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Form 990-EZ

CHANGE OF ACCOUNTING PERIOD

G PERIOD Short Form

Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public.

OMB No 1545-1150

2014

Department of the Treasury Internal Revenue Service

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A		the 2014 calendar year, or tax year beginning $10/01$, 2014, and ending $12/31$		2014
B		If applicable s change	D Employer id	entification number
⊢	:	change NORTH DAKOTA RECREATION AND PARK	45-036	58067
┢	Initial r	ehro ASSOCIATION I	E Telephone n	umber
F	{	PO BOX 1091	(701)	355-4458
F	Amend	BISMARCK, ND 58502-1091	F Group Ex	emotion
	Applica	ation pending	Number	►
G	Acco	unting Method: X Cash	► X if the	organization is not
ı	Web:		d to attach	
J	Tax-ex	tempt status (check only one) — X 501(c)(3)	990, 990-EZ	, or 990-PF).
K		of organization: X Corporation Trust Association Other		
L	Add	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if ts (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	total ►\$	24,177.
D.	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst	<u> </u>	
	21(1	Check if the organization used Schedule O to respond to any question in this Part I		X X
	1	Contributions, gifts, grants, and similar amounts received	1 1	
	2	Program service revenue including government fees and contracts	2	5,900.
(O)	3	Membership dues and assessments .	3	13,860.
ð	4	Investment income	4	14.
\geq	5a	Gross amount from sale of assets other than inventory 5a		
\$		Less: cost or other basis and sales expenses . 5b	─	
á	1	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
3	6	Gaming and fundraising events		
R		Gross income from gaming (attach Schedule G if greater than \$15,000)		
⋝₹	1	Gross income from fundraising events (not including \$ of contributions		
O NUL CENTRACO CONTRACO CONTRA	~	from fundraising events reported on line 1) (attach Schedule G if the sum		
E E		of such gross income and contributions exceeds \$15,000) 6b		
	°	: Less: direct expenses from gaming and fundraising events 6c	_	
2015	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d	
	7 a	Gross sales of inventory, less returns and allowances 7a		
	b	Less: cost of goods sold 7b		
	0	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
	8	Other revenue (describe in Schedule_O) SEE SCHEDULE O	8	4,403.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d 7c, and 8	▶ 9	24,177.
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members Salaries, other compensation, and employee penefits	. 11	
E	12	The state of the s	12	
P	13	Professional fees and other payments to anticependent configurations	13	8,390.
Ñ	14	Occupancy, rent, utilities, and maintenance GDEM, U	14	216.
PENSES	15	Printing, publications, postage, and shipping	. 15	1,678.
Ŭ	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	12,383.
	17	Total expenses. Add lines 10 through 16	▶ 17	22,667.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,510.
N S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of figure reported on prior year's return)	-year	117,266.
Ŧ	20	Other changes in net assets or fund balances (explain in Schedule O)	20	111,200.
5	21	Net assets or fund balances at end of year. Combine lines 18 through 20 .	► 21	118,776.
-		or Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2014)
D/	~~ -	n i apelitorit neduction det nouce, see uie separate msu ucuons.		1 01111 330 LE (2014)

