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Department of the Treasury

SCANNED MAR

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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 950. 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.

OMB No. 1545-1150

2008

Open to Public Inspection

Inter	na Haven	ue Service		The Organization may have to use a copy of the rotating to security sales reporting to		_				
			ar year	or tax year beginning , 2008, and ending			, 2			
B		applicable: Please C Name of organization use IRS			D Empl	oyer I	Identification			
Н	Address of	label or North Dakota Roughrider Marathon				<u> </u>	84417	57		
H	Name cha Initial retu	I Press of Number and street for P.C. Dox. II mail is not delivered to street appress incomvative is a					number			
Ħ	Terminate		See	PO Box 7023	(70	1)	250-	5203		
ŏ	Amended	return	Specific Instruc-	City or town, state or country, and ZIP + 4	F Grou	p Exe	emption			
	Application	on pending	tions.	Bismarck, ND 58507-7023	Num	ber .	•			
_	• Secti	lon 801(c)(3)	-		Accounting machine the country of th		l: 🛛 Cash	Accrual		
ı	Website: ► www.roughridermarathon.com H Check ► ☐ If the organization is not required to attach Schedule B (Form 990,									
J	Organization type (check only one) —									
ĸ	Check >	If the or	ganizatio	n is not a section 509(a)(3) supporting organization and its gross receipts are zation chooses to file a return, be sure to file a complete return.	normally not	more	than \$25,00	0. A return is		
				e 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of	Form 990-EZ	•	\$	53448		
	art I			nses, and Changes in Net Assets or Fund Balances (See)		
	1					1	7	18005		
	2	Program s	ervice :	evenue including government fees and contracts		2	1			
	3	Mombers	in duce	ar ents T.C.S		3	 			
	4	Investment				4	+	243		
	1			m same or manufs other than inventory						
	5a						§ j			
ě	C	-	_							
Revenue	6	Special events								
	a		•	of including \$ of contributions						
4		reported o		,		222	-			
	6			nses other than fundraising expenses		6c	.]	34405		
	C			• • • • • • • • • • • • • • • • • • •						
	7a			onto 1, 1000 to tall all all all all all all all all al			<u>.</u>			
	Ь	Less: cost	_			7c				
i	C	Other reve	nt or (10	ss) from sales of inventory (Subtract line 7b from line 7a) scribe Misc Revenue		8	+	795		
	8			Id lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	- 	53448		
_						10		2000		
	10			amounts paid (attach schedule)		11				
(A	11	-		r for members		12				
Se	12			mpensation, and employee benefits		13		610		
Je.	13			and other payments to independent contractors		14		1548		
Expenses	14			utilities, and maintenance		15		3791		
_	15			ons, postage, and shipping	· · · ·	16		38755		
	16 17			escribe > see attached		17		46704		
_				Add lines 10 through 16		18		6744		
Net Assets	18		-	for the year (Subtract line 17 from line 9)		100				
SS	19			d balances at beginning of year (from line 27, column (A)) (must		19		8099		
t A		end-of-yea	ir figure	reported on prior year's return)		20		0000		
Se	20	Other char	iges in	net assets or fund balances (attach explanation)		$\overline{}$		14843		
نے	21			balances at end of year. Combine lines 18 through 20	Form 990 I	21				
F	rt II	Balance .			1 Beginning of		(B) End d			
	_		•	to the histoctions for the high		97		10000		
22		h, savings, a		· · · · · · · · · · · · · · · · · · ·	41		23	10000		
23				, -		002		4843		
24	Othe	er assets (de	escribe	>		_	25	14843		
26	Tota	i desets ,	. , 'dos			_	26			
26 27	Not .) ZUIJIIUBII II	ONOESU,	e Pances (line 27 of column (R) must agree with line 21)	01	100		14843		

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

Form 990-EZ (2008)

