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Form 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

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Information about Form 990-EZ and its instructions is at www.irs.gov/form990

internal revenue service								
_		2014 calend	ar year, or tax year beginning Tury / , 2014, and ending			NG 30,20 15		
B Check if applicable		pplicable	C Name of organization	D Emp		dentification number		
Address change			HAVRE TOUISIL BUSINESS - HADVEMENT Abstract	4	17 -	1016979		
Name change			Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Tele	ohone r	number		
Initial return			130 5th AVENUE	40	6-	265-4383.		
=		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code			emption		
=	Amended Annlicatio	on pending	HAVRE, MONTANA 59501-365		nber			
_		ting Method:						
	Vebsite	_	M cash		k ► ∭ if the organization is no ired to attach Schedule B			
			ook only one) Drog(s)() Mrog(s) (a) d from the Drog(s)()	•		lach Schedule B IO-EZ, or 990-PF).		
_			eck only one) — ☐ 501(c)(3) ☐ 501(c) (☐) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	(FOIIII 8	30, 33	10-EZ, 01 990-PF).		
			Corporation Trust Association Other					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets				
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<u> </u>	3		
12	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the			s for Part I)		
_		Check if	the organization used Schedule O to respond to any question in this Part I			<u> X</u>		
	1	Contribution	ons, gifts, grants, and similar amounts received		1			
	2	Program se	ervice revenue including government fees and contracts		2			
	3	Membersh	ip dues and assessments		3	42,184		
	4	investment	t income		4	<i>(</i>)		
	5a	Gross amo	ount from sale of assets other than inventory 5a					
	Ь		or other basis and sales expenses		1			
	c		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c			
	6		nd fundraising events	• •	F	· · · · · · · · · · · · · · · · · · ·		
	a	_	ome from gaming (attach Schedule G if greater than		ļ			
<u>o</u>	, a	\$15,000)	· · · · · · · · · · · · · · · · · · ·					
Revenue	b	•	ome from fundraising events (not including \$ /) of contribution		-			
ě			aising events reported on line 1) (attach Schedule G if the	15	ŀ			
Œ	İ		dr					
	_				-	,		
	C		et expenses from gaming and fundraising events 6c 0		1			
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and sul	otract		0		
	_	line 6c) .			6d			
	7a		s of inventory, less returns and allowances		ļ			
	b		of goods sold					
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c			
	8	Other reve	nue (describe in Schedule O) タロック		8	17,000		
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	79.186		
	10	Grants and	similar amounts paid (list in Schedule O)		10	1045		
	11	Benefits pa	aid to or for members		11	0		
S	12	Salaries, or	ther compensation, and employee benefits		12	100		
Ľ	13	Profession	al fees and other payments to independent contractors . RECEIVED		13	1245		
Expenses	14	Occupancy	y, rent, utilities, and maintenance	၂ပ္တု	14	0		
<u> </u>	15	Printing, pu	y, rent, utilities, and maintenance	₹78-OSC	15	28, 254		
	16		enses (describe in Schedule O)	ျပွာ	16	0		
	17	•	enses. Add lines 10 through 16		17	30,546		
	18		(deficit) for the year (Subtract line 17 from line 9)	3 1	18	301074		
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree	with				
SS	-		ir figure reported on prior year's re <u>turn</u>)	, *******	10	76 404		
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)		19			
2	20		•	• •	20	17.005		
	21		or fund balances at end of year. Combine lines 18 through 20	. 🏲	21_	73. 411		
ror	rapen	work Heauct	ion Act Notice, see the separate instructions. Cat No. 106421			Form 990-EZ (2014)		

