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# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCANNED JUN 1 9 EST

▶ Do not enter Social Security numbers on this form as it may be made public.

and ending

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

<u>A I</u>	or the	2013 calendar year, or tax year beginning and	ending		
В	Check if	C Name of organization		D Employer identific	ation number
	Addres change Name change			20-32	94424
	initial return Termin ated	,	Room/suite	E Telephone number (701)	662-4760
	Amend return Applica	DEVILS LAKE, ND 58301-9634		G Gross receipts \$ H(a) is this a group ret	180,209. um
	pendin	F Name and address of principal officer RICHARD JORGENSON 4931 81ST AVE NE, DEVILS LAKE, ND 5830	01	for subordinates? <b>H(b)</b> Are all subordinates ind	Yes X No
		empt status $X = 501(c)(3) = 501(c)( )$ (insert no.) $= 4947(a)(1) c$ e: $\triangleright N/A$	or 527	If "No," attach a li	st (see instructions) number
K F	orm of	organization: X Corporation	L Year	of formation: 2006 M	State of legal domicile ND
nce		Briefly describe the organization's mission or most significant activities TO ST MARKSMANSHIP PROGRAMS AND EDUCATION WITH			
Governance	2	Check this box   if the organization discontinued its operations or dispose Number of voting members of the governing body (Part VI, line 1a)			
	`4	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2013 (Part V, line 2a)		4 5	0
Activities &	6	Total number of violunteers (estimate if necessary)  Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12		6 7a	25
¥ 		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
Revenue	Į.	Contributions and grants (Part VIII, line 1h)		Prior Year 57, 290.	<u>Current Year</u> 180,209.
	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		57,290.	0. 180,209.
		Grants and similar amounts paid (Part IX, column (A), lines 1·3) Benefits paid to or for members (Part IX, column (A), line 4)		18,671. 0.	110,174.
Expenses	15 16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0. 0.
Expe	17	Total fundraising expenses (Part IX, column (D), line 25)  Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0.	111.	800.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less-expenses Subtract line 18 from line 12		18,782. 38,508.	110,974. 69,235.
sets or	20	Total assets (Part X, line 16)	Ве	ginning of Current Year 72, 293.	End of Year 141,528.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26) 14 00   Net assets or fund balances Subtract line 21 from line 20		72,293.	0. 141,528.
Pa	art II	Signature Block: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	s and statem		
		t, and complete Declaration of preparer (other than officer) is based on all information of wh		-	
Sig Her		Signature of officer  RICHARD JORGENSON, TREASURER Type or print name and title		Date	
Paid	- 1	Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature		Oate Check X If self employed	P00400284
	Only Only	Firm's name EMIL R. SCHOENFISH, CPA (/  Firm's address 602 S COLLEGE DR, BOX 663  DEVILS LAKE, ND 58301		Phone no 7 0 1	<u>45-0404646</u> -662-4704
May	the IF	RS discuss this return with the preparer shown above? (see instructions)		T Holle Ho. 7 O I	X Yes No

Part IV Checklist of Required Schedules

	•		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_	_X_	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
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_		<u> </u>
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_ 5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	_6_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			1
	If "Yes," complete Schedule D, Part IV	9	,	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, 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			ļ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			1
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	_11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	<u>11d</u>		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	_11e		X
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.45		x
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	_11f		
124	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
Ü	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? 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 other assistance to or for any			i
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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 on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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,"			٦,
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	_20b	990	(0010)

	•		<u>res</u>	NO
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	_21_	<u>X</u> _	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			- T
	Schedule J	_23_		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$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			٠,,
	Schedule K. If "No", go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	.		l
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del></del>
25a	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		<u> </u>
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			3.7
	Schedule L, Part I	25b	<del></del>	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			l I
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	00		<b>.</b>
07	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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		07		X
20	of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		Δ_
28	Instructions for applicable filing thresholds, conditions, and exceptions)			
-	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	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	1	x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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	35b		
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	Х	
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 VI	_37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2013)

