

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning January 1, 2009, and ending December 31, 2009

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Terminated
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: SOUTHEAST RURAL VISION ENTERPRIS'S FOUNDATION

D Employer identification number: 45-0433247

Number and street (or P O box, if mail is not delivered to street address) Room/suite: PO BOX 8

E Telephone number: 701-356-4400

City or town, state or country, and ZIP + 4: KINDRED, ND 58051

F Group Exemption Number: ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: Cash Accrual
Other (specify) ▶

I Website: ▶ N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 131,890

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21			
Revenue	1	Contributions, gifts, grants, and similar amounts received	131,777																												
	2	Program service revenue including government fees and contracts																													
	3	Membership dues and assessments																													
	4	Investment income	113																												
	5a	Gross amount from sale of assets other than inventory																													
	5b	Less: cost or other basis and sales expenses																													
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																													
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																													
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)																													
	6b	Less: direct expenses other than fundraising expenses																													
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																														
7a	Gross sales of inventory, less returns and allowances																														
7b	Less: cost of goods sold																														
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																														
8	Other revenue (describe ▶ _____)																														
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	131,890																													
Expenses	10	Grants and similar amounts paid (attach schedule)	135,061																												
	11	Benefits paid to or for members																													
	12	Salaries, other compensation, and employee benefits																													
	13	Professional fees and other payments to independent contractors																													
	14	Occupancy, rent, utilities, and maintenance																													
	15	Printing, publications, postage, and shipping																													
	16	Other expenses (describe ▶ _____)																													
17	Total expenses. Add lines 10 through 16	135,061																													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	(3,170)																												
	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)	34,744																												
	20	Other changes in net assets or fund balances (attach explanation)																													
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	31,574																												

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	34,744	31,574
23	Land and buildings		
24	Other assets (describe ▶ _____)		
25	Total assets		
26	Total liabilities (describe ▶ _____)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,744	31,574

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses
What is the organization's primary exempt purpose? <u>CHARITY DONATIONS</u>		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)
28	ACCUMULATION AND DISTRIBUTION OF FUNDS SOLELY FOR CHARITY EDUCATION, OR SCIENTIFIC PURPOSES.	-0-
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule)	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32 -0-

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOANN JAMESON	President & Director	-0-	N/A	N/A
ROBERT FARRING	Vice Pres & Director	-0-	N/A	N/A
GAIL BOLLINGER	Secretary & Director	-0-	N/A	N/A
PAM CLFMENS	Treasurer & Director	-0-	N/A	N/A
JACK FORMO	Volunteer Director	-0-	N/A	N/A
SALLY MEIDINGER	Volunteer Director	-0-	N/A	N/A
COREEN KOZLOWSKI	Volunteer Director	-0-	N/A	N/A
STEPHANI KARGES	Volunteer Director	-0-	N/A	N/A
HELEN PUNTON	Volunteer Director	-0-	N/A	N/A
DALE SHIELDS	Volunteer Director	-0-	N/A	N/A
JANE ELLISON	Volunteer Director	-0-	N/A	N/A
KAYE KEMPEL	Volunteer Director	-0-	N/A	N/A
CARMEN LYONS	Volunteer Director	-0-	N/A	N/A
KEN LOUGHEED	Volunteer Director	-0-	N/A	N/A
BILL ROHRICH	Volunteer Director	-0-	N/A	N/A
JOHN MANGIN	Volunteer Director	-0-	N/A	N/
ALL AT ADDRESS: PO BOX 8 KINDRED, ND 58051				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
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	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <u>37a</u>		
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 period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
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	X
41	List the states with which a copy of this return is filed. ▶ <u>NORTH DAKOTA</u>		
42a	The organization's books are in care of ▶ <u>LINDA OTTERSON</u> Telephone no. ▶ <u>701-356-4400</u> Located at ▶ <u>PO BOX 8 KINDRED, ND</u> ZIP + 4 ▶ <u>58051</u>		
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)?	42b	X
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	If "Yes," enter the name of the foreign country: ▶ _____		
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 ▶ <u>43</u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|---|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b If "Yes," was the related organization a section 527 organization? | 49b | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
NO COMPENSATION PAID				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
NO COMPENSATION PAID		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 ▶ Linda Otterson | 3/4/2010
 Signature of officer | Date
 ▶ LINDA OTTERSON H/R
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____ Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____
 Phone no: _____

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	106,460	107,811	123,136	128,506	131,777	597,690
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	106,460	107,811	123,136	128,506	131,777	597,690
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	106,460	107,811	123,136	128,506	131,777	597,690
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	173	174	154	145	113	759
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						598,449
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

- 14** Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) **14** %
- 15** Public support percentage from 2008 Schedule A, Part II, line 14 **15** %
- 16a 33% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33% support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2009.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2008.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 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) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

2009 Operation Round-Up Board of Directors and Officers

District #1	District #5
<p>Pam Clemens, Treasurer 10104 20th St SE Wimbledon ND 58492 (701) 646-6165 pclemens@agristar.net</p> <p>Jack Formo 10624 52nd St SE Litchville, ND 58461 762-4459</p>	<p>Sally Meidinger 1810 E Rose Creek Parkway S Fargo ND 58104-6835 293-1965 sallymeidinger@yahoo.com</p> <p>Coreen Kozlowski 4809 Meadow Creek Dr S Fargo, ND 58104 461-9691 kozlowskifamily@msn.com</p>
District #2	District #6
<p>Stephani L. Karges 12725 – 21st Street SE Oriska ND 58063 668-2488 hm kargi@ictc.com (Heritage Beadworks)</p> <p>Helen Punton 14641 28th St SE Ayr, ND 58007 701-896-3381 HMPunton@Juno.com</p>	<p>Robert Farring, Vice President 5327 S University Drive #A Fargo, ND 58104 232-5223(h) 701-306-6768 (cell) rafarring@cablone.net</p> <p>Gail Bollinger, Secretary 3764 164th Ave SE Mapleton ND 58059 281-8852 hm 232-2452 wk gailb@sendcaa.org</p>
District #3	District #7
<p>Dale Shields PO Box 72 Arthur ND 58006-0072 967-8362 dshields@POLARCOMM.com</p> <p>Jane Ellison 3839 162nd Ave SE Mapleton ND 58059 282-3772 jellison@i29.net</p>	<p>Kaye Kempel 7747 124 Ave SE Stirum ND 58069-9605 678-2632 hm 678-3385 (cell) kayekempel@drtel.net</p> <p>Carmen Lyons 13515 65th Street SE Lisbon, ND 58054-9214 683-4808 no e-mail address</p>
District #4	District #8
<p>Ken Lougheed 17142 18th St SE Gardner ND 58036-9735 484-5247 hm 238-0830 wk kenrl@wildblue.net</p> <p>Bill Rohrich 114 Lind Blvd Harwood ND 58042 282-5182 hm 241-1460 wk</p>	<p>John Mangin 16295 55th St SE Kindred ND 58051 428-3199 hm no e-mail address</p> <p>JoAnn Jameson, President 16750 49th St SE Kindred ND 58051 428-3871 hm 866-4220 (cell) edmundoi@aol.com</p>