P

Par	Balance Sheets (see the instructions	for Part II)	- · - · · · · · · · · · · · · · · · · ·		
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part II . سکن <i>در</i> .	シ/ト . 🗆
			T	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments			74,404	22 90, 985
23	Land and buildings				23 ()
24	Other assets (describe in Schedule O)		· · · · · ·		24 1424
25	Total assets				25 93 JII
26	Total liabilities (describe in Schedule O)		+	/	26 O
	,	n (D) manada a mana a mata			
27	Net assets or fund balances (line 27 of colum				27 43,411
Part		•		,	F
	Check if the organization used Schedule				Expenses (Paguired for section
What	is the organization's primary exempt purpose? To	O <u>HUIRIT HOWI</u>	e, Domote	lourism.	(Required for section 501(c)(3) and 501(c)(4)
as m	ibe the organization's program service accompleasured by expenses. In a clear and concise rous benefited, and other relevant information for e	nanner, describe the	f its three largest pe e services provided	rogram services, l, the number of	organizations, optional for others.)
28	Adverting Haure To	advinoc (munitus	CHARC	
	Laching JINTO CAMADA' -	· - 	UMBOUE OF		
	Marting AND Community				
				CTUMS .	28a 28,254.W
29		includes foreign gra		<u> P 📙 </u>	28a C 0, 25 C, W
29		amber to	DOM DIE		
-	ICE FISHING DOVA, THE W		7		 -
	10001 COILD STUDENTS Par	thereciwan w	alleges to Prov	note their con	Wellion
	Grants \$) If this amount	t includes foreign gra	ants, check here .	▶ □	29a 99 99
30√	Donated TO a Holiday	community	DRIVE 17		
,	SUADIT /L	olal Fat	D Bank.		
	FOOD DAY				
·	Grants \$) If this amount	t includes foreign gra	ints, check here	• 🗇	30a 500.00
31	Other program services (describe in Schedule O)				300 00
	· · ·	includes foreign gra			31a
	Total program service expenses (add lines 28a	through 31a)	into, check here .		
Part					
·	Check if the organization used Schedule				structions for Part IV)
	Officer in the organization used Schedule		(c) Reportable	(d) Health benefits.	<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employe	e (e) Estimated amount of other compensation
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Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	ran	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	. 55	V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		V
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		/
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		レ
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		L
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	Ī		
ь 38а	Did the organization file Form 1120-POL for this year?	37b		
50a	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 38b			
39	Section 501(c)(7) organizations. Enter:]	i ;	
а	Initiation fees and capital contributions included on line 9	1		
b 40a	Gross receipts, included on line 9, for public use of club facilities	-		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		İ	
b	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		NI
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			7.19
	on organization managers or disqualified persons during the year under sections 4912,		j ,	
	4955, and 4958		,	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed \ \(\begin{align*} \frac{\mathcal{UONTANA}}{\mathcal{UONTANA}} \end{align*}			
42a	The organization's dooks are in care of by 1979 R.K ICALATAN PACTY IS A UPSSCOTALATO TO Leienhone no. 1997 R. -			<u></u>
b	Located at \triangleright 130 STA QUE NUC HAVES ZIP + 4 \triangleright 595 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	01-	Yes	
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	. 63	
	If "Yes," enter the name of the foreign country: ▶			_
	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		1
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		V	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	Γ	Yes	No
TGI	completed instead of Form 990-EZ	44a	<u> </u>	V
b	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		V
C	Did the organization receive any payments for indoor tanning services during the year?	44c		<u></u>
ď	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		- J-
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)	45b		