Form 990 (2	013) DAKOTA MARKSMANSHIP FOUNDATION,	INC.	<u> 20-3294424</u>	Pa	age
Part V	Statements Regarding Other IRS Filings and Tax Compliance	)			
	Check if Schedule O contains a response or note to any line in this Part V				

	Check if Schedule O contains a response or note to any line in this Part V			γ	ليبا
		1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			Ì	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			
	(gambling) winnings to prize winners?	l 1	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		ł		
	filed for the calendar year ending with or within the year covered by this return		1		l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)	_	ļ	,,,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				<b>.</b> .
	financial account in a foreign country (such as a bank account, securities account, or other financial	accounty	4a		Х
D	If "Yes," enter the name of the foreign country	Accounts			
<b>E</b> 0	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial.	Accounts	5a		Х
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	ection?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	action,	5c		-23
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit	30		
Va	any contributions that were not tax deductible as charitable contributions?	ie organization sonot	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions	tions or aifts	- 50		
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Figure 1.	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	_7h		
8	Sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		ļ		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8_		ļ
9	Sponsoring organizations maintaining donor advised funds.		ļ		
а	Did the organization make any taxable distributions under section 4966?		9a	ļ	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter	1 1		· '	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-	ļ,	
11	Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders	11a	1	'	
D	Gross income from other sources (Do not net amounts due or paid to other sources against	146		ļ	
100	amounts due or received from them)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10412	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
		120	1	1	
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?		13a		
a	Note. See the instructions for additional information the organization must report on Schedule O		100		
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	13b			
С	Enter the amount of reserves on hand	13c	1	] .	
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		
				000	10010

Form **990** (2013)

DAKOTA MARKSMANSHIP FOUNDATION, INC. 20-3294424 Form 990 (2013) 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 or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 0 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. X a The governing body? 8a Х **b** Each committee with authority to act on behalf of the governing body? Яh 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

Form 990 (2013)

58301

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

RICHARD JORGENSON - (701) 662-4760

<u>4931 81ST AVE NE, DEVILS LAKE, ND</u>

# Form 990 (2013) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

**Employees, and Independent Contractors** 

Check if Schedule O contains a response or note to any line 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

(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per				a director/trustee)			compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for	direct				-		l I	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(112/1000/111100)	organization
	organizations	frust	na pu		oyee	ошо				and related
	below	Individual trustee or director	Institutional trustee	둉	emp	est c	횰			organizations
	line)	ig i	턀	Officer	Ke,	Highest compensated employee	호			
(1) THOMAS A THOMPSON	5.00	ļ							_	
PRESIDENT		X	_	Х				0.	0.	0
(2) STEVE FAUGHT	5.00								_	_
VICE PRESIDENT	<del></del>	X		X				0.	0.	0
(3) LEON NESJA	5.00	١							_	_
SECRETARY		X		X		ļ		0.	0.	0
(4) RICHARD JORGENSON	5.00							_	•	0
TREASURER		X		X				0.	0.	0
(5) ERIC PUEPPKE	5.00							0	0	0
DIRECTOR		Х		<u> </u>				0.	0.	0
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Form 990 (2013)

