

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2000

Open to Public Inspection

A For the 2000 calendar year, or tax year period beginning 10/01/00, and ending 9/30/01

- B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return

Please use IRS label or print or type See Specific Instructions

C Name of organization: Friends of Glencoe Area Health Center, Inc. Number and street: 705 E 18th Street City or town state or country and ZIP code: Glencoe MN 55336

D Employer ID number: 41-1625505 E Telephone number: 320-864-3559 F Check if application pending

G Org type (check only one): 501(c)(3) Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990EZ)

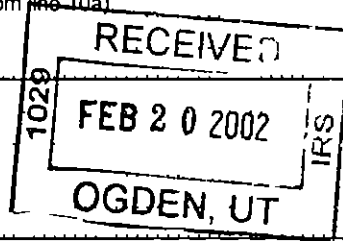
J Accounting method: Accrual

K Check here if the organization's gross receipts are normally not more than \$25,000. Some states require a complete return

Note H and I are not applicable to section 527 orgs. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Enter 4-digit group exemption no (GEN) L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Table with 21 rows and 3 columns: Description, Amount, and Total. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue is 17,081 and total expenses are 10,634, resulting in a net asset change of -27,715.



FILMED MAR 21 2002

RECORDED

EXPENSES ASSETS

Handwritten initials and signature

**Part II Statement of**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations

**Functional Expenses**

and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I

|   | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|-----------|----------------------|----------------------------|-----------------|
| 22 Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____ )  | 22        |                      |                            |                 |
| 23 Specific assistance to individuals   | 23        |                      |                            |                 |
| 24 Benefits paid to or for members  | 24        |                      |                            |                 |
| 25 Compensation of officers, directors, etc   | 25        |                      |                            |                 |
| 26 Other salaries and wages   | 26        |                      |                            |                 |
| 27 Pension plan contributions   | 27        |                      |                            |                 |
| 28 Other employee benefits  | 28        |                      |                            |                 |
| 29 Payroll taxes  | 29        |                      |                            |                 |
| 30 Professional fundraising fees  | 30 549    | 549                  |                            |                 |
| 31 Accounting fees  | 31 1,000  |                      | 1,000                      |                 |
| 32 Legal fees   | 32        |                      |                            |                 |
| 33 Supplies   | 33        |                      |                            |                 |
| 34 Telephone  | 34        |                      |                            |                 |
| 35 Postage and shipping   | 35        |                      |                            |                 |
| 36 Occupancy  | 36        |                      |                            |                 |
| 37 Equipment rental and maintenance   | 37        |                      |                            |                 |
| 38 Printing and publications  | 38 378    | 355                  | 23                         |                 |
| 39 Travel   | 39        |                      |                            |                 |
| 40 Conferences, conventions, and meetings   | 40        |                      |                            |                 |
| 41 Interest   | 41        |                      |                            |                 |
| 42 Depreciation, depletion, etc (att sch)   | 42        |                      |                            |                 |
| 43 Other expenses (itemize) a   | 43a       |                      |                            |                 |
| b See Statement 2   | 43b 8,707 | 6,275                | 2,432                      |                 |
| c   | 43c       |                      |                            |                 |
| d   | 43d       |                      |                            |                 |
| e   | 43e       |                      |                            |                 |
| 44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 44 | 10,634    | 7,179                | 3,455                      | 0               |

**Reporting of Joint Costs** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?

▶  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ (ii) the amount allocated to Program services \$ \_\_\_\_\_

(iii) the amount allocated to Management and general \$ \_\_\_\_\_ and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose?

▶ **To recruit monies for emergency equipment for other agencies**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.)

|   |                                    |       |
|---|------------------------------------|-------|
| a <b>To raise monies for the purpose of helping other agencies</b>                              | (Grants and allocations \$ _____ ) | 7,179 |
| b   | (Grants and allocations \$ _____ ) |       |
| c   | (Grants and allocations \$ _____ ) |       |
| d   | (Grants and allocations \$ _____ ) |       |
| e Other program services (attach schedule)  | (Grants and allocations \$ _____ ) |       |
| f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) |                                    | 7,179 |

