952 I Carlson - Secretary Inden Street - Lewiston, MN 55952 Ann Wiens - Treasurer Cedar Lane - Lewiston, MN 55952 Interpretation - Director Ileadow street - Lewiston, MN 55952 Interpretation - Control - Lewiston, MN 55952 Schreiber - Director Northern Valley Drive - St. Charles, MN 55972	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0	(d) Health benefits, contributions to employ benefit plans, and	ee (e)	Estimated amount of
1489 Jim ; 275 (Beth Lou ; Lou ; Clari Glori Glori Lois Lois Lois	(a) Name and title Goss - Pesident D.E. Board St Columbus, OH 43025 Ziegler - Vice President Cedar Lane - Lewiston, MN 55952 I Carlson - Secretary Inden Street - Lewiston, MN 55952 Ann Wiens - Treasurer Cedar Lane - Lewiston, MN 55952 Interpretation - Director Ileadow street - Lewiston, MN 55952 Interpretation - Crossing - Lewiston, MN 55952 Schreiber - Director Northern Valley Drive - St. Charles, MN 55972 Interpretation - Charles, MN 55972	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0	(d) Health benefits, contributions to employ benefit plans, and	ee (e)	Estimated amount of
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Parţ				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		كيم
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
•	detailed description of each activity in Schedule O	33		1
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		√
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		1
b	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		1
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
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		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	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		1
41	List the states with which a copy of this return is filed ▶	تت		L <u>V</u>
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	Yes	No ✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	
			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		✓
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		√
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
b	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)	45h		./

orm 99	0-EZ {20)14)						P	age 🔫
								Yes	No
46 `		ne organization engage, directly or in ndidates for public office? If "Yes," c							,
Part	VI :	Section 501(c)(3) organizations All section 501(c)(3) organizations	only					or line	V
		50 and 51.	•				tubics is	<i>51</i> mm	<i>,</i> ,
		Check if the organization used Sch	leaule O to respond	to any question i	n this Part	VI		Yes	No
47		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec	ction in effe	ect during the to	ax 47	103	140
48	Is the	organization a school as described in	section 170(b)(1)(A)(ii)? If "Yes," comple	te Schedule	eE	48		
49a		ne organization make any transfers to	•	_	anızation? .		49a		
EQ.		s," was the related organization a se					49b		d kov
50		plete this table for the organization's byees) who each received more than							и кеу
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) He contribut benefit pl	ealth benefits,	(e) Estimate	d amou	
			· · · · · · · · · · · · · · · · · · ·		COI	ripensation			
						(
			 						
									
									
f		number of other employees paid over		· · · ————					
51	Comp	olete this table for the organization's	s five highest compe	ensated independe	ent contrac	tors who each	received	more	than
	\$100,	000 of compensation from the organ	nization. If there is no	ne, enter "None."					
	(a)	Name and business address of each independent	ent contractor	(b) Type of	service	(c) (Compensation	on	
				<u> </u>			· · ·		
									
	Total	number of other independent centre	etom coch receiver	C1 00 000		_ l			
52		number of other independent contra- he organization complete Schedu			. • .	must attach			
-		leted Schedule A	· · · · · · · ·				a ▶∐ Yes		lo ol
Jnder p	enalties	of perjury, I declare that I have examined this red complete. Declaration of preparer (other than	eturo, including accompany	ying schedules and stat	ements, and to	the best of my kno			ıt ıs
	1	mille	211	Triation or Which prepar	Tor has any kin				
Sign		Signature of officer	-112/		Date / ,				
lere		DAN GOSS - PRESIDEN	4/13/15						
		Type or print name and title							
Paid	ĺ	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN		
Prep					self-employe				
Use (Only	Firm's name ► Firm's address ►				Firm's EIN ▶			
May th	ne IRS	discuss this return with the preparer	shown above? See i	nstructions	l	Phone no	Yes		10

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2014

Open to Public Inspection

Name	of the organization					Employer identification	n number	
Fools	Five, Inc					41-14	62154	
Par	t I Reason for Public Cha	rity Status (All	organizations must	t comple	te this p	art.) See instruction	ns.	
The o	organization is not a private found		•	-	-	·		
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)							
3	A hospital or a cooperative ho	•	=					
4	hospital's name, city, and state:							
5								
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)							
8	☐ A community trust described i	n section 170(b)(1)(A)(vi). (Complete	Part II.)				
9	_				from con	tributions, members	ship fees, and gross	
	9 An organization that normally receives: (1) more than 33 ¹ / ₃ % of its support from contributions, membership fees, and gro receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 ¹ / ₃ % of support from gross investment income and unrelated business taxable income (less section 511 tax) from business acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
10	An organization organized and	i operated exclu	sively to test for publi	c safety.	See sect	ion 509(a)(4).		
11	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations of	lescribed in section 5	09(a)(1) c	r section	509(a)(2). See sect	ion 509(a)(3). Check	
а								
b	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.							
С								
d								
е							I, Type III	
f	Enter the number of supported of	organizations .						
g	Provide the following information		oorted organization(s)	•				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			(See instructions))	Yes	No	1		
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

Schedule A (Form 990 or 990-EZ) 2014 Page 2 Part II 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 (f) Total **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 Gifts. grants. contributions. and membership fees received. (Do not include any "unusual grants.") . . . 141,418 157,870 159,119 172,326 169,427 800,160 levied revenues for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 141,418 159,119 172,326 157,870 169,427 800,160 5 The portion of total contributions by each person (other than a publicly governmental unit or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0 Public support. Subtract line 5 from line 4. 800,160 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4 141,418 159,119 172,326 157,870 169,427 800,160 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources O Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) O Total support. Add lines 7 through 10 11 800,160 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, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 100 % 15 15 331/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this abla331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 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 VI 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