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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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 $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*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , and ending

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
NORTH DAKOTA MOTOR CARRIERS ASSN INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 874

City, town, or country | State | ZIP + 4
BISMARCK | ND | 58502

D Employer identification number
45-0215329

E Telephone number
(701) 223-2700

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) ▶

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

I Website: ▶ N/A

J Tax-exempt status (check only one)— ☒ 501(c) (6) ◀ (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 ▶ $ 316,956

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	0
	2	Program service revenue including government fees and contracts		2	131,781
	3	Membership dues and assessments		3	88,888
	4	Investment income		4	3,777
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 21,426		
	b	Less direct expenses other than fundraising expenses	6b 15,642		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	5,784
	7a	Gross sales of inventory, less returns and allowances	7a 70,971		
	b	Less cost of goods sold	7b 36,893		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	34,078
	8	Other revenue (describe ▶ Miscellaneous)		8	113
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	264,421
Expenses	10	Grants and similar amounts paid (attach schedule)		10	0
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	135,489
	13	Professional fees and other payments to independent contractors		13	5,403
	14	Occupancy, rent, utilities, and maintenance		14	13,786
	15	Printing, publications, postage, and shipping		15	13,013
	16	Other expenses (describe ▶ See Attached Statement)		16	89,378
	17	**Total expenses.** Add lines 10 through 16 ▶		17	257,069
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	7,352
	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	165,666
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	173,018

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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	168,654	22	163,311
23 Land and buildings	7,952	23	5,205
24 Other assets (describe ▶ See Attached Statement)	12,208	24	15,023
25 **Total assets**	188,814	25	183,539
26 **Total liabilities** (describe ▶ See Attached Statement)	23,148	26	10,521
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	165,666	27	173,018

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? Seminars, Workshops, & Public Information Books

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, and other relevant information for each program title

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

28	Seminars, workshops, and public information forms and books for members and others in the trucking industry to promote safety and training (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	28a	35,822
29	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	29a	0
30	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a	0
31	Other program services (attach schedule) (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	31a	0
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32	35,822

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
Wally Keller Bismarck ND 58501	Title President Hr/WK 00	0	0	0
Monty Wilson Fargo ND 58102	Title Past President Hr/WK 00	0	0	0
Mike Lausch Bismarck ND 58501	Title VP Hr/WK 00	0	0	0
Marlin Kling Bismarck ND 58501	Title VP Hr/WK .00	0	0	0
Dick Johnsen Bismarck ND 58502	Title Treasurer Hr/WK 00	0	0	0
John Roswick Bismarck ND 58501	Title ATA St VP Hr/WK 00	0	0	0
Mark Bakken Bismarck ND 58501	Title Dir Hr/WK 00	0	0	0
Melissa Dixon Bismarck ND 58501	Title Dir Hr/WK 00	0	0	0
JP Wiest Jamestown ND 58401	Title Dir Hr/WK 00	0	0	0
Gary Gabriel Bismarck ND 58501	Title Dir Hr/WK 00	0	0	0
Cami Gilbertson Bismarck ND 58501	Title Dir Hr/WK 00	0	0	0
Dave Glaser Bismarck ND 58501	Title Dir Hr/WK 00	0	0	0
Myron Gunderson Bismarck ND 58501	Title Dir Hr/WK 00	0	0	0
Dennis Gustafson Bismarck ND 58501	Title Dir Hr/WK 00	0	0	0
Larry Holm Fargo ND 58102	Title Dir Hr/WK 00	0	0	0
James Johaneson Fargo ND 58102	Title Dir Hr/WK 00	0	0	0
Eric Lawson Bismarck ND 58501	Title Dir Hr/WK .00	0	0	0
Ryan Nelson Bismarck ND 58501	Title Dir Hr/WK .00	0	0	0

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	X	
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
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	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 0			
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			
40 a	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		
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 ▶ _____			
42 a	The organization's books are in care of ▶ COMPANY OFFICE Telephone no ▶ (701) 223-2700			
	Located at ▶ 1031 E INTERSTATE AVE #1 City BISMARCK ST ND ZIP + 4 ▶ 58501			
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 ▶ 43 N/A			
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		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
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
Name None Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0

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
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