Cat. No. 106421

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Page	-2

Form 990-EZ (2008)					rage 2
Part III Statement of Program Service Accom	plishments (See the insti	nuctions for Part	111.)		Expenses
What is the organization's primary exempt purpose?	support and develop amat	eur athlets for m	arathon con	(Rec	uired for 501(c)(3)
Describe what was achieved in carrying out the organiz	ation's exempt purposes. In	a clear and cond	ise manner.	and	(4) organizations 4947(a)(1) trusts;
describe the services provided, the number of persons be	nefited, or other relevant info	rmation for each p	program title.	opti	onal for others.)
28 Plan and conduct annual marathon event seekin					
clinic held in April. 850 entrants competed in 20				}	1
Olivida il	70			}	
(Grants \$ 2000) If this amount inci	udes foreign grants, check			28a	46703
				1	
29		-		1	
				}	
(Oranta &					
(Grants \$) If this amount incl				29a	
30				(
***************************************				i	
***************************************]	
(Grants \$) If this amount Incl				30a	
31 Other program services (attach schedule))	
(Grants \$) If this amount incl	udes foreign grants, check	here	. 🕨 🗌	31a	
32 Total program service expenses (add lines 28a th	rough 31a)	<u></u>	<u> </u>	32	
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one eve	n if not compensate	ed. (See the in:	struction	ons for Part IV.)
In his many and address.	(b) Title and average	(c) Compensation	(d) Contribute	ns to	(e) Expense
(a) Name and address	hours per week devoted to position	(if not paid, enter -0)	amployee benefit deferred compe		account and other allowances
David Nash	President 1 hr				
PO Box 7023, Bismarck, ND 58502	rresident inr	o	}	0	0
Mark Zimmerman				<u>_</u>	
PO Box 7023, Blsmarck, ND 58502	Secretary 1 hr	o	1	0	0
Carol Bioguranges			 	<u> </u>	
PO Box 7023, Bismarck, ND 58502	Treasurer 1 hr	0	Į.	0	
			}	<u>_</u>	
Lynn Bieswanger PO Box 7023, Bismarck, ND 58502	Director 1 hr	1	}		
		0	<u></u>		0
Vance Krebs	Director 1 hr	_	1	_	
PO Box 7023, Bismarck, ND 58502		0			0
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			)		·
			<u> </u>		
		·	L		
				F	orm 990-EZ (2008)

Pa	t 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	33		1
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	34		1
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.	23.49 (3.	44.4	
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		1
	Enter amount of political expenditures, direct or indirect, as described in the instructions.     37a	<b>建</b> 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 unpaid at the start of the period covered by this return?	38a		<u> </u>
D 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
a	Initiation fees and capital contributions included on line 9			<b>4</b>
þ	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
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	40b		<b>√</b>
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			
0	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		<u> </u>
41	List the states with which a copy of this return is filed. ▶			
42a	The books are in care of ▶ Carol Blewswanger  Located at ▶ 2911 N 4th St, Ste 201, Bismarck, ND  ZIP + 4 ▶	35 5850		<u>'2</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	Yes	No √
	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	l	<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		, 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		$\overline{}$	Yes	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	<b>SEE</b>	<b>4.</b> ∃
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	$\rightarrow$		
		rm <b>99</b> 0	-EZ	

Part VI	Section 501(c)(3) organizations only and complete the tables for lines 50 at		organiza	ations mus	st answer quest	tions 4	6-49		
46 Did th	he organization engage in direct or indirect p		ies on he	half of or in	opposition to		Yes No		
46 Did th candi	idates for public office? If "Yes," complete S	chedule C. Part I				46	✓		
	he organization engage in lobbying activities					47			
48 Is the	e organization operating a school as describe	ed in section 170(b)(1)(A)	(i))? H "Ye	s." comple	te Schedule E .	48	<b>√</b>		
	he organization make any transfers to an exe					49a	1		
	b If "Yes," was the related organization(s) a section 527 organization?								
50 Camp	plete this table for the five highest compensati received more than \$100,000 of compensati	ited employees (other th				y emplo	oyees) who		
1 (a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Cc	mpensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expense ount and allowances		
Total numb	per of other employees paid over \$100,000	<del></del>	<del></del>			<del>                                     </del>			
	plete this table for the five highest compensation from the organization. If there is no	one, enter "None."							
<del></del>	(a) Name and address of each independent contractor (	paid more than \$100,000		(0) 191	pe of service	(c) Cor	npensation		
					1				
			<del></del> -}						
					Į				
			<del>-</del> +						
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Ì				
<b></b>									
Total num	ber of other independent contractors each re		<u>· · ▶  </u>			. b b - d -			
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ned this return, including acco on of preparer (other than off	mpanying s cer) is base	chedules and : d on all inform	nation of which prepa	rer has ar	ny knowledge ny knowledge		
Sign	Laral Stowanen				15/21/09				
Here	Signature of officers Baiswanton,	Theasurer			)ate				
	Type or print name and title.	Date		Check if	Preparer's Identifyin	o Number (	See instructions		
Paid	Preparer's signature	Date		self- employed		-70-186			
Preparer's	Firm's name (or yours ) Daffingud & Heinert				in ► 71 :		3549		
Use Only	d self-employed)	Bismarck ND 58501			hone no. ► ( 701 )		0-5203_		
May the IF	RS discuss this return with the preparer show		ons .	<del></del>			es 🗌 No		
							0-EZ (2008		

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public

Inspection Internal Revenue Service Name of the organization Employer identification number 20 North Dakota Roughrider Marathon 8441757 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(f). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part il.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/4 % 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). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III-Functionally integrated e 🔲 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . Provide the following information about the organizations the organization supports. (i) Name of supported (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of organization the organization in cal. (i) of your above or IRC section governing document? (i) organized in the (see Instructions)) support? U.S.? Yes No Yes Yes No No