	990-EZ (2014) NORTH DAKOTA REC			45	<u>5-036</u>	58067 Page 2
Par	Balance Sheets (see the institute Check if the organization used Sche	ructions for Part II)	estion in this Part II			
	Officer if the organization used Sche	dule O to respond to any que	23tion in this rait ii	(A) Beginning of ye	aar	(B) End of year
22	Cash, savings, and investments			117,266		118,776.
	Land and buildings.	• •	·	111,200	23	110,770.
	Other assets (describe in Schedule O)		}		24	
	Total assets			117,266	_	110 776
	Total liabilities (describe in Schedule O)		}			118,776.
	Net assets or fund balances (line 27 of c		Ino 21\		26	0.
		· , ,		117,266	5. 27	118,776.
Par	Statement of Program Service Ac Check if the organization used Sci			III X	1 _	Expenses
What i	s the organization's primary exempt purpose? SEE		destion in this Fart	<u> </u>	<u>-</u> 1 (1 \∈ 4	uired for section 501
Desc	ribe the organization's program service as	complishments for each of a	ts three largest proc	ram services as) and 501(c)(4) nizations, optional
meas	ribe the organization's program service as sured by expenses. In a clear and concise fited, and other relevant information for e	manner, describe the service	ces provided, the nu	imber of persons		thers.)
				<u> </u>		· · · · · · · · · · · · · · · · · · ·
28	PROFESSIONAL DEVELOPMENT,	<u>TRAINING & EDUCAT</u>	<u>'ION </u>]	
				.]	
	HOSTED THE ANNUAL CONVENT	<u>ION AND PROVIDED P</u>	ROFESSIONAL_	SEMINARS	J	
	·	is amount includes foreign gr	rants, check here	•	28 a	10,118.
29	COMMUNICATIONS, INFORMATI				_	
	PUBLISHED A QUARTERLY NEW	SLETTER.			_	
					7	
	(Grants \$) If the	is amount includes foreign gr	rants, check here	· 	∏ 29a	1,463.
30	SCHOLARSHIP & AWARDS				1	
		- 	 -	· 	1	
				·	1	
	(Grants \$) If the	is amount includes foreign gr	rants, check here	·	∏ 30 a	869.
31	Other program services (describe in Sch				1	005.
		is amount includes foreign gr	rants, check here	▶ [] 31 a	580.
32	Total program service expenses (add III				32	13,030.
	t IV List of Officers, Directors,		IOVERS (list each one	even if not compensated —		
1 (4)	Check if the organization used Sci				300 UIC	misu decions for Fart 14)
	<u> </u>	(b) Average hours per	· 	(d) 11-14	its,	
	(a) Name and title	week devoted to	(c) Reportable compensa (Forms W-2/1099-MISC	contributions to employed benefit plans, and de	ployee eferred	(e) Estimated amount of other compensation
		position	(If not paid, enter -0-)	compensation		
	IA SCHAAR JAHNER					
EXE	C DIRECTOR	10		0.	0.	0.
GEC	RGE HELLYER					
SEC	C/TREASURER	1		0.	0.	0.
DAF	RIN KRUEGER					
PRE	SIDENT	1		0.	0.	0.
RON	MERRITT					
DIF	RECTOR	1		0.	0.	0.
	AIG BJUR					
PRE	SIDENT ELECT	1		0.	0.	0.
	NAE JOCHIM					
	T PRESIDENT	1		0.	0.	0.
		-				
			····			· -
			ļ			
						
			I	1		I

TEEA0812L 05/28/14

Form **990-EZ** (2014)

BAA

	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			X
- 33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
J J	If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect			
25	a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)	34		X
35 8	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a	Х	
	olf 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b	X	
		- 555		
	: Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant	20		.,
27.	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37 a 0. Did the organization file Form 1120-POL for this year?	37 b		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		-	_ A
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
1	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved . 38b N/A			
39	amount involved . Section 501(c)(7) organizations Enter:	1		
	Initiation fees and capital contributions included on line 9			'
	Gross receipts, included on line 9, for public use of club facilities	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.	1		
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
1	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess	ļ		ļ
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 ь		x
		700		_
,	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
1	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization O.			İ .
,	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	List the states with which a copy of this return is filed NONE		. ,	
42	The organization's books are in care of ► CLEARWATER COMMUNICATIONS Located at ► 1605 E CAPITOL AVE, STE 203 BISMARCK ND At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ►	355		8 No X
42	The organization's books are in care of CLEARWATER COMMUNICATIONS Located at 1605 E CAPITOL AVE, STE 203 BISMARCK ND ZIP + 4 58501 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	355 -210	<u> </u>	No
42	Telephone no. (701) Located at 1605 E CAPITOL AVE, STE 203 BISMARCK ND At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	355 -210 42b	<u> </u>	No X
42	Telephone no. (701) Located at 1605 E CAPITOL AVE, STE 203 BISMARCK ND 2IP + 4 58501. At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	355 -210 42b	Yes	No X X N/A N/A
42	Telephone no. (701) Located at 1605 E CAPITOL AVE, STE 203 BISMARCK ND Located at 1605 E CAPITOL AVE, STE 203 BISMARCK ND	355 -210 42b	Yes	No X X
42	Telephone no. (701) Located at 1605 E CAPITOL AVE, STE 203 BISMARCK ND ZIP + 4 58501. At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	355 -210 42b 42c	Yes	No X X N/A N/A No
42	Telephone no. (701) Located at 1605 E CAPITOL AVE, STE 203 BISMARCK ND 2IP + 4 58501 To At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments?	355 -210 42b 42c 44a 44b	Yes	No X X N/A No X
42	Telephone no. (701) Located at 1605 E CAPITOL AVE, STE 203 BISMARCK ND ZIP + 4 58501 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year A Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ B Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ C Did the organization receive any payments for indoor tanning services during the year? If 'No, provide an explanation in Schedule O	355 -210 42b 42c 44a 44b 44c	Yes	No X N/A N/A No X
42 43 44 45	Telephone no. (701) Located at 1605 E CAPITOL AVE, STE 203 BISMARCK ND 2IP + 4 58501 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form	355 -210 42b 42c 44a 44b	Yes	No X X N/A No X
42 43 44	Telephone no. (701) Located at 1605 E CAPITOL AVE, STE 203 BISMARCK ND ZIP + 4 58501 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year A Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ B Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ C Did the organization receive any payments for indoor tanning services during the year? If 'No, provide an explanation in Schedule O	355 -210 42b 42c 44a 44b 44c	Yes	No X N/A N/A No X