rai	T VII Section A. Officers, Directors, Trus		oloy	ees			ghe	st C	1		1			
	· (A)	(B)	1			C)			(D)	(E)	,		(F)	
	Name and title	Average	(do		Pos heck		) than	one	Reportable	Reportable	ì		ımate	
		hours per	box	, unle	ss pe	rson	is bot	h an	'	compensatio			ount o	of
		week (list any	<del> </del>	J. ui	1	1		T ,	- from	from related			other	har
		hours for	Individual trustee or director				_		the organization	organization (W-2/1099-MIS	1		ensa om the	
		related	) ie 0r (	stee			satec		(W-2/1099-MISC)	(***271099*18113	,,		ınızatı	
		organizations	truste	Institutional trustee		eg.	mper		(11 2, 1000 111100)			_	relate	
		below	dual	utto		Key employee	est co	2					nizatio	
		line)	lndıv	Instit	Officer	Keye	Highest compensated employee	Former						
				l							İ			
			_											
						<del>                                     </del>					1			
	•													
					_		<del> </del>	-						
								1						
	<del></del>		-	-	-		_							
	•							l						
				<u> </u>	ļ		<u> </u>							
								1			1			
	·							<u>_</u>						
							<u></u>							
1b	Sub-total							<b></b>	0.		0.			0.
С	Total from continuation sheets to Part VII	, Section A						<b></b>	0.		0.			0.
	Total (add lines 1b and 1c)							<b></b>	0.		0.			0.
2	Total number of individuals (including but no	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	.000 of reportable	e			
	compensation from the organization		_				,			,				0
													Yes	No
3	Did the organization list any former officer,	director, or tru	ste	e ke	v er	mpla	vee.	. or	highest compensated e	mplovee on				
•	line 1a? If "Yes," complete Schedule J for si		.0.0.	0, 110	,, 0.		,,00	,	mg.root oompondated o	inployed on		3		Х
4	For any individual listed on line 1a, is the su		9 00	mn	ones	ation	and	d ot	her compensation from	the organization	ľ			
7	and related organizations greater than \$150	•							· · · · · · · · · · · · · · · · · · ·	ine organization	1	4		х
<b>E</b>										dual for convec	}	-		
5	Did any person listed on line 1a receive or a							eiai	ed organization or indivi	dual for services	l	_ \	İ	v
	rendered to the organization? If "Yes," comp	<u> Diete Scheaul</u>	9 <i>J T</i>	or st	ucn	pers	son					5		X
	tion B. Independent Contractors									<b>#</b> 400.000 f				
1	Complete this table for your five highest cor	-									pensa	ation fr	om	
	the organization Report compensation for t	ne calendar y	ear	endı	ng v	vith	or w	ithir		/ear				
	(A) Name and business	addrosa			_				( <b>B)</b> Description of s	onucos	<u></u>	(C)		
	ivanie and business		<u>N</u> (	ONE	<u>.                                    </u>				Description of s	OI AICES		ompen	sauoi	-
		-												
								ı		1				
								$\Box$						
								1						
2	Total number of independent contractors (in	ncludina but n	ot III	mite	d to	tho	se lis	stec	d above) who received m	ore than				
	\$100,000 of compensation from the organiz	=				(	0		,					
	y . 00 1000 or 00 riporiodator from the organiz						-						ΩΩ (σ	

332008 10-29-13

Pa	rt VII	Statement of Rever	nue					
		Check if Schedule O cont	tains a response	e or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue excluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
इ इ	1 a	Federated campaigns	1a					312 314
La J		Membership dues	1b					
Contributions, Giffs, Grants and Other Similar Amounts	c		1c					
		Related organizations	1d	180,209.				
		Government grants (contribut	tions) 1e					
r S	f	AN 11 1 1 1 1 1						
ğğ.		similar amounts not included abo	ove 1f					
da	g	Noncash contributions included in lines	s 1a-1f \$					
<u>8 0</u>	h	Total. Add lines 1a-1f		<b>•</b>	<u>180,209.</u>			
				Business Code				
<u>8</u>	2 a							
e Zi	b							
n S	С							
Reg	d							ļ
Program Service Revenue	е							
-	f	All other program service reve	enue			<u> </u>		
		Total. Add lines 2a-2f	de esta de esta esta esta esta esta esta esta est	<u> </u>				
	3	Investment income (including	aiviaenas, intei	rest, and				
	4	other similar amounts) Income from investment of ta	v avamet band	proceeds				-
	4 5	Royalties	x-exempt bond	proceeds	·	· · = -		
	•	Hoyanies	(i) Real	(ii) Personal				
	6 a	Gross rents	(77.154	(1) 1 51551141				
	b	1 1						
	c	D4-1						
		Net rental income or (loss)		<b>•</b>				
		Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		<b>•</b>	···			
e e	8 a	Gross income from fundraisin	ig events (not					
en		including \$	of					
è		contributions reported on line	1c) See					
Other Revenue		Part IV, line 18		9				
₹		Less direct expenses		·				}
		Net income or (loss) from fund	_	<b>•</b>				
	9 a	Gross income from gaming ad						
		Part IV, line 19 Less direct expenses		3				
		Net income or (loss) from gan		<b>'</b>				
ĺ		Gross sales of inventory, less						<del> </del>
	.0 4	and allowances		a				
	b	Less cost of goods sold						
		Net income or (loss) from sale		<b>•</b>				
		Miscellaneous Revenu		Business Code	·			
	11 a							
	b							
	С	<del></del> -						
ļ	d	All other revenue						
	е	Total. Add lines 11a-11d		<b>&gt;</b>				
00000	12	Total revenue See instructions.			180,209.	0.	0	<del></del>
33200	⊎ -13							Form <b>990</b> (2013)

Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respons	(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	110,174.	110,174.		<del></del>
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16			<u> </u>	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	800.		800.	. <u>.                                   </u>
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,			}	
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		_		
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	,			
а					
b				<del></del>	
С					
d					
	All other expenses	110 074	110 174	0.00	
25	Total functional expenses Add lines 1 through 24e	110,974.	110,174.	800.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 72,293. 141,528. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other 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 instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 11 Investments · publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 14 intangible assets 15 Other assets See Part IV, line 11 15 72,293 141,528 16 Total assets, Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 25 Schedule D 0. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 30 Capital stock or trust principal, or current funds 30 0. 31 0. Paid-in or capital surplus, or land, building, or equipment fund 528. 72,293. 32 Retained earnings, endowment, accumulated income, or other funds 32 72,293. 33 141,528. 33 Total net assets or fund balances 141,528. 72,293.

Form 990 (2013)

Total liabilities and net assets/fund balances

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

332012 10-29-13 3b

Form **990** (2013)

# **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Part I	Peason		rity Status (All arrange							0-34944	<u> </u>
			rity Status (All organiz					tructions			
		•	because it is (For lines	•		•	•				
1			es, or association of chur		ribed in <b>se</b>	ction 170	(b)(1)(A)(i)	).			
2			70(b)(1)(A)(ii). (Attach Sc	-							
3			oital service organization o								
4 L	_		operated in conjunction	with a hos	pital desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	ıı). Enter	the nospital's	name,
_ [	city, and stat								 h alb		
5			benefit of a college or ur	niversity ov	wnea or op	perated by	a governi	mentai uni	t describ	ea in	
		(b)(1)(A)(ıv). (Comp	•								
6 🖳			ment or governmental unit							and the later at the same	
7 X	· ·	•	ceives a substantial part	ot its supp	ort from a	governme	ental unit c	or trom the	generai	public describ	ea in
<u> </u>		b)(1)(A)(vi). (Compl		<b>(0</b> laka	D- 4 II )						
8	-		section 170(b)(1)(A)(vi).				t				
9	-	•	ceives (1) more than 33 1						-	•	•
			unctions - subject to certa								
			taxable income (less sect	iion 511 ta	x) irom bu	sinesses a	acquired b	y the orga	inization	arter June 30,	1975.
40		509(a)(2). (Complet	•	ما امار می ما	o opfoty C	Soo4	- F00/-V	۵\			
10	=	=	operated exclusively to te operated exclusively for th	· ·	-			•	u out the	nurnana of	one or
11	-	•	zations described in section						•		
	•	•	g organization and comple				./ Oee Set	) <del>6</del> 06 (101)	a)(3). ⊖⊓	eck the box ti	iai
	a Type	· · · · · · · · · · · · · · · · · · ·		ype III - Fui	_			ayT 🔲 t	e III . No	n-functionally	integrated
e 🗀			at the organization is not	•	•	•		• • •		•	-
•	, ,		than one or more publicly		•	•	•		•	•	
f		_	itten determination from t		-				3(a)(1) 01	000000000000000000000000000000000000000	\\ <del>_</del> /
•		rganization, check t				po 1, 13po	., 0. 1, p.				
g		•	organization accepted ar	nv aift or co	ontribution	from any	of the follo	owing per	sons?		
9			directly controls, either al							. 5	res No
	• • • • • • • • • • • • • • • • • • • •		supported organization?			•		` ' '	•	11g(i)	
	-	•	on described in (i) above?							11g(ii)	
	• • •	•	a person described in (i) o		e?					11g(iii)	
h	• •	•	n about the supported or	• •						<u></u>	
		_									
(i) Name	of supported	(II) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you	notify the	(vi) Is	the	(vii) Amount o	f monetary
	anization	(, z	(described on lines 1-9	in col. (i) lis	-		ion in col.	organizati (i) organiz	ed in the	suppo	•
			above or IRC section (see instructions))	governing	document?	(i) of your	r support?	U.S			
			(See instructions)/	Yes	No	Yes	No	Yes	No		
								-	<b></b>		
									<del> </del>		
						· · · · · · · · · · · · · · · · · · ·			ļ		
									1		
									-		
Total											