**Total** 

Par	Support Schedule for Org (Complete only if you chec					and 170(b)(1	)(A)(vi)		
Sec	tion A. Public Support			•					
Ca	lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	20518	18005	38523		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0		
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0		
4	Total, Add lines 1-3	0	0	0	20518	18005	38523		
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)		A A A A A A A A A A A A A A A A A A A						
6	Public support. Subtract line 5 from line 4.					Microsoft Michigan	38253		
Sec	tion B. Total Support								
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
7	Amounts from line 4	0	. 0	0	20518	18005	38523		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	243	243		
9	Net income from unrelated business activities, whether or not the business is regularly carned on	0	0	0					
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 .		The State of	COMMENDE STATES			38766		
12	Gross receipts from related activities, etc	. (see instructio	ns)			12	56025		
13	First five years. If the Form 990 is for organization, check this box and stop he		n's first, secon		, or fifth tax y	ear as a section	n 501(c)(3)		
Sec	tion C. Computation of Public Su	pport Percer	ntage						
14	Public support percentage for 2008 (line	6, column (f) di	vided by line 11	, column (f))		14	%_		
15	Public support percentage from 2007 Sci	nedule A. Part I	V-A, line 26f			15	%_		
16a									
b	b 33%% support test—2007. 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	17a 10%-facts-and-circumstances test—2008. 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 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the "forganization meets the "facts-and-circumstate organization meets the organization did	acts-and-circum inces" test. The	stances" test, corganization qua	heck this box a	an <mark>d stop here.</mark> By supported or	Explain in Part I ganization	ent won V		

	dute A (Form 990 or 990-EZ) 2008							Page
	Support Schedule for Orga (Complete only if you check	anizations De ted the box o	escribed in S on line 9 of P	Section 509(art I.)	a)(2)			
	tion A. Public Support		,					
C	alendar 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				1			
2	any "unusual grants.") . Gross receipts from admissions, merchandise	<del></del>	<del> </del>	<del> </del> -	<del></del>			
	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 1-5					1		
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 1% of the total of lines 9, 10c, 11, and 12 for the							
	year or \$5,000	<b>}</b>	<del> </del>	}	<b></b>	}		
	Add lines 7a and 7b	<del></del>	<del> `</del> -			<b>├</b>		
8	Public support (Subtract line 7c from line 6.)			CA PERCHAPATION		100 A 100 C		
Sec	tion B. Total Support		Carried Carried	Property of the Parket	COLUMN TO SECURE		NA CONTRACT MANAGEMENT	L
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(a)	2008	(f) Total
9	Amounts from line 6			1-7	-	1 8		<b>17</b>
10a	Gross Income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
ь	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.)	NOTES ZOLT	SECTION S	RESTA	SERVICE DESCRIPTION	THE P.H.		
14	First five years. If the Form 990 is for organization, check this box and stop	•		nd, third, fourth				n 501(c)(3)
Sec	tion C. Computation of Public Su							
5	Public support percentage for 2008 (lin	ie 8, column (f	) divided by lir	ne 13, column	(f))	16		%
6	Public support percentage from 2007 S	Schedule A, Pa	art IV-A, line 2	7g	<del></del>	16		%
	tion D. Computation of Investmen					г		
7	Investment income percentage for 200	B (line 10c, col	lumn (f) divided	d by line 13, co	olumn (f)) .	17		<u>%</u>
8	Investment Income percentage from 20					18		%
	33% % support tests—2008. If the organization is not more than 33% %, check this b	ox and stop he	e <b>re.</b> The organi	zation qualifies	as a publicly	suppo	rted orga	nization 🕨
	33% % support tests—2007. If the organ line 18 is not more than 33% %, check this	s box and stop	here. The organ	nization qualifie	s as a publicly	suppo	rted organ	nization 🕨 İ
<u>.0</u>	Private foundation. If the organization	aid not check	a box on line 1	14, 19a, or 19b				
					Scho	edule A	(Farm 990	or 990-EZ) 2

## North Dakota Roughrider Marathon Fed Tax ID 20-8441757 For the Year ended Dec 31, 2008

Form 990-EZ, Part 1, Line 10

Carries Kids	\$ 1,000
Bis Man Area Home School Ass'n	500
ALS Ass'n MN Chapter	500
	\$ 2,000

#### Form 990-EZ, Part I, Line 16

Advertising .	\$ 1,365
Insurance	634
Awards	9,068
Equipment Rental	6,295
Clothing, Bags	14,996
Safety Supply	1,689
Office Supply	89
Race Day Food	2,306
Race Day Supply	1,201
Depreciation	1,111
Rounding	1
	\$ 38,755