**Part IV** Balance Sheets (See Specific Instructions on page 23 )

| Note   | Where required, attached schedules and amounts within the description column should be for end-of-year amounts only  | (A)<br>Beginning of year | (B)<br>End of year |
|--|--|--------------------------|--------------------|
| 45   | Cash-non-interest-bearing  | 1                        | 45                 |
| 46   | Savings and temporary cash investments   | 41,825                   | 63,772             |
| 47a  | Accounts receivable  |                          |                    |
| b  | Less allowance for doubtful accounts   |                          | 47c                |
| 48a  | Pledges receivable   |                          |                    |
| b  | Less allowance for doubtful accounts   |                          | 48c                |
| 49   | Grants receivable  |                          | 49                 |
| 50   | Receivables from officers, directors, trustees, and key employees (attach schedule)  |                          | 50                 |
| 51a  | Other notes and loans receivable (attach schedule)   |                          |                    |
| b  | Less allowance for doubtful accounts   |                          | 51c                |
| 52   | Inventories for sale or use  |                          | 52                 |
| 53   | Prepaid expenses and deferred charges  |                          | 53                 |
| 54   | Investments-securities <b>See Stmt 3</b> <input type="checkbox"/> Cost <input type="checkbox"/> FMV  | 449,076                  | 404,992            |
| 55a  | Investments-land, buildings, and equipment basis   |                          |                    |
| b  | Less accumulated depreciation (attach schedule)  |                          | 55c                |
| 56   | Investments-other (attach schedule)  |                          | 56                 |
| 57a  | Land, buildings, and equipment basis   |                          |                    |
| b  | Less accumulated depreciation (attach schedule)  |                          | 57c                |
| 58   | Other assets (describe )   |                          | 58                 |
| 59   | <b>Total assets</b> (add lines 45 through 58) (must equal line 74)   | 490,902                  | 468,764            |
| 60   | Accounts payable and accrued expenses  |                          | 60                 |
| 61   | Grants payable   |                          | 61                 |
| 62   | Deferred revenue   |                          | 62                 |
| 63   | Loans from officers, directors, trustees and key employees (attach schedule)   |                          | 63                 |
| 64a  | Tax-exempt bond liabilities (attach schedule)  |                          | 64a                |
| b  | Mortgages and other notes payable (attach schedule)  |                          | 64b                |
| 65   | Other liabilities (describe )  |                          | 65                 |
| 66   | <b>Total liabilities</b> (add lines 60 through 65)   | 0                        | 5,578              |
| <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b> |  |                          |                    |
| 67   | Unrestricted   | 240,902                  | 213,186            |
| 68   | Temporarily restricted   | 250,000                  | 250,000            |
| 69   | Permanently restricted   |                          | 69                 |
| <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>                         |  |                          |                    |
| 70   | Capital stock, trust principal, or current funds   |                          | 70                 |
| 71   | Paid-in or capital surplus, or land, building, and equipment fund  |                          | 71                 |
| 72   | Retained earnings, endowment, accumulated income, or other funds   |                          | 72                 |
| 73   | <b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21) | 490,902                  | 463,186            |
| 74   | <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)  | 490,902                  | 468,764            |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25 )**

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

|   |  |   |         |
|---|--|---|---------|
| a | Total revenue, gains, and other support per audited financial statements ▶ | a | -17,081 |
| b | Amounts included on line a but not on line 12, Form 990                    |   |         |
|   | (1) Net unrealized gains on investments \$                                 |   |         |
|   | (2) Donated services and use of facilities \$                              |   |         |
|   | (3) Recoveries of prior year grants \$                                     |   |         |
|   | (4) Other (specify)  |   |         |
|   | \$   |   |         |
|   | Add amounts on lines (1) through (4) ▶                                     | b |         |
| c | Line a minus line b ▶  | c | -17,081 |
| d | Amounts included on line 12, Form 990 but not on line a                    |   |         |
|   | (1) Investment expenses not included on line 6b, Form 990 \$               |   |         |
|   | (2) Other (specify)  |   |         |
|   | \$   |   |         |
|   | Add amounts on lines (1) and (2) ▶   | d |         |
| e | Total revenue per line 12, Form 990 (line c plus line d) ▶                 | e | -17,081 |