-orm 990-E	z (2014) NORTH DAKOTA RECREA	TION AND PARK		45-036	58067		age 4
40 6144	o constantian ananna diseath as Indian	othe in political source	an activities on bobols o	of or in apparellian to	<u> </u>		No
candi	e organization engage, directly or Indirect dates for public office? If "Yes," complete	Schedule C, Part L	gn activities on benail o	or or in opposition to	46	1.2 1.2	X
Part VI		only		*****		9\$	
	Check if the organization used Schedul						. П
						Yes	No
compl	e organization engage in lobbying activities lete Schedule C, Part II	.,				х	
	organization a school as described in se					ļ	X
	ne organization make any transfers to an s,' was the related organization a section	•	-			├	X
50 Comp	lete this teble for the organization's five high yees) who each received more than \$100,0	hest compensated emplo	yees (other than officers,	directors, trustees and l		Ĺ	
arpo	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MRSC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other con	d emou Perseti	nt of on
NONE							
51 Como	number of other employees pald over \$1 dete this table for the organization's five hig ensetion from the organization. If there	nest compensated inden	endent contractors who e	each received more than	\$100,000 of		
	(a) Name and business address of each independent o	ortractor	(р.) Туре	of sarvice	(c) Com	pensatio	n
NONE							
							
						'	
52 Did ti	number of other independent contractor he organization complete Schedule A? No pleted Schedule A	lote. All section 501(c)	(3) organizations must a	ittach a	> X Ye	<u> </u>	No
	as of perjury, Locations that I have examined this return and completely Deplaration of preparer (other than office			e best of my knowledge and be		<u></u>	
true, correct, t	and completer Deglaration of preparer (other than office	er) is cased on all information	or which properer ras any know	1800gs.		-	
Sign	Signature of official			Date			
Here	DARIN KRUEGER Type or print name and title			PRESIDENT			
	Print/Type properer's name	Preparate authoriza	Date	Check X if	PTIN		
Paid	STEVEN L WONNENBERG, CPA		wender 4/20/	15 self-employed	P012042	55	
Preparer		NBERG C.P.A.					
Use Only	Firm's address > PO BOX 7183	200 0100		Firm's EIN	45-042		
		507-7183		Phone no. (7)		<u>-431</u>	1
May the IR	S discuss this return with the preparer s	hown above? See Insti	ructions		► X Ye	<u> </u>	No
					Form 9	30-EZ	(2014)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NORTH DAKOTA RECREATION AND PARK ASSOCIATION

