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# Form, 990

**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)

Open to Public

		the Treasury ue Service	▶The organization may have to use a copy of this return to satisfy state reporting	g requirements	Inspection
A	For the	2010 cal	endar year, or tax year beginning , and ending		
В	Check if	applicable	C Name of organization NORTH DAKOTA MOTOR CARRIERS ASSN INC.	D Employer ider	ntification number
	\ddress (	change	Doing Business As	45-0215329	
	Name ch	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone nun	nber
	nitial retu	ım	PO BOX 874	(701) 223-2700	)
Πī	erminat	ed	City or town, state or country, and ZIP + 4	T .	· · -
$\prod_{i}$	Amended	d return	BISMARCK ND 58502	G Gross receipts	\$ 294,368
$\Box$	Application	on pending	F Name and address of principal officer H(a) is	s this a group return fo	or affiliates? Yes X No
_	• •		THOMAS A BALZER 1031 E INTERSTATE AVE PO BOX 874, BISMAI H(b) A	Are all affiliates include	ed? Yes No
	av-evem	pt status	501(c)(3) X 501(c) ( 6 ) ◀ (insert no ) 4947(a)(1) or 527	f "No," attach a list (se	ee instructions)
		<del>`</del>		Group exemption numb	nor 🏲
	Vebsite				<u></u>
_		rganization	Corporation Trust X Association Other ► L Year of for	mation	M State of legal domicile
Р	art I		mmary	OTE AND DEDD	SECENT THE MOTOR
	1				ESENT THE MOTOR
d)			R INDUSTRY IN NORTH DAKOTA AND TO BE THE BEST AT PROVIDING	OUR CONSTITU	DENTS THE MOST
auc		CURRE	NT, HIGHEST QUALITY, AND BUSINESS RELEVANT INFORMATION		
ē	١.		CF0/		
é	2		his box I if the organization discontinued its operations or disposed of more than 25%	1	1 24
ජේ ග	3 4		r of voting members of the governing body (Part VI, line 1a) r of independent voting members of the governing body (Part VI, line 1b) .	. 3	· · · · · · · · · · · · · · · · · · ·
/#je	5		imber of individuals employed in calendar year 2010 (Part V, line 2a).	5	
Activities & Governance	6		imber of volunteers (estimate if necessary)	6	<del></del>
•	7a		nrelated business revenue from Part VIII, column (C), line 12	. 7a	<del></del>
	b		elated business taxable income from Form 990-T, line 34	7t	<del></del>
				Prior Year	Current Year
a.	8	Contribi	utions and grants (Part VIII, line 1h)	88,88	8 81,373
anne	9		n_service revenue (Part VIII, line 2g)	131,78	127,464
F	10 F		ent income (Part VIII, column (A), lines 3, 4, and 7d)	3,77	<del>-</del>
141	<u> </u>		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,97	
	12		venuée add lines 8 through 11 (must equal Part VIII, column (A), line 12)	264,42	236,262
ال	JM31		and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14		s paidio or for members (Part IX, column (A), line 4)	405.40	0
CEC	113F	salaries	other compensation, employee benefits (Part IX, column (A), lines 5–10).	135,48	
<u> </u>	13.0as	Total fu	enal-fundraising fees (Part IX, column (A), line 11e) .  Indraising expenses (Part IX, column (D), line 25) ▶ 0	*	0
Expe	17		xpenses (Part IX, column (A), lines 11a–11d, 11f–24f)		106,572
	18		openses Add lines 13–17 (must equal Part IX, column (A), line 25)	135,48	
	19		e less expenses Subtract line 18 from line 12	128,93	
2 5 5 C				nning of Current Yea	<del></del>
t Assets or	20	Total as	ssets (Part X, line 16)	183,53	196,228
d B	21		ibilities (Part X, line 26)	9,77	
2 <u>\$</u> [			ets or fund balances Subtract line 21 from line 20	173,76	180,801
`	rt II		nature Block		<del></del>
			ry, I declare that I have examined this return, including accompanying schedules and statements, and ect, and com <u>plete. D</u> eclaration of preparer (other than officer) is based on all information of which pre		
<u>,                                    </u>		10 11 00, 0011	1 anx	JUNE	
Sig			Signature of officer	Date	<u> </u>
He	re		THOMAS A. BAUZER, CAG EXECUTIVE VICE PRES	10605	
			Type or print name and title		
<del></del>	-	Prin	nt/Type preparer's name Preparer's signature D	ate	PTIN
Pai	id	DA-	TRICK SENGED WHAT I have I	Check 5/16/2011 self-e	mployed
	pare				
U§	e Onl	<b>y</b> —	n's name ► SENGER ASSOCIATES, PC	Firm's EIN	14) 000 4400
⇤			n's address ► 1640 E CAPITOL AVE, BISMARCK, ND 58501	Phone no (70	01) 222-4100
Ma	y the II	RS discu	ss this return with the preparer shown above? (see instructions)	·	. Yes No
FOI	Papen	work Red	uction Act Notice, see the separate instructions.	<del></del>	Form <b>990</b> (2010)