|   |  |   |        |
|---|--|---|--------|
| a | Total expenses and losses per audited financial statements ▶ | a | 10,634 |
| b | Amounts included on line a but not on line 17, Form 990      |   |        |
|   | (1) Donated services and use of facilities \$                |   |        |
|   | (2) Prior year adjustments reported on line 20, Form 990 \$  |   |        |
|   | (3) Losses reported on line 20, Form 990 \$                  |   |        |
|   | (4) Other (specify)  |   |        |
|   | \$   |   |        |
|   | Add amounts on lines (1) through (4) ▶                       | b |        |
| c | Line a minus line b ▶  | c | 10,634 |
| d | Amounts included on line 17, Form 990 but not on line a      |   |        |
|   | (1) Investment expenses not included on line 6b, Form 990 \$ |   |        |
|   | (2) Other (specify)  |   |        |
|   | \$   |   |        |
|   | Add amounts on lines (1) and (2) ▶                           | d |        |
| e | Total expenses per line 17, Form 990 (line c plus line d) ▶  | e | 10,634 |

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 25 )**

| (A) Name and address           | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-) | (D) Contnb to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|--------------------------------|--|---|--|--|
| Terry Conkel<br>Glencoe, MN    | President  | 0   | 0  | 0  |
| Maryls Pinske<br>Plato, MN     | Director   | 0   | 0  | 0  |
| Mary Lemke<br>Glencoe, MN      | Director   | 0   | 0  | 0  |
| Ranaye Suttles<br>Glencoe, MN  | Director   | 0   | 0  | 0  |
| Roger Hilgers<br>Glencoe, MN   | Director   | 0   | 0  | 0  |
| Floro Arive, MD<br>Glencoe, MN | Director   | 0   | 0  | 0  |
| Jon Braband<br>Glencoe, MN     | Ex-Officio   | 0   | 0  | 0  |
| Nancy Ellefson<br>Glencoe, MN  | Ex-Officio   | 0   | 0  | 0  |
|                                |  |   |  |  |
|                                |  |   |  |  |

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶  Yes  No  
If "Yes," attach schedule-see Specific Instructions on page 26

| Part VI Other Information (See Specific Instructions on page 26) |  | N/A | Yes | No  |
|--|--|-----|-----|-----|
| 76   | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity   |     |     | X   |
| 77   | Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes   |     |     | X   |
| 78a  | Did the organization have unrelated business gross inc of \$1,000 or more during the year covered by this return?  |     |     | X   |
| b  | If "Yes," has it filed a tax return on Form 990-T for this year?   |     |     | X   |
| 79   | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement  |     |     | X   |
| 80a  | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  |     |     | X   |
| b  | If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt  |     |     |     |
| 81a  | Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81   |     |     |     |
| b  | Did the organization file Form 1120-POL for this year?   |     |     | X   |
| 82a  | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?  |     |     | X   |
| b  | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)   |     |     |     |
| 83a  | Did the organization comply with the public inspection requirements for returns and exemption applications?  |     | X   |     |
| b  | Did the organization comply with the disclosure requirements relating to quid pro quo contributions?   | N/A |     |     |
| 84a  | Did the organization solicit any contributions or gifts that were not tax deductible?  |     |     | X   |
| b  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | N/A |     |     |
| 85   | 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?   | N/A |     |     |
| b  | Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year                  | N/A |     |     |
| c  | Dues, assessments, and similar amounts from members  |     |     |     |
| d  | Section 162(e) lobbying and political expenditures   |     |     |     |
| e  | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices   |     |     |     |
| f  | Taxable amount of lobbying and political expenditures (line 85d less 85e)  |     |     |     |
| g  | Does the organization elect to pay the section 6033(e) tax on the amount in 85f?   | N/A |     |     |
| h  | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?                                  | N/A |     |     |
| 86   | 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12   |     |     |     |
| b  | Gross receipts, included on line 12, for public use of club facilities   |     |     |     |
| 87   | 501(c)(12) orgs Enter a Gross income from members or shareholders  |     |     |     |
| b  | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  |     |     |     |
| 88   | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX |     |     | X   |
| 89a  | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0, section 4912 <input type="checkbox"/> 0, section 4955 <input type="checkbox"/> 0  |     |     |     |
| b  | 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes" attach a statement explaining each transaction           |     |     | X   |
| c  | Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955 and 4958  |     |     | 0   |
| d  | Enter Amount of tax on line 89c, above, reimbursed by the organization   |     |     | 0   |
| 90a  | List the states with which a copy of this return is filed <input type="checkbox"/> None  |     |     |     |
| b  | Number of employees employed in the pay period that includes March 12, 2000 (See instructions)   |     |     | 90b |
| 91   | The books are in care of <input type="checkbox"/> Nancy Ellefson<br>Located at <input type="checkbox"/> Glencoe, MN 55336  |     |     |     |
|  | Telephone no <input type="checkbox"/> 320-864-3559 779<br>ZIP code <input type="checkbox"/>  |     |     |     |
| 92   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year  |     |     | 92  |

**Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)**

| Enter gross amounts unless otherwise indicated               | Unrelated business income |               | Excluded by sec 512 513 or 514 |               | (E)<br>Related or exempt function income |
|--|---------------------------|---------------|--------------------------------|---------------|--|
|  | (A)<br>Business code      | (B)<br>Amount | (C)<br>Exclusion code          | (D)<br>Amount |  |
| 93 Program service revenue                                   |                           |               |                                |               |  |
| a _____  |                           |               |                                |               |  |
| b _____  |                           |               |                                |               |  |
| c _____  |                           |               |                                |               |  |
| d _____  |                           |               |                                |               |  |
| e _____  |                           |               |                                |               |  |
| f Medicare/Medicaid payments                                 |                           |               |                                |               |  |
| g Fees and contracts from government agencies                |                           |               |                                |               |  |
| 94 Membership dues and assessments                           |                           |               |                                |               |  |
| 95 Interest on savings and temporary cash investments        |                           |               |                                |               | 170                                      |
| 96 Dividends and interest from securities                    |                           |               |                                |               |  |
| 97 Net rental income or (loss) from real estate              |                           |               |                                |               |  |
| a debt-financed property                                     |                           |               |                                |               |  |
| b not debt-financed property                                 |                           |               |                                |               |  |
| 98 Net rental income or (loss) from personal property        |                           |               |                                |               |  |
| 99 Other investment income                                   |                           |               |                                |               | -38,604                                  |
| 100 Gain or (loss) from sales of assets other than inventory |                           |               |                                |               |  |
| 101 Net income or (loss) from special events                 |                           |               |                                |               |  |
| 102 Gross profit or (loss) from sales of inventory           |                           |               |                                |               |  |
| 103 Other revenue  |                           |               |                                |               |  |
| a _____  |                           |               |                                |               |  |
| b _____  |                           |               |                                |               |  |
| c _____  |                           |               |                                |               |  |
| d _____  |                           |               |                                |               |  |
| e _____  |                           |               |                                |               |  |
| 104 Subtotal (add columns (B), (D), and (E))                 |                           | 0             |                                | 0             | -38,434                                  |
| 105 Total (add line 104, columns (B), (D), and (E))          |                           |               |                                |               | -38,434                                  |

Note Line 105 plus line 1d, Part I, should equal the amount on line 12 Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31)**

| Line No | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) |
|---------|--|
| N/A     |  |

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)**

| (A)<br>Name, address, and EIN of corporation, partnership, or disregarded entity | (B)<br>Percentage of ownership interest | (C)<br>Nature of activities | (D)<br>Total income | (E)<br>End-of-year assets |
|--|---|-----------------------------|---------------------|---------------------------|
| N/A  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on pg 31)**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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 (other than officer) is based on all information of which preparer has any knowledge

1-22-02 → Terrence Conkel, President  
 Date Type or print name and title



**Part III Statements About Activities**

|  | Yes | No       |
|--|-----|----------|
| <b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?<br>If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>▶</b> _____<br>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities |     | <b>X</b> |
| <b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director trustee, majority owner, or principal beneficiary  |     |          |
| <b>a</b> Sale, exchange, or leasing of property?   |     | <b>X</b> |
| <b>b</b> Lending of money or other extension of credit?  |     | <b>X</b> |
| <b>c</b> Furnishing of goods, services, or facilities?   |     | <b>X</b> |
| <b>d</b> Payment of compensation (or payment or reimbursement of exp if more than \$1,000)?  |     | <b>X</b> |
| <b>e</b> Transfer of any part of its income or assets?<br>If the answer to any question is "Yes " attach a detailed statement explaining the transactions  |     | <b>X</b> |
| <b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc ?   |     | <b>X</b> |
| <b>4a</b> Do you have a section 403(b) annuity plan for your employees?  |     | <b>X</b> |
| <b>b</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See pg 2 of the instr )  |     |          |

**Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions )**

The organization is not a private foundation because it is (Please check only ONE applicable box )

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5 )
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶**
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12** An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above or (2) section 501(c)(4), (5), or (6) if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
|  |                            |
|  |                            |
|  |                            |

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

**Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

| Calendar year (or FY beginning in)  | (a) 1999   | (b) 1998  | (c) 1997 | (d) 1996 | (e) Total |          |          |        |        |        |          |           |  |          |   |  |  |          |          |          |   |
|---|--|-----------|----------|----------|-----------|----------|----------|--------|--------|--------|----------|-----------|--|----------|---|--|--|----------|----------|----------|---|
| <b>15</b> Gifts, grants, & contrib received (Do not incl unusual grants See line 28 )   |  |           |          |          |           |          |          |        |        |        |          |           |  |          |   |  |  |          |          |          |   |
| <b>16</b> Membership fees received  |  |           |          |          |           |          |          |        |        |        |          |           |  |          |   |  |  |          |          |          |   |
| <b>17</b> Gross receipts from admissions merchandise sold or services performed, or furnishing of facilities in any activity that is not a busn unrelated to the organization's charitable etc purpose  |  |           |          |          |           |          |          |        |        |        |          |           |  |          |   |  |  |          |          |          |   |
| <b>18</b> Gross inc from int, dividends, amounts received from pymt on securities loans (section 512(a)(5)), rents, royalties, & unrelated busn taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975   |  |           |          |          |           |          |          |        |        |        |          |           |  |          |   |  |  |          |          |          |   |
| <b>19</b> Net income from unrelated business activities not included in line 18   |  |           |          |          |           |          |          |        |        |        |          |           |  |          |   |  |  |          |          |          |   |
| <b>20</b> Tax revenues levied for the organization's ben & either paid to it or expended on its behalf  |  |           |          |          |           |          |          |        |        |        |          |           |  |          |   |  |  |          |          |          |   |
| <b>21</b> The value of services or fact furnished to the org by a governmental unit without charge Do not incl the value of serv or facilities generally furnished to the public without charge   |  |           |          |          |           |          |          |        |        |        |          |           |  |          |   |  |  |          |          |          |   |
| <b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of cap assets  |  |           |          |          |           |          |          |        |        |        |          |           |  |          |   |  |  |          |          |          |   |
| <b>23</b> Total of lines 15 through 22  |  |           |          |          |           |          |          |        |        |        |          |           |  |          |   |  |  |          |          |          |   |
| <b>24</b> Line 23 minus line 17   |  |           |          |          |           |          |          |        |        |        |          |           |  |          |   |  |  |          |          |          |   |
| <b>25</b> Enter 1% of line 23   |  |           |          |          |           |          |          |        |        |        |          |           |  |          |   |  |  |          |          |          |   |
| <b>26 Organizations described on lines 10 or 11</b>   | <p><b>a</b> Enter 2% of amount in column (e), line 24</p> <p><b>b</b> Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a Enter the sum of all these excess amounts</p> <p><b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)</p> <p><b>d</b> Add Amounts from column (e) for lines</p> <table style="width:100%; border:none;"> <tr> <td style="width:15%;"></td> <td style="width:15%;">18 _____</td> <td style="width:15%;">19 _____</td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> <tr> <td></td> <td>22 _____</td> <td>26b _____</td> <td></td> <td></td> </tr> </table> <p><b>e</b> Public support (line 26c minus line 26d total)</p> <p><b>f</b> <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b></p>   |           |          |          |           | 18 _____ | 19 _____ |        |        |        | 22 _____ | 26b _____ |  |          | <p><b>26a</b></p> <p><b>26b</b></p> <p><b>26c</b></p> <p><b>26d</b></p> <p><b>26e</b></p> <p><b>26f</b> %</p> |  |  |          |          |          |   |
|   | 18 _____   | 19 _____  |          |          |           |          |          |        |        |        |          |           |  |          |   |  |  |          |          |          |   |
|   | 22 _____   | 26b _____ |          |          |           |          |          |        |        |        |          |           |  |          |   |  |  |          |          |          |   |
| <b>27 Organizations described on line 12</b>  | <p><b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from each year from, each "disqualified person" Enter the sum of such amounts for each year <b>N/A</b></p> <table style="width:100%; border:none;"> <tr> <td style="width:15%;">(1999)</td> <td style="width:15%;">(1998)</td> <td style="width:15%;">(1997)</td> <td style="width:15%;">(1996)</td> </tr> </table> <p><b>b</b> For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the <b>larger</b> of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year <b>N/A</b></p> <table style="width:100%; border:none;"> <tr> <td style="width:15%;">(1999)</td> <td style="width:15%;">(1998)</td> <td style="width:15%;">(1997)</td> <td style="width:15%;">(1996)</td> </tr> </table> <p><b>c</b> Add Amounts from column (e) for lines</p> <table style="width:100%; border:none;"> <tr> <td style="width:15%;"></td> <td style="width:15%;">15 _____</td> <td style="width:15%;">16 _____</td> <td style="width:15%;"></td> </tr> <tr> <td></td> <td>17 _____</td> <td>20 _____</td> <td>21 _____</td> </tr> </table> <p><b>d</b> Add Line 27a total _____ and line 27b total _____</p> <p><b>e</b> Public support (line 27c total minus line 27d total)</p> <p><b>f</b> Total support for section 509(a)(2) test Enter amount on line 23, column (e) <b>27f</b></p> <p><b>g</b> <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b></p> <p><b>h</b> <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b></p> |           |          |          | (1999)    | (1998)   | (1997)   | (1996) | (1999) | (1998) | (1997)   | (1996)    |  | 15 _____ | 16 _____  |  |  | 17 _____ | 20 _____ | 21 _____ | <p><b>27c</b></p> <p><b>27d</b></p> <p><b>27e</b></p> <p><b>27g</b> %</p> <p><b>27h</b> %</p> |
| (1999)  | (1998)   | (1997)    | (1996)   |          |           |          |          |        |        |        |          |           |  |          |   |  |  |          |          |          |   |
| (1999)  | (1998)   | (1997)    | (1996)   |          |           |          |          |        |        |        |          |           |  |          |   |  |  |          |          |          |   |
|   | 15 _____   | 16 _____  |          |          |           |          |          |        |        |        |          |           |  |          |   |  |  |          |          |          |   |
|   | 17 _____   | 20 _____  | 21 _____ |          |           |          |          |        |        |        |          |           |  |          |   |  |  |          |          |          |   |
| <b>28 Unusual Grants</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not include these grants in line 15 (See page 5 of the instr) |  |           |          |          |           |          |          |        |        |        |          |           |  |          |   |  |  |          |          |          |   |