Form 990	-EZ (2014)						-	Page 4
,							Yes	No
	Oid the organization engage, directly or in							\
	o candidates for public office? If "Yes," o		, Part I	· · · ·	<u>· · · · · </u>	46	<u> </u>	
Part V				٠				
	All section 501(c)(3) organization	is must answer que	estions 47-49b an	d 52, and c	omplete the	e tables t	or lin	es
	50 and 51.			5				_
	Check if the organization used Sc	hedule O to respond	to any question in	n this Part V	<u> </u>	<u>· · · · · · · · · · · · · · · · · · · </u>	1	<u>. Ll</u>
4-	5. d 4b			4: 			Yes	No
	Did the organization engage in lobbying ear? If "Yes," complete Schedule C, Par		section 501(h) elec		auring the	1	}	
•	•				· · · ·	. 47	 	V
	s the organization a school as described in					. 48	 	1
	Old the organization make any transfers t					. 49a		1
	f "Yes," was the related organization a se					. 49b		<u> </u>
	Complete this table for the organization's employees) who each received more thar							
	employees) who each received more than	T \$ 100,000 of compe	Tisalion from the org		th benefits.	s, enter iv	vone.	
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable		is to employee	(e) Estimate	ed amo	unt of
	(a) Name and time or each employee	devoted to position	compensation (Forms W-2/1099-MIS		s, and deferred	other con	npensa	tion
			<u> </u>	Comp	ensation			
	· · · · · · · · · · · · · · · · · · ·		ļ					
	·····							
		······································						
					1			
								
]			
			 				_	
		\$400.000						-
	Total number of other employees paid ov		• • <u> </u>	 				
51	Complete this table for the organization \$100,000 of compensation from the orga	s live nighest compl inization If there is no	ensated independe one enter "None"	nt contracto	rs wno each	received	more	; than
		· · · · · · · · · · · · · · · · · · ·	The, enter Hone.					
	(a) Name and business address of each independ	dent contractor	(b) Type of s	ervice	(c)	Compensati	ion	
	-				 			
			†					
			4					
	·		1					
			1		1			
					† · · · · · ·			
			1					
<u>d</u> -	Total number of other independent contra	actors each receiving	over \$100,000	. •	. 1			
	Did the organization complete Schedu	_	• •	ganizations	must attach			
-	completed Schedule A					.▶∏ Yes		No
Under per	nalties of perjury, I declare that I have examined this	return, including accompan						
true, corre	ect, and complete. Declaration of preparer (other than	officer) is based on all info	ormation of which prepare	er has any know	ledge	Omoogo and	2 50.101	
	Selile Vandel	(l/·			1601/1	13 21	クバー	
Sign	Signature of officer			ate				
Here	DEBBIE VANDE			1 0				
	Type or print name and title							
Paid	Print/Type preparer's name	Preparer's signature		Date	Check	, PTIN		
					self-employ	yed		
Prepa Use O	1 <u> </u>			Fi	rm's EIN ▶			
Joe U	Firm's address ▶				none no.			
May the	IRS discuss this return with the prepare	r shown above? See	instructions			Yes		No

SCHEDULE 0 (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.

20**14**

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

HAVEE Kuns & Bekinss Important Dotat 41-1016979
Part 1 Line 10: Grants award - Tunpump Coop. Food Bank Donation of Ag Committee Forming Divby For Event asster Walleyes - Wangertatur For convention of
Ag Committe Foring Devoy For Event post
Willows - Wings Hales Fol Convention 2
(adjustment)
Part Not Assite TRID School acct plus intert 17 MS 58
fart 1 Net Assets- TBID Sawing acit plus intent 17,005,58 Carry Over y. 52,427.00 from previous For project that dedn't happen.
00 1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
project that alant ruppin.

Part V-A List of Of Name and Address	ficers, Directors, T Title and average hours per week devoted to position	rustees, and Compensation (If not paid, enter -0)	Key Employees Contributions to employee benefit plans & deferred compensation	Expense account and other allowances	
Becky Miller Best Western GN Inn P.O. Box 1430 Havre, MT 59501	President 2	0	0 .	0	
Scott Schroeder Town House Inn 601 1 st Street West Havre, MT 59501	1 st Vice President 2	0	0	0	
Ruby Christian AmericInn of Havre 2520 Hwy 2 West Havre, MT 59501	Secretary/Treasurer 2	0	0	0	
Kim Otto Super 8 166 19 th Avenue West Havre, MT 59501	Director 1	0	0	0	
Ron Scroggins Town House Inn 601 1 st Street West Havre, MT 59501	Director 1	0	0	0	
Dave Clausen Americinn of Havre 2520 Hwy 2 West Havre, MT 59501	Director 1	0	0	0	