_	990 (2010)	NORTH DAKOTA MOTOR CARRIERS ASSN INC	45-0215329	Page <b>2</b>
Pa	rt III	Statement of Program Service Accomplishments		
	_	Check if Schedule O contains a response to any question in this Part III		
1	Briefly o	describe the organization's mission	-	
		DMOTE AND REPRESENT THE MOTOR CARRIER INDUSTRY IN NORTH DAKOTA. AND TO BI	E THE BEST AT	
		DING OUR CONSTITUENTS THE MOST CURRENT, HIGHEST QUALITY, AND BUSINESS REL		
		MATION		
	3747517	***************************************		
2	Did the	organization undertake any significant program services during the year which were not listed on		
_		r Form 990 or 990-EZ?	Yes	X No
	•	' describe these new services on Schedule O		<u> </u>
3		organization cease conducting, or make significant changes in how it conducts, any program		
3	services		□ <b>v</b> aa	V Na
			Yes	X No
		describe these changes on Schedule O		
4		e the exempt purpose achievements for each of the organization's three largest program services		
		501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	ount of grants an	d
	allocation	ons to others, the total expenses, and revenue, if any, for each program service reported		
_				
4a	(Code	) (Expenses \$ 71,705 including grants of \$ 0 ) (Revenue		<u>,464</u> )
		ARS, WORKSHOPS, AND PUBLIC INFORMATION FORMS AND BOOKS FOR MEMBERS AND		
	INDUS	TRY TO PROMOTE SAFETY AND TRAINING	· · · · · · · · · · · · · · · · · · ·	
			·	
4b	(Codo	) (Expenses \$ 0 including grants of \$ 0 ) (Revenue	•	0)
40				
			<b>-</b>	
			. <b></b>	
			. <b></b>	
			- <b></b>	
			<b></b>	
4c	(Code:	) (Expenses \$ 0 including grants of \$ 0 ) (Revenue	e \$	0)
			<del></del>	
			· · · · · · · · · · · · · · · · · · ·	
	<del></del>			
4d	•	rogram services (Describe in Schedule O )		
<del></del> -	(Expens		0)	
4 <u>e</u>	Total p	rogram service expenses  71,705		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		Х
3	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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
5			İ	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		v
	Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	İ		
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
• •	VII, VIII, IX, or X as applicable	1	- 1	*
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11a		Χ
a	Schedule D, Part VI			
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		ŀ	
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	ĺ	Х
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	1	Х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110	i	
a	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
		11e		$\hat{\mathbf{x}}$
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40.	1	v
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			.,
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	$\dashv$	<u> X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		_X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		1	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Χ	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II .	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Χ
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.	20a		Χ
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		Χ

## NORTH DAKOTA MOTOR CARRIERS ASSN INC Checklist of Required Schedules (continued)

	Chooking of Regulate Communication			<u> </u>
•	D. 1.1		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			,
	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	22		,
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	. 22		<u> </u>
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			<del>  ^</del>
<b>24</b> a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization 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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			}
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	:		١
	If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	200		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<del>  ^-</del>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>x</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			١
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
• •	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		X
22	Part I	31		<del>  ^</del>
32	If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		<u> </u>
55	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
•	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2			1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			l
	VI.	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	000	X
		Form	990	(2010)