332021 09-25-13

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013 DAKOTA MARKSMANSHIP FOUNDATION, INC. 20-3294424 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and			<b>1-1</b>			
	membership fees received (Do not						
	include any "unusual grants ")	199,863.	264,681.	78,999.	57,290.	180,209.	781,042.
2	Tax revenues levied for the organ-		-				
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	199,863.	264,681.	78,999.	57,290.	180,209.	781,042.
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		i				
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						781,042.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	199,863.	264,681.	78,999.	57,290.	180,209.	781,042.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	8.					8.
9	Net income from unrelated business						
	activities, whether or not the			j			
	business is regularly carried on						
10	Other income Do not include gain	-					
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						781,050.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
14	Public support percentage for 2013 (li	ıne 6, column (f) dı	vided by line 11, c	olumn (f))		14	100.00 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	99.94 %
16a	33 1/3% support test - 2013. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies		•				<b>▶</b> X
b	33 1/3% support test - 2012. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	•					
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the "fac			-		t IV how the organ	ization
	meets the "facts-and-circumstances"						<b>&gt;</b>
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th				•		. —
	organization meets the "facts-and-circ						<u> </u>
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16a	i, 16b, 17a, or 17b			
					Çaha	dula A (Earm 990)	AL DOU-E 21 2012

332022 09-25-13

Pa	rt III Support Schedule for C	)rganizations	Described in S	Section 509(a)(	(2)		
	. (Complete only if you checked	the box on line 9	of Part I or if the or	ganization failed to	qualify under P	art II If the organiz	ation fails to
	qualify under the tests listed b	elow, please com	plete Part II )				
e c	ctìon A. Public Support						
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	Include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that	 					
	are not an unrelated trade or bus-	1	İ				
	iness under section 513	1					
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities				<del></del> -		
	furnished by a governmental unit to	ı					
	the organization without charge						
6	Total. Add lines 1 through 5	 					
7 a	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons Amounts included on lines 2 and 3 received						
N	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	I 					
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
ec	tion B. Total Support						
ale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
l0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income	1					
	(less section 511 taxes) from businesses	1					
	acquired after June 30, 1975						<u> </u>
c	Add lines 10a and 10b	1					
	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)				<del></del>		
13	Total support (Add lines 9, 10c, 11, and 12)	·					
4	First five years. If the Form 990 is for	the organization's	s first, second, third	i, fourth, or fifth tax	x year as a secti	on 501(c)(3) organiz	ation,
	check this box and stop here						
ec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2013 (l		•	olumn (f))		15	%
	Public support percentage from 2012					16	%
ec	ction D. Computation of Inves	stment Incom	e Percentage				
7	Investment income percentage for 20	13 (line 10c, colur	mn (f) divided by line	e 13, column (f))		17	%
8	Investment income percentage from 2	2012 Schedule A,	Part III, line 17			18	%
9a	33 1/3% support tests - 2013. If the	organization did r	not check the box o	n line 14, and line	15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box as	nd <b>stop here.</b> The	organization qualif	fies as a publicly si	upported organi	zation	
b	33 1/3% support tests - 2012. If the	organization did r	not check a box on	line 14 or line 19a,	and line 16 is m	ore than 33 1/3%,	and