**Part V Private School Questionnaire (See page 5 of the instructions )  
(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

|     |  | N/A | Yes | No |
|-----|--|-----|-----|----|
| 29  | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?  |     |     |    |
| 30  | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?   |     |     |    |
| 31  | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?<br>If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) |     |     |    |
| 32  | Does the organization maintain the following   |     |     |    |
| a   | Records indicating the racial composition of the student body, faculty, and administrative staff?  | 32a |     |    |
| b   | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  | 32b |     |    |
| c   | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  | 32c |     |    |
| d   | Copies of all material used by the organization or on its behalf to solicit contributions?   | 32d |     |    |
|     | If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )  |     |     |    |
| 33  | Does the organization discriminate by race in any way with respect to  |     |     |    |
| a   | Students' rights or privileges?  | 33a |     |    |
| b   | Admissions policies?   | 33b |     |    |
| c   | Employment of faculty or administrative staff?   | 33c |     |    |
| d   | Scholarships or other financial assistance?  | 33d |     |    |
| e   | Educational policies?  | 33e |     |    |
| f   | Use of facilities?   | 33f |     |    |
| g   | Athletic programs?   | 33g |     |    |
| h   | Other extracurricular activities?  | 33h |     |    |
|     | If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )   |     |     |    |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency?  | 34a |     |    |
| b   | Has the organization's right to such aid ever been revoked or suspended?<br>If you answered "Yes" to either 34a or b, please explain using an attached statement   | 34b |     |    |
| 35  | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation   | 35  |     |    |

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions )

(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

- Check here  **a** if the organization belongs to an affiliated group  
 Check here  **b** if you checked "a" above and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

|   |   | (a)<br>Affiliated group totals | (b)<br>To be completed<br>for ALL electing<br>organizations |
|---|---|--------------------------------|---|
| <b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) | <b>36</b>   |                                |   |
| <b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) | <b>37</b>   |                                |   |
| <b>38</b> Total lobbying expenditures (add lines 36 and 37)                             | <b>38</b>   |                                |   |
| <b>39</b> Other exempt purpose expenditures   | <b>39</b>   |                                |   |
| <b>40</b> Total exempt purpose expenditures (add lines 38 and 39)                       | <b>40</b>   |                                |   |
| <b>41</b> Lobbying nontaxable amount Enter the amount from the following table-         |   |                                |   |
| <b>If the amount on line 40 is-</b>   | <b>The lobbying nontaxable amount is-</b>         |                                |   |
| Not over \$500,000  | 20% of the amount on line 40                      |                                |   |
| Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000   |                                |   |
| Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000 | <b>41</b>                      |   |
| Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000  |                                |   |
| Over \$17,000,000   | \$1,000,000                                       |                                |   |
| <b>42</b> Grassroots nontaxable amount (enter 25% of line 41)                           | <b>42</b>   |                                |   |
| <b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36       | <b>43</b>   |                                |   |
| <b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38       | <b>44</b>   |                                |   |

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below

See the instructions for lines 45 through 50 on page 9 of the instructions )

| Calendar year (or fiscal year beginning in) ▶            | Lobbying Expenditures During 4-Year Averaging Period |             |             |             |              |
|--|--|-------------|-------------|-------------|--------------|
|  | (a)<br>2000  | (b)<br>1999 | (c)<br>1998 | (d)<br>1997 | (e)<br>Total |
| <b>45</b> Lobbying nontaxable amount                     |  |             |             |             |              |
| <b>46</b> Lobbying ceiling amount (150% of line 45(e))   |  |             |             |             |              |
| <b>47</b> Total lobbying expenditures                    |  |             |             |             |              |
| <b>48</b> Grassroots nontaxable amount                   |  |             |             |             |              |
| <b>49</b> Grassroots ceiling amount (150% of line 48(e)) |  |             |             |             |              |
| <b>50</b> Grassroots lobbying expenditures               |  |             |             |             |              |

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instr )

**N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (include compensation in expenses reported on lines c through h )
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures or any other means
- i** Total lobbying expenditures (add lines c through h )

| Yes | No | Amount |
|-----|----|--------|
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



# Federal Statements

## Statement 1 - Form 990, Part I, Line 7 - Other Investment Income

| <u>Description</u> | <u>Amount</u> |
|--------------------|---------------|
| Market Loss        | \$ -38,604    |
| Total              | \$ -38,604    |

**Federal Statements****Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

| <u>Description</u>      | <u>Total<br/>Expenses</u> | <u>Program<br/>Service</u> | <u>Mgt &amp;<br/>General</u> | <u>Fund-<br/>Raising</u> |
|-------------------------|---------------------------|----------------------------|------------------------------|--------------------------|
|                         | \$                        | \$                         | \$                           | \$                       |
| Indirect Expense        |                           |                            |                              |                          |
| Investment Expense      | 2,407                     |                            | 2,407                        |                          |
| State of Minnesota      | 25                        |                            | 25                           |                          |
| Donations               | 300                       | 300                        |                              |                          |
| Golf Fundraiser Expense | 5,909                     | 5,909                      |                              |                          |
| Golf Supplies           | 66                        | 66                         |                              |                          |
| Total                   | <u>\$ 8,707</u>           | <u>\$ 6,275</u>            | <u>\$ 2,432</u>              | <u>\$ 0</u>              |

41-1625505  
FYE 9/30/2001**Federal Statements****Statement 3 - Form 990, Part IV, Line 54 - Investments in Securities**

| <u>Description</u>      | <u>Beginning<br/>of Year</u> | <u>End of<br/>Year</u> | <u>Basis of<br/>Valuation</u> |
|-------------------------|------------------------------|------------------------|-------------------------------|
| Corporate Stock         |                              |                        |                               |
| Total Equities          | 62,279                       | 148,612                |                               |
| Corporate Bonds         |                              |                        |                               |
| Fixed Income Securities | 274,902                      | 256,380                |                               |
| Total Mutual Funds      | 111,895                      |                        |                               |
|                         | <u>449,076</u>               | <u>404,992</u>         |                               |