Form 9	990 (2010) NORTH DAKOTA MOTOR CARRIERS ASSN INC 45-02	15329	F	age 5
Par				$\overline{}$
	Check if Schedule O contains a response to any question in this Part V			<u> </u>
			Yes	No
1a	Enter the hamber reported in box of the time to be served.	൮		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	익		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	-		
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		,	
	Ctatements, med for the carefular jean and and a second a	<u>3</u> _		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	\- <u>-</u>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	<b>├</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	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			١.,
	account)?.	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	1 -		- 5-
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>	-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	<u>6a</u>	X	├
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	X	<del> </del>
7	Organizations that may receive deductible contributions under section 170(c).			l
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-	An	
	and services provided to the payor?	7a 7b		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/B		<del>  ^</del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		x
	required to file Form 8282?  If "Yes " indicate the number of Forms 8282 filed during the year	1,0	٠.	<del>  ^</del>
d	11 100, Indicate the number of 1 office 5252 med during the jobs.	7e		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	-	x
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7 <del>9</del>	1	X
h	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	'''		+^
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	· ·	1	
	organization, have excess business holdings at any time during the year?	8		X
^	Sponsoring organizations maintaining donor advised funds.	<b> </b>	<del> </del>	<del>  ^</del>
9	Did the organization make any taxable distributions under section 4966?	9a		X
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	†	X
10	Section 501(c)(7) organizations. Enter		7	1
а	Initiation fees and capital contributions included on Part VIII, line 12	%	,	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	٦٠.		· .
11	Section 501(c)(12) organizations. Enter	1		-
``a	Gross income from members or shareholders	1:	1	1
b	Gross income from other sources (Do not net amounts due or paid to other sources	╗ ゙		-
-	against amounts due or received from them )	,		,
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	] -	-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		T	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
a	is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O		ľ	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand		<u> </u>	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		X

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI	_ •		Ш		
Sect	ion A. Governing Body and Management					
	1.1		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	- i		~ ,*		
b	Enter the number of voting members included in line 1a, above, who are independent	-	,	. ;		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			,		
_	any other officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct	2		X		
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X		
6	Does the organization have members or stockholders?	6	Х			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					
	of the governing body?	7a	х			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following					
а	The governing body?	8a	X			
b	Each committee with authority to act on behalf of the governing body?	8b	Χ			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	Χ			
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	<u>ode.)</u>				
			Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b				
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	444				
	form?	11a		Х		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X			
12a	Are officers, directors or trustees, and key employees required to disclose annually interests that could give					
Ь	rise to conflicts?	12b		×		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>					
Ŭ	describe in Schedule O how this is done	12c				
13	Does the organization have a written whistleblower policy?	13		Х		
14	Does the organization have a written document retention and destruction policy?	14	Х			
15	Did the process for determining compensation of the following persons include a review and approval by	7.5	χ,			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		, , , , , , , , , , , , , , , , , , ,	\$ X .		
а	The organization's CEO, Executive Director, or top management official	15a		X		
b	Other officers or key employees of the organization	15b		Х		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	1 3		~ '; · **		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		<u></u>	× × × ×		
	with a taxable entity during the year?	16a	**	X		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	,	,	- ,>		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					
	the organization's exempt status with respect to such arrangements?	16b	ļ <u>.</u>			
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed	 				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or	ııy)				
	available for public inspection. Indicate how you make these available. Check all that apply					
40	Own website Another's website X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	ct				
19	policy, and financial statements available to the public	અ				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	_				
20	organization COMPANY OFFICE (701) 223-2					
	1031 E INTERSTATE AVE #1 , BISMARCK, ND 58501	:	• • • • •			

#### Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- **1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A)	(B)				2)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) MARK BAKKEN DIRECTOR	0_	х			_			. 0	0	0
(2) MELISSA DIXON DIRECTOR	0.	х						. 0	0	0
(3) GARY GABRIEL DIRECTOR	0_	х						0	0	0
(4) CAMI GILBERTSON DIRECTOR	0.	х			<u></u>			0	0	0
(5) DAVE GLASER DIRECTOR	0	х						0	0	0
(6) MYRON GUNDERSON DIRECTOR	0	x						0	0	0
(7) DENNIS GUSTAFSON DIRECTOR	0	x						0	0	0
(8) LARRY HOLM DIRECTOR	0	х					ļ	0	0	0
(9) JAMES JOHANESON DIRECTOR	0	х		_				0	0	0
(10) ERIC LAWSON DIRECTOR	0	х					_	0	0	0
(11) RYAN NELSON DIRECTOR	0	X	_	L	_			0	0	0
(12) GALE OLSEN DIRECTOR	0	Х			_			0	0	0
(13) MIKE PATTON DIRECTOR	0.	x	_					0	0	0
(14) DAVE ROGALLA DIRECTOR	0	x				<u> </u>		0	0	0
(15) DICK ROSWICK DIRECTOR	0	x			<u> </u>			0	0	0
(16) PAT SEVERSON DIRECTOR	0	x				<u></u>		o	0	0

