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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 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 \$1,000,000 and total assets less than \$2,500,000 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.

2008**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20											
B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td rowspan="3">Please use IRS label or print or type. See Specific Instructions.</td> <td colspan="2">C Name of organization <u>GOING TO THE SUN RALLY</u></td> <td>D Employer identification number <u>20-2338033</u></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>PO Box 11753</u></td> <td>E Telephone number ()</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 <u>BOZEMAN MT 59719</u></td> <td>F Group Exemption Number . . . ►</td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>GOING TO THE SUN RALLY</u>		D Employer identification number <u>20-2338033</u>	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>PO Box 11753</u>		E Telephone number ()	City or town, state or country, and ZIP + 4 <u>BOZEMAN MT 59719</u>		F Group Exemption Number . . . ►
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• 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: ► goingtothesunrally.org**J** Organization type (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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

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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 218,861**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	<u>52,996</u>
	2	Program service revenue including government fees and contracts	2	<u>0</u>
	3	Membership dues and assessments	3	<u>0</u>
	4	Investment income	4	<u>0</u>
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	<u>0</u>
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	6	
	a	Gross revenue (not including \$ <u>52,996</u> of contributions reported on line 1)	6a	<u>165,865</u>
b	Less: direct expenses other than fundraising expenses	6b	<u>93,985</u>	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<u>71,880</u>	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<u>0</u>	
8	Other revenue (describe)	8	<u>0</u>	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	<u>124,876</u>	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	<u>43,500</u>
	11	Benefits paid to or for members	11	<u>0</u>
	12	Salaries, other compensation, and employee benefits	12	<u>0</u>
	13	Professional fees and other payments to independent contractors	13	<u>30,147</u>
	14	Occupancy, rent, utilities, and maintenance	14	<u>0</u>
	15	Printing, publications, postage, and shipping	15	<u>5,683</u>
	16	Other expenses (describe) ► <u>INSURANCE</u>	16	<u>882</u>
	17	Total expenses. Add lines 10 through 16	17	<u>80,212</u>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>44,664</u>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<u>10,000</u>
	20	Other changes in net assets or fund balances (attach explanation)	20	<u>0</u>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>54,664</u>

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 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	<u>10,000</u>	22 <u>54,664</u>
23 Land and buildings	<u>0</u>	23 <u>0</u>
24 Other assets (describe) ►	<u>0</u>	24 <u>0</u>
25 Total assets	<u>10,000</u>	25 <u>54,664</u>
26 Total liabilities (describe) ►	<u>0</u>	26 <u>0</u>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>10,000</u>	27 <u>54,664</u>

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.

Cat No 106421

Form 990-EZ (2008)

ENVELOPE 3-1076 OCT 28 2010 POSTMARK DATE

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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? CHARITY CAR RALLY
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28	DONATIONS TO: CARRIE SCHLIEDER \$20,000 GENNY GRAHAM \$20,000 MADISON VAILEY HOSPITAL \$3,000, BIG BROTHERS/BIG SISTERS \$500 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	43,500
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) <input type="checkbox"/>	32	43,500

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

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

	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		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		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 your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		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?		X
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 unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ <u>38b</u>		
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9 ▶ <u>39a</u>		
b Gross receipts, included on line 9, for public use of club facilities ▶ <u>39b</u>		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>		
b Section 501(c)(3) and (4) organizations 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," complete Schedule L, Part I		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0</u>		
d Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0</u>		
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.		X
41 List the states with which a copy of this return is filed. ▶ <u>MONTANA</u>		
42a The books are in care of ▶ <u>DAVIDA LEVEA</u> Telephone no. ▶ <u>(406) 993-5437</u>		
Located at ▶ <u>424 E. MAIN ST., STE. 203A, BOZEMAN, MT</u> ZIP + 4 ▶ <u>59715</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)?		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.?		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 ▶ <input type="checkbox"/> 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		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		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the 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."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

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

- 51 Complete this table for the 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		
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 Signature of officer David Levea Date 10-27-10

Type or print name and title DAVID LEVEA TREASURER, GOING TO THE SUN RALLY

Paid Preparer's Use Only Preparer's signature _____ Date _____ Check if self-employed ☐ Preparer's Identifying Number (See instructions) _____

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 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					52,996	
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					165,865	
3 Gross receipts from activities that are not an unrelated trade or business under section 513					0	
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					0	
5 The value of services or facilities furnished by a governmental unit to the organization without charge					0	
6 Total. Add lines 1-5					218,861	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					115,830	
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000					0	
c Add lines 7a and 7b					115,830	
8 Public support (Subtract line 7c from line 6)					103,031	

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6					218,861	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					0	
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					0	
c Add lines 10a and 10b					0	
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)					0	
13 Total support. (Add lines 9, 10c, 11, and 12)					218,861	
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 checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

- 19a 33⅓% support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33⅓% support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, 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 ► ☐

Department of the Treasury
Internal Revenue Service

► **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

2008

Open To Public Inspection

GOING TO THE SUN RALLY

20 : 2338033

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
- b** ☐ Email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2008

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>CAR RALLY</u> (event type)	(b) Event #2 <u>Auction</u> (event type)	(c) Other Events <u>None</u> (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	138,450	41,785		180,235
	2 Less: Charitable contributions	0	14,370		14,370
	3 Gross revenue (line 1 minus line 2)	138,450	27,415		165,865
Direct Expenses	4 Cash prizes	0	0		0
	5 Non-cash prizes	0	2,260		2,260
	6 Rent/facility costs	0	0		0
	7 Other direct expenses	91,725	0		91,725
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(93,985)
	9 Net income summary. Combine lines 3 and 8 in column (d)				71,880

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

- 9 Enter the state(s) in which the organization operates gaming activities: _____
- a Is the organization licensed to operate gaming activities in each of these states? _____
- b If "No," Explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____
- b If "Yes," Explain: _____
- 11 Does the organization operate gaming activities with nonmembers? _____
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	Yes	No
9a		
10a		
11		
12		