Schedule A (Form 990 or 990-EZ) 2013

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form 990 or 9	90-EZ) 2013	DAKOTA	MARKSMANSHI	FOUNDATION	INC.	20-3294424 Page 4
Part IV	Sùppleme	ntal Inform	<b>nation.</b> Prov	ride the explanations rec	uired by Part II, line 10	, Part II, line 17a o	r 17b, and Part III, line 12
	Also complete	this part for	any additiona	l information (See instru	ictions)		
						<del></del>	
			<del></del>			<del></del>	
							<del></del>
				<del></del>			
		-	<del></del>		<del></del>		
				- <del></del>			
	<del> </del>						
				<del></del>			
				<del></del>			<del>-</del>

SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

# Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

INC.

DAKOTA MARKSMANSHIP FOUNDATION,

(b) EIN

1 (a) Name and address of organization

Part II

or government

RED RIVER REGIONAL MARKSMANSHIP

CENTER INC

BISMARCK-MANDAN RIFLE & PISTOL

ASSOCIATION

Part I General Information on Grants and Assistance

criteria used to award the grants or assistance?

|--|

OMB No 1545-0047

Employer identification number

20-3294424

**2** AND MARKSMANSHIP PROGRAMS IND MARKSMANSHIP PROGRAMS PO SUPPORT FIREARM SAFETY TO SUPPORT FIREARM SAFETY (h) Purpose of grant or assistance AND EDUCATION WITH AND EDUCATION WITH EMPHASIS ON YOUTH. EMPHASIS ON YOUTH X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant 93, 794. 6,630 (c) IRC section if applicable

TO SUPPORT FIREARM SAFETY

AND MARKSMANSHIP PROGRAMS EMPHASIS ON YOUNG ADULTS. AND EDUCATION WITH 9,750. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table NDSU MARKSMANSHIP CLUB

SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

Page 2

20-3294424

DAKOTA MARKSMANSHIP FOUNDATION,

Schedule I (Form 990) (2013)

Part III

Schedule I (Form 990) (2013)

# **SCHEDULE O**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Employer identification number

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990

Open to Public Inspection

DAKOTA MARKSMANSHIP FOUNDATION, INC.	20-3294424
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: THE TREASURER REVIEWED THE RETURN BEFORE IT I	WAS FILED.
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ENTITY POSTS ITS FINANCIAL STATEMENTS AND	O STATEMENT OF
CONFLICT OF INTEREST POLICY ON A CONSPICUOUS BULLETIN BOAI	RD ON SITE. ANY
AND ALL REQUESTS FOR THIS INFORMATION ARE HONORED.	
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTO	ORS, ETC:
THOMAS A THOMPSON - 2708 STEVENS ST, BISMARCK, ND 58503	
STEVE FAUGHT - 2581 149TH AVE SE, AMENIA, ND 58004	
LEON NESJA - 708 SWEETBRIAR RD, MANDAN, ND 58554	
ERIC PUEPPKE - 14926 25TH ST SE, AMENIA, ND 58004	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Partl

# Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or
 Attach to Form 990.

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	r 37.	
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▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

DAKOTA MARKSMANSHIP FOUNDATION, INC.