Pa	Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd	High	est	Compensated	Employees (co	ntınued) -
	(A)	(B)			((	C)			(D)	(E)	(F)
	Name and title	Average	Ł		chec	k all	that ap	ply)	Reportable	Reportable	Estimated
		hours per	ā	Sul		Key	Į.	٦	compensation from	compensation from related	amount of other
		week (descnbe	or a	鼍	Officer	<u>و</u>	E jë	Former	the	organizations	compensation
		hours for	lrec	ğ	Ĕ	호	ος St Q	Ĕ	organization	(W-2/1099-MISC)	from the
		related organizations	학	Institutional trust		employee	# ă		(W-2/1099-MISC)		organization and related
		ın Schedule	Individual trustee or director	uste		"	ens				organizations
		O)		ď			Highest compensated employee				
(17)	CARL SINNER			·	$I^-$						
	CTOR	0.	Х					}	o	ol	0
	LARRY STOLTMAN		<del>  ^</del>	┢	-			$\vdash$			
		o	Х					Ì	o	o	0
	CTOR STORDAHI	<u> </u>	<u> </u>		$\vdash$	<del> </del>	-	l			
	TOM STORDAHL	0	x						o	o	0
	CTOR	0	-^-		-	┢	<del> </del>	-			
	MIKE TIMM		l								0
	CTOR	0	X_					-	0	0	0
	JP WIEST		,								•
	CTOR	0	X	├_	_	├	-	_	0	0	0
	DANTE HABINGER		١.,								_
	CTOR	0	X	⊢	<u> </u>	├		_	0	0	0
(23)	KEVIN BORSETH										
	CTOR	0	X	_		_	ļ	<u> </u>	0	0	0
(24)	MARK WOLTER										
DIRE	CTOR	0	X	ļ	_			_	0	0	0
(25)	WALLY KELLER			ļ			1	İ			
PRES	SIDENT	0			X				0	0	0
(26)	MONTY WILSON					1					
PAST	PRESIDENT	<u> </u>			Х				0	0	0
(27)	MIKE LAUSCH										
	PRESIDENT	0			X				0	0	0
(28)	MARLIN KLING									-	
	PRESIDENT	l o			X				l 0	0	0
1b	Sub-total .							•	0	0	0
С	Total from continuation sheets to Part VII,	Section A						$\blacktriangleright$	69,790	0	0
	Total (add lines 1b and 1c)							$\blacktriangleright$	69,790	0	0
	Total number of individuals (including but not	limited to those	liste	d ab	ove	e) w	ho re	cei	ved more than \$	100,000 ın	
	reportable compensation from the organizatio										
						_	-		· - <u>-</u>		Yes No
3	Did the organization list any former officer, di	rector or trustee	, key	em	plo	yee	, or h	igh	est compensate	d	
	employee on line 1a? If "Yes," complete Sche					-		-			3 X
4	For any individual listed on line 1a, is the sum	of reportable c	omne	ane:	atior	n an	nd oth	er (	romnensation fr	nm	. 4
4	the organization and related organizations gre										
	individual	sater triair \$150,	,000	"	700	э, с	ompi	Cic	ochedate o for .	34011	4 X
_						•					<del></del>
5	Did any person listed on line 1a receive or ac									ndividual	└ <u>-</u> -
	for services rendered to the organization? If "	Yes," complete	Sche	dule	9 <i>J</i> 1	tor s	such	per.	son	•	5 X
	ion B. Independent Contractors	· · · · · ·									
1	Complete this table for your five highest comp	pensated indepe	ender	nt co	ontr	acto	ors th	at r	eceived more th	an \$100,000 of	
	compensation from the organization										
	(A)								(B)		(C)
	Name and business add	iress						_	Description of sei	vices	Compensation
								┡			0
								<del> </del>			
	- <u> </u>							ـــــ			0
	- <u> </u>							<u> </u>			0
								L			
2	Total number of independent contractors (inc	-						abo	ve) who receive	d	
	more than \$100,000 in compensation from the	e organization	•				_			ı	