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

Sign Here

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

▶ Tom — MAY 5, 2010
Signature of officer — Date

▶ THOMAS A. BALZER, CAE MANAGING DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
Patrick Senger	5/5/2010		P00303948
Firm's name (or yours if self-employed), address, and ZIP + 4	SENGER ASSOCIATES, PC 1640 E CAPITOL AVE, BISMARCK, ND 58501	EIN ▶ 20-1459155	Phone no ▶ (701) 222-4100

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

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

Name and address	Title and average hours per week devoted to position	Compensation	Contributions to emp benefit plans & deferred compensation	Expense account and other allowances
Gale Olsen Bismarck ND 58501	Title Dir Hr/WK .00	0	0	0
Mike Patton Bismarck ND 58501	Title Dir Hr/WK 00	0	0	0
Dave Rogalla Bismarck ND 58501	Title Dir Hr/WK 00	0	0	0
Dick Roswick Fargo ND 58102	Title Dir Hr/WK 00	0	0	0
Pat Severson Bismarck ND 58501	Title Dir Hr/WK 00	0	0	0
Carl Sinner Bismarck ND 58501	Title Dir Hr/WK 00	0	0	0
Marv Skar Fargo ND 58102	Title Dir Hr/WK 00	0	0	0
Larry Stoltman Bismarck ND 58501	Title Dir Hr/WK 00	0	0	0
Tom Stordahl Bismarck ND 58501	Title Dir Hr/WK 00	0	0	0
Mike Timm Jamestown ND 58401	Title Dir Hr/WK .00	0	0	0
Larry Wilson Fargo ND 58102	Title Dir Hr/WK 00	0	0	0
Mark Wolter Fargo ND 58102	Title Dir Hr/WK 00	0	0	0
Dante Habinger Dickinson ND 58601	Title Hr/WK 00	0	0	0
Kevin Borseth West Fargo ND 58078	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0

Part I, Line 16 (990-EZ) - Other Expenses

			89,378
1	Travel	1	5,825
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	54,344
6	Depreciation	6	2,747
7	Depletion	7	
8	Equipment rental and maintenance	8	1,371
9	Interest	9	214
10	Supplies	10	7,069
11	Telephone	11	
12	Unrelated business income taxes	12	640
13	Public relations/advertising	13	1,494
14	Insurance	14	2,799
15	Dues & subscriptions	15	1,090
16	TAEC	16	400
17	Legislation & lobbying	17	6,959
18	Executive committee	18	843
19	Bank charges	19	1,275
20	Sales tax expense	20	4
21	Trailer expense	21	80
22	Member services	22	586
23	Scholarship fund	23	1,500
24	Penalties	24	27
25	State income tax	25	111
26		26	
27		27	
28		28	
29		29	
30		30	
31		31	
32		32	
33		33	
34		34	
35		35	

Part II, Line 24 (990-EZ) - Other Assets

		12,208	15,023
	Description	Beginning	End
1	Accounts Receivable	12,208	12,519
2	Inventory		2,182
3	Credit card		322
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Part II, Line 26 (990-EZ) - Liabilities

		23,148	10,521
	Description	Beginning	End
1	Credit Card Payable	1,287	-
2	Payroll Liabilities	3,386	3,943
3	Prepaid Revenue	12,937	0
4	Sales Tax Payable	2,062	2,895
5	Federal and State Income Tax Payable	1,024	751
6	Copier Loan	2,452	1,231
7	Accounts Payable		1,701
8			
9			
10			

Part V, Line 42a (990-EZ) - Books In Care Of

Check ("X") if a business is in possession of the books ☐

The books are in care of Name COMPANY OFFICE Telephone no (701) 223-2700

Located at 1031 E INTERSTATE AVE #1 City BISMARCK ST ND ZIP + 4 58501

Foreign Country

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization	Employer identification number
NORTH DAKOTA MOTOR CARRIERS ASSN INC	45-0215329

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part.

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

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☒ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

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.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
Total ▶				0	0	0

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.

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 Golf (event type)	(b) Event #2 k Driver Appreciation (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	13,536	300	7,590	21,426
	2 Less Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	13,536	300	7,590	21,426
Direct Expenses	4 Cash prizes	0	0	1,100	1,100
	5 Noncash prizes	899	0	1,128	2,027
	6 Rent/facility costs	6,324	0	4,333	10,657
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	594	35	1,229	1,858
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(15,642)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				5,784

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				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				(0)
	8 Net gaming income summary Combine line 1, column d, and line 7 ▶				0

			Yes	No
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?	9a		
b	If "No," explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	13a %		
b	An outside facility	13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address of the third party			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ 0			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			