2013
Open to Public Inspection

Employer identification number 20-3294424

Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt End-of-year assets e Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

organizations during the tax year							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	bX13)
,		,,		501(c)(3))	•	Yes	e S
	TO SUPPORT FIREARM SAFETY			l		L	
	AND MARKSMANSHIP PROGRAMS						
BISMARCK-MANDAN RIFLE & PISTOL ASSOCIATION	WITH EMPHASIS ON YOUTH	NORTH DAKOTA				_	×
	TO SUPPORT FIREARM SAFETY					,	
	AND MARKSMANSHIP PROGRAMS						
RED RIVER REGIONAL MARKSMANSHIP CENTER INC.	WITH EMPHASIS ON YOUTH	NORTH DAKOTA				~	×
	TO SUPPORT FIREARM SAFETY						
	AND MARKSMANSHIP WITH						
NDSU MARKMANSHIP CLUB	EMPHASIS ON YOUNG ADULTS	NORTH DAKOTA				_	×

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2013

20-3294424

Page 2

3

INC. DAKOTA MARKSMANSHIP FOUNDATION, Schedule R (Form 990) 2013

Part III

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

General or Percentage managing ownership partner? 9 Code V.UBI amount in box 20 of Schedule K·1 (Form 1065) Ξ Disproportionate Yes No allocations? Ξ Share of end of-year assets <u>(</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) (e) (d)
| Direct controlling entity (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization (a)

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

1	ļ	اہ		l		1		ļ		l	
ε	Section 512(b)(13) controlled entity?	8 0				_		_	 		
	513 P P P	Yes					 	_			
3	Percentage ownership								 		
(6)	Share of end-of-year	455515									
	Share of total income										
(e)	Type of entity (C corp, S corp, or trust)	(acci)									
(p)	Legal domicile Direct controlling Type of entity (C corp., S corp., loreign or friet)										:
(0)	Legal domicile (state or foreign	country)			_						
(q)	Primary activity										
(a) (b)	Name, address, and EIN of related organization						!				

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Schedule R (Form 990) 2013

Page 3

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# INC. DAKOTA MARKSMANSHIP FOUNDATION, Schedule R (Form 990) 2013

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
  - **b** Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s) ס
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- 1 Performance of services or membership or fundraising solicitations for related organization(s)
  - m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete th	is line, including covered i	elationships and transaction thresholds
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) BISMARCK-MANDAN RIFLE & PISTOL ASSOCIATION	ĸ	6,630.	
RED RIVER REGIONAL MARKSMANSHIP CENTER,	Сť	93,794.	
(3) NDSU MARKMANSHIP CLUB	ထ	9,750.	
(4)			
(5)			
(9)			

20-3294424

Page 4

Schedule R (Form 990) 2013 DAKOTA MARKSMANSHIP FOUNDATION, INC.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

that was not a related organization bee instructions regarding exclusion for certain investment partitions in the	structions regarding exciu	Siori for certain inve		-						
(a)	(a)	(0)	(g)	(e)	E (	(6) (6)	Ē	<b>(</b> )	3	<b>X</b>
Name, address, and EIN of entity	Primary activity	eg g	(related, unrelated, 501(c)(3) excluded from tax	partners sec 501(c)(3) orgs?	Share of total	Share of end-of-year	uspropor- tonate allocations?	Usproper Code V-UBI General or Percentage bonate amount in box 20 managing ownership allocations? of Schedule K-1 partner?	General or managing partner?	Percentage ownership
		country)	under section 512-514) ye	s No	псоте	assets	Yes No	(Form 1065)	Yes No	
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								Schedule	R (For	Schedule R (Form 990) 2013

Schedule R	(Form 990) 2013	DAKOTA	MARKSMANSHIP	FOUNDATION,	INC.	20-3294424 Page 5
Part VII	(Form 990) 2013 Sùpplemental Inform	nation				
	Provide additional informa	tion for respon	sees to allestions on Sche	dule R (see instructions)	í	
	1 TOVIDE AUDITIONAL IIIIOTTIA	tion for respon	ises to questions on some	dule 11 (See instructions)		
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