Par	bVIII	Statement of Revenue							
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
its st	1a	Federated campaigns	Ŀ	1a	0				
ra C	b	Membership dues .		1b	81,373				
s, ç amı	С	Fundraising events	Ŀ	1c	0				
Contributions, gifts, grants and other similar amounts	d	Related organizations	Ŀ	1d	0				
ns, imi	e	Government grants (contribution	ns)	1e	0				
ıtiol er s	f	All other contributions, gifts, gra							
혈환		similar amounts not included ab	<u></u>	1f	0				
Conti	9	Noncash contributions included in I	nes 1a-1f	\$ .		-			
<u>Q</u> <u>u</u>	h	Total. Add lines 1a–1f			<b>&gt;</b>	81,373			
Jue	_	5011 NO 41 ONO 45 VESTION		ŀ	Business Code	40.705	0	10.705	
Program Service Revenue	l	ROLLING ALONG ADVERTISIN	16	ŀ		19,705	55,872	19,705	
e e		CONVENTIONS - NDMCA		}		55,872	12,468		
يق		NDMCA GROUP INS		}		12,468 10,096		10,096	
Se		CONTINUATION OF COVERA	<u> </u>	ŀ		29,323	29,323	10,090	
Jran	e	SEMINARS All other program service reveni		- }		29,525	23,323		
, or		All other program service revenue Total. Add lines 2a–2f	ie.	L	•	127,464			
	2					121,101			
	3	Investment income (including di other similar amounts)	viderius, iritei	ı esi	, anu	1,511	1,511		
1		Income from investment of tax-	womnt hand	nro		1,511	1,311		<u> </u>
ı	4 5	Royalties	exempt bond	pio	Leeus -	0			
	"	Noyalites	(ı) Real	T	(II) Personal	<del>-</del>			
1	6a	Gross Rents	(77.55.		(i) i dication				
 	b	Less rental expenses							
	C	Rental income or (loss)		0	0				
	d	Net rental income or (loss)	<b>L</b>		▶	0			
	7a	Gross amount from sales of	(i) Securities	,	(II) Other				
		assets other than inventory		0	0				
1	b	Less cost or other basis				ī			
1		and sales expenses .		0	. 0				
	C	Gain or (loss)		0	0				
1	d	Net gain or (loss)			. •	0			
Other Revenue	8a	Gross income from fundraising							
, Š		events (not including \$	<u>0</u>	-					
୍ଞ		of contributions reported on line	1c)						
ે ઉ		See Part IV, line 18 .	•	a	20,350				
່ ≅	b	Less direct expenses .	•	b [	16,192			-	
1	С	Net income or (loss) from fundra		٠ ,		4,158			 
ì	9a	Gross income from gaming acti	vities						
		See Part IV, line 19		а	0				
		Less direct expenses		b [	0				
		Net income or (loss) from gamir	ng activities.	ſ		0	· · · · · · · · · · · · · · · · · ·		
	10a	Gross sales of inventory, less			00.507				
		returns and allowances	•	a	63,527				
	b	Less cost of goods sold	-£	b [	41,914	04.040			
	<u>c</u>	Net income or (loss) from sales  Miscellaneous Revenue	of inventory	-	Business Code	21,613			<u> </u>
	112	MISCELLANEOUS INCOME		-	Duamess Coue	143			
	b			ŀ		143	T	<del> </del>	
1	1			ł		0			
1	4	All other revenue		ŀ		0			
1	d	Total. Add lines 11a–11d .		i		143	<del></del>		
1	12	Total revenue. See instructions	· i	•	•	236,262		29,801	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) (A) (D) Do not include amounts reported on lines 6b, Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21. Grants and other assistance to individuals in 2 the U.S See Part IV, line 22. . . Grants and other assistance to governments, 3 organizations, and individuals outside the U.S. See Part IV. lines 15 and 16. Benefits paid to or for members 4 Compensation of current officers, directors, 115,777 115,777 trustees, and key employees . . . Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 0 Other employee benefits 9 7,231 7,231 10 Payroll taxes Fees for services (non-employees): 11 n a Management 0 b Legal 925 925 C Accounting 1,665 1.665 d Lobbying Professional fundraising services. See Part IV, line 17 0 0 Investment management fees f 0 Other g 1,815 1,815 Advertising and promotion 12 12,048 12.048 Office expenses 13 0 Information technology 14 0 Royalties 15 9,521 9,521 Occupancy 16 5,706 5,706 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 46,399 46,399 19 Conferences, conventions, and meetings 544 Interest 544 20 0 21 Payments to affiliates 2,749 0 22 Depreciation, depletion, and amortization 23 Insurance 2.791 2,791 Other expenses Itemize expenses not covered 24 above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) 536 EQUIPMENT RENTAL 536 3,566 3,566 **TELEPHONE** 400 **DUES & SUBSCRIPTIONS** 1,415 1,015 1,532 1,532 d EXECUTIVE COMMITTEE 780 780 e BANK CHARGES 392 14,580 14,188 f All other expenses Total functional expenses. Add lines 1 through 24f 71,705 155,126 229,580 25 Joint costs. Check here ▶ If following 26 SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Retained earnings, endowment, accumulated income, or other funds.