Employer identification number 45-0368067

	•	5 (5) (6)	10 00 0 1000				1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u> </u>		
Part		Reason for Public Cha						ions.		
	organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)									
1	Н	A church, convention of church			ion 170(1	χΑχΓχα	i).			
2	Ц	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)								
3	Ц	A hospital or a cooperative he					• • •			
4	Ш	A medical research organizat	tion operated in conju	inction with a hospital c	lescribed	d in sec	tion 170(b)(1)(A)(iii). E	nter the hospital's		
	_	name, city, and state:								
5	Ц	An organization operated for the benefit of a college or university owned or operated by a governmental unit described insection 170(b)(1)(A)(iv). (Complete Part II.)								
6	Ш	A federal, state, or local gove	•							
7	X	An organization that normally run section 170(b)(1)(A)(vi). ((Complete Part II.)	, ,	•	ental un	it or from the general pul	olic described		
8	Ш	A community trust described	in section 170(b)(1)(A)(vi). (Complete Part i	l.)					
9		An organization that normally refrom activities related to its exemples and unrel June 30, 1975. See section 5	empt functions – subject ated business taxable	ct to certain exceptions, a e income (less section !	and (2) n	o more t	than 33-1/3% of its support	ort from gross		
10		An organization organized ar	•	- ·	-					
11		An organization organized ar or more publicly supported or lines 11a through 11d that de	rganizations describe	d ın section 509(a)(1) o	r section	n 509(a)	(2). See section 509(a)	t the purposes of one (3). Check the box in		
а	Ш	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	gularly appoint or elect	d, or controlled by its sup t a majority of the directo	ported or rs or trus	rganizat tees of	ion(s), typically by giving the supporting organizati	the supported on You must		
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by let the supported organizat	naving control or ion(s) You		
С	П	Type III functionally integrated. organization(s) (see instruction	A supporting organizat	tion operated in connection	n with, a	nd functi	onally integrated with, its	supported		
_	\Box									
d	Ш	Type III non-functionally integrated. The constructions). You must compare the compared to the constructions.	rated. A supporting org organization generally plete Part IV, Section	must satisfy a distribute A and D, and Part V.	tion requ	uremen	t and an attentiveness	requirement (see		
е		Check this box if the organizantegrated, or Type III non-fu	ation received a writte	en determination from t	he IRS t					
f	En	ter the number of supported of	organizations		•					
g	Pr	ovide the following information	n about the supported	d organization(s).						
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is organizati in your go docum	on listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
(A)		-								
• •	_									
(B)										
(C)		•								
(D)										
<u>(E)</u>										
Total										

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	tion A. Public Support					· -		
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2010.	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')	71,718.	24,815.	53,201.	26,595.	13,860.	190,189.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	71,718.	24,815.	53,201.	26,595.	13,860.	190,189.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.	
6	Public support. Subtract line 5 from line 4						190,189.	
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
7	Amounts from line 4	71,718.	24,815.	53,201.	26,595.	13,860.	190,189.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	145.	99.	62.	54.	14.	374.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	350.	2,597.	450.	3,063.	2,662.	9,122.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.	
11	Total support. Add lines 7 through 10						199,685.	
12	Gross receipts from related activ	vities, etc (see ins	tructions)			. 12	263,710.	
13	First five years. If the Form 990 is organization, check this box and		n's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3)	. ▶□	
	tion C. Computation of Pu					,		
	Public support percentage for 20	-		e 11, column (f))		14	95.24%	
	Public support percentage from					15	94.53%	
16	a 33-1/3% support test — 2014. If and stop here. The organization				nd the line 14 is 3	33-1/3% or more,	check this box	
ı	b 33-1/3% support test — 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17	7a 10%-facts-and-circumstances test — 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-and-circumstances'	and-circumstances test. The organiza	s' test, check this ition qualifies as	box and stop he a publicly suppor	re. Explain in Pa ted organization.	rt VI how the . □	
	Private foundation. If the organ	ization did not che	eck a box on line	, 16a, 16b, 1/a	·			
BAA					Sc	hedule A (Form 9	990 or 990-EZ) 2014	

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

<u>Sect</u>	tion A. Public Support						
	lar year (or fiscal yr beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admis-				<u> </u>		
	sions, 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 business under section 513.				-		
4	Tax revenues levied for the						
	organization's benefit and						
	either paid to or expended on its behalf						
5	The value of services or						
	facilities furnished by a				!		
	governmental unit to the						
_	organization without charge						
	Total. Add lines 1 through 5						
/ a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons						
ь	Amounts included on lines 2					•	
_	and 3 received from other than						
	disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year						
С	Add lines 7a and 7b.						
8	Public support (Subtract line	<u>"</u>					
	7c from line 6.)		<u> </u>		<u> </u>		
<u>Sec</u>	tion B. Total Support	r -	,				
Calend	dar year (or fiscal yr beginning in) 🕨 🥏	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
ь	Unrelated business taxable				+		_
	income (less section 511						
	taxes) from businesses acquired after June 30, 1975.						
	Add lines 10a and 10b				+		
11	Net income from unrelated business		 				
	activities not included in line 10b.						
	whether or not the business is	•					
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in						
	Part VI.)						
13	Total support. (Add lines 9, 10c, 11 and 12.)						
14	First five years. If the Form 990	is for the organiz	ration's first secon	nd, third, fourth	or fifth tax vear as	a section 501	(c)(3)
1-4	organization, check this box and	stop here	ation 3 mat, seco	na, tima, roarar,	·	a 30000011 3011	· · · · · · · · · · · · · · · · · · ·
Sec	tion C. Computation of Pu						
15	Public support percentage for 20	• •	• • •	ne 13, column (f)))	<u> </u>	5 %
_16	Public support percentage from			<u>.</u>		1	6 %
<u>Sec</u>	tion D. Computation of Inv					¥	
17	Investment income percentage to	for 2014 (line 10c	, column (f) divide	ed by line 13, col	umn (f)) .		7 %
18	Investment income percentage						8 %
19 a	33-1/3% support tests — 2014.	f the organization	did not check the	box on line 14,	and line 15 is mor	e than 33-1/3%	6, and line 17
_	is not more than 33-1/3%, check			·			
t	33-1/3% support tests - 2013. If line 18 is not more than 33-1/3%						
20	Private foundation. If the organi		•				- —
	rivate lountation. If the organi	zation did not CII	eck a box on line	1-t, 13a, UI 13b,	CHECK THIS DOX BIT	J SEE HISH UCLIO	iia .

Part IV Supporting Organizations
(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. A	II Sup	porting C	Organizations
--------------	--------	-----------	----------------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2	- 1	
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b	*	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		!
4 a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
Ł	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с	<u> </u>	<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8	-	
9 :	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
ı	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI</i>	9b		
•	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с		<u> </u>
10:	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a		-
١	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10Ь		

Par	t IV Supporting Organizations (continued)					
			Yes	No		
١١ ۽	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the					
	governing body of a supported organization?	11a				
t	A family member of a person described in (a) above?	11b				
	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c				
Sec	tion B. Type I Supporting Organizations					
			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in					
	Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove					
	directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,					
	applied to such powers during the tax year	1		— -		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such					
	benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the	2				
<u></u>	supporting organization			<u> </u>		
Sec	tion C. Type II Supporting Organizations		Yes	No		
_			162	NO		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the			L		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1_		L		
Sec	tion D. All Type III Supporting Organizations					
			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the					
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the					
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported					
2	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how	-		ļ		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2				
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant	Ŀ				
	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played		<u> </u>	ļ		
	ın thıs regard	3				
Sec	ction E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):					
	a The organization satisfied the Activities Test. <i>Complete line 2 below.</i>					
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>					
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ns).				
2	Activities Test. Answer (a) and (b) below.		Yes	No		
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the					
	supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported					
	organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			 		
	substantially all of its activities	2a		<u> </u>		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of					
	the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the	-		ļ		
	organization's involvement	2b		<u> </u>		
3	Parent of Supported Organizations. Answer (a) and (b) below.					
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a		-		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b				

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	<u>anizati</u>	ons	. <u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete	Novembe e Sectio	r 20, 1970. See instructions A through E.	ions. All
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	· · · · · · · · · · · · · · · · · · ·	
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).		•	
	Average monthly value of securities	1a		-
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C – Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally-int (see instructions).	egrated	Type III supporting or	ganızatıon
BA	<u> </u>		Schedule A (Fo	rm 990 or 990-EZ) 2014

	Dule A (Form 990 of 990-EZ) 2014 NORTH DAROTA RECREAT		45-036	1806/ Page
Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	ipporting Organiza	tions (continued)	
Sec	tion D - Distributions			Current Year
• 1	Amounts paid to supported organizations to accomplish exempt pu	rposes	•	
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity.	of supported organization	ns,	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
	Amounts paid to acquire exempt-use assets .		· · · · ·	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions	ion is responsive (provide	e details	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2014			
а		<u></u>		
b				
	· · · · · · · · · · · · · · · · · · ·			
	From 2013 .			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7:			
- 1				
	Excess from 2013			
_	Excess from 2014			

BAA

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE C (Form' 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

	Section 501(c)(4), (5), or (6) c	organizations: Complete Part III.				
Name	of organization		-	Employer identifica	tion number	
	RTH DAKOTA RECREATI			45-036806		
Pai		rganization is exempt under section			zation.	
1	Provide a description of the	organization's direct and indirect political c	ampaign activities in	Part IV.		
2	Political expenditures .	•		▶\$		
_	Volunteer hours	<u> </u>				
Pai		rganization is exempt under section				
1	•	cise tax incurred by the organization under		► \$		0.
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955	▶\$		0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		. Yes	No
4 8	a Was a correction made?				Yes	No
t	b If 'Yes,' describe in Part IV.					ليبا
Pai	rt I-C Complete if the o	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).		
1		pended by the filing organization for section				
2	Enter the amount of the filing	organization's funds contributed to other organ	nizations for section 52	27 exempt		
_	function activities			▶\$		
3		nditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,			
	line 17b			▶\$		
4	Did the filing organization fil	e Form 1120-POL for this year?			Yes	No
5	Enter the names, addresses	and employer identification number (EIN)	of all section 527 pol	litical organizations to w	hich the filing	_
	amount of political contribution	s. For each organization listed, enter the ains received that were promptly and directly de	livered to a separate r	political organization, such	as a separate	ne
	segregated fund or a political	al action committee (PAC) If additional spa	ice is needed, provid	e information in Part IV		
	(a) Name	(b) Address	(c) EIN	(d) Amount and for file	(0) 0	aliti a a l
	(a) Name	(b) Address	(C) EIN	(d) Amount paid from filing organization's funds If	(e) Amount of po contributions recei	ved and
				none, enter-0-	promptly and di delivered to a se political organiza	parate
					none, enter -	0-
(1)						
				_		
(2)						
(3)						
				-		
(4)						
		+				
(5)						
					-	
(6)				1		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2014

· . ·

Schedule C (Form 990 or 990-EZ) 2014 N				<u>45-03680</u>	
Part`II-A Complete if the section 501(h)		s exempt under secti	on 501(c)(3) and fi	led Form 5768 (ele	ction under
A Check ► If the filing o	organization belongs	to an affiliated group (and lis	st in Part IV each affiliate	d group member's name,	
address, EI	N, expenses, and s	hare of excess lobbying ex	penditures).		
B Check ► ☐ if the filing	organization checki	ed box A and 'limited contr	ol' provisions apply.		
	Limits on Lobbyin xpenditures' means	g Expenditures s amounts paid or incurred	l.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditure	s to influence publi	c opinion (grass roots lobb	yıng)		
b Total lobbying expenditure	s to influence a leg	ııslatıve body (dırect lobbyıı	ng)	351.	
c Total lobbying expenditure	s (add lines 1a and	l 1b)		351.	0.
d Other exempt purpose exp	penditures	•		22,316.	
e Total exempt purpose exp	enditures (add lines	s 1c and 1d)		22,667.	0.
f Lobbying nontaxable amount both columns	unt. Enter the amou	unt from the following table	ın	4,533.	
If the amount on line 1e, column	n (a) or (b) is:	he lobbying nontaxable an	nount is:		•
Not over \$500,000	20	% of the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$1	00,000 plus 15% of the excess over	er \$500,000		
Over \$1,000,000 but not over \$1,5	00,000 \$1	75,000 plus 10% of the excess over	er \$1,000,000.		
Over \$1,500,000 but not over \$17,	,	25,000 plus 5% of the excess over	r \$1,500,000.		
Over \$17,000,000		,000,000.			
g Grassroots nontaxable am	· ·			1,133.	<u> </u>
h Subtract line 1g from line			· <u>L</u>	0.	0.
i Subtract line 1f from line	1c If zero or less, e	enter -0-		0.	0.
j If there is an amount other t section 4911 tax for this ye	than zero on either li ear?	ne 1h or line 1i, did the organ	nization file Form 4720 re	eporting	Yes No
(Some	organizations that i	Year Averaging Period Unmade a section 501(h) election 501w. See the instruction	tion do not have to cor		
	Lobbyi	ng Expenditures During 4-	Year Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying non-taxable amount	15,328	. 15,944.	27,543.	4,533.	63,348.
b Lobbying ceiling amount (150% of line 2a, column (e))					95,022.
c Total lobbying expenditures	1,036	. 1,506.	1,283.	351.	4,176.
d Grassroots nontaxable amount	3,832	. 3,986.	6,886.	1,133.	15,837.
e Grassroots ceiling amount (150% of line 2d, column (e))					23,756.
f Grassroots lobbying expenditures				Cohadula O //-	0.
BAA				Schedule C (Form	990 or 990-EZ) 2014

Part II-B	Complete if the	organization	is exempt under	section 501(c)(3)	and has NO	T filed Form	5768
	(election under	section 501(h	1)).				

		1)	(b)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes No Amount			
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunteers?			i	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			_	
b If 'Yes,' enter the amount of any tax incurred under section 4912				
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the expeniation is exempt under section 501(cVA) section 501	/~V5\	OF		

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year .	2 a	
b Carryover from last year .	2 b	
c Total	2 c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

of the organization NODMIL DAYONA