Total net assets or fund balances

Total liabilities and net assets/fund balances

32

33

45-0215329 **Balance Sheet** (A) (B) Beginning of year End of year 18,838 Cash—non-interest-bearing 17.211 Savings and temporary cash investments 2 144,473 2 150,585 3 Pledges and grants receivable, net . . . 3 12,519 4 Accounts receivable, net 14,824 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). 6 Notes and loans receivable, net n 7 2,182 8 4,161 Inventories for sale or use Prepaid expenses and deferred charges . 9 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 42,808 5,205 Less accumulated depreciation 10b 33,461 10c 9,347 b 0 11 Investments—publicly traded securities . 0 11 0 12 0 Investments—other securities. See Part IV, line 11 12 ol 13 Investments—program-related See Part IV, line 11. 0 13 Ol 14 0 14 Intangible assets. 15 Other assets See Part IV, line 11 322 15 100 183,539 16 196,228 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,703 Accounts payable and accrued expenses . 17 17 18 18 Grants payable Deferred revenue 19 19 20 20 Tax-exempt bond liabilities . . Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 persons Complete Part II of Schedule L 1.231 23 5,732 23 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties. 24 24 6,838 25 5,108 25 Other liabilities Complete Part X of Schedule D 9.772 26 15.427 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 28 28 Temporarily restricted net assets or Fund 29 29 Permanently restricted net assets . . . Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund

180.449

180,449

195,876

173,767

173,767

183,539

32

33

Form s	1990 (2010) NORTH DAKOTA MOTOR CARRIERS ASSN INC.	4:	5-0215329	Pag	ge <b>12</b>
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u>.</u>		
	_	1			
1	Total revenue (must equal Part VIII, column (A), line 12)	_1			3,262
2	Total expenses (must equal Part IX, column (A), line 25)	2			<del>9,580</del>
3	Revenue less expenses. Subtract line 2 from line 1	3			6,682
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4		173	<u>3,767</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,	.			
	column (B))	6		180	) <u>,449</u>
Part	XII Financial Statements and Reporting			1	
	Check if Schedule O contains a response to any question in this Part XII		· · · ·	.	Щ_
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_ k	·	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		* *		
	Schedule O		**		<u> </u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•	. 2a	X	<u> </u>
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	•	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain it	1	J.Š.A		*,
	Schedule O			THE REAL PROPERTY.	3. 3
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		) × 3	- I	-
	issued on a separate basis, consolidated basis, or both		2,7		1
	X Separate basis Consolidated basis Both consolidated and separate basis		-	٠	, i
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2010)

### **Continuation Sheet for Form 990**

raue i oi	Page	1	of	
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Name of the Organization

Employer identification number

45-0215329

NORTH DAKOTA MOTOR CARRIERS ASSN INC

Part VII Section A Continuation of Off

Continuation of Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees										
(A)	(B)	Posit	tion (		C) kall	that ap	nh/\	(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	T	Officer	Key employee	employee	T -	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(29) DICK JOHNSON TREASURER	0			х				0	0	0
(30) JOHN ROSWICK ATA STATE VP	_ 0			х				0	0	0
(31) THOMAS A BALZER CAE EXEC. VP	40			Х	X	x		69,790	o	
(32)									i	_
(33)										
(34)										
(35)										
(36)										
(37)										
(38)										
(39)										
(40)										
(41)										
(42)										
(43)	· · · · · · · · · · · · · · · · · · ·									
(44)										
(45)	<u> </u>									
(46)										
(47)										
(48)				-						
(49)				-				-		
	l	<u> </u>	Ц_		<u> </u>	1	<u> </u>	L		<u> </u>

#### **Elections**

#### Election to NOT claim first-year special depreciation - 5 Year Property

Pursuant to IRC Section 168(k)(2)(D)(III), the Taxpayer elects out of first-year special depreciation for all 5-Year depreciable property placed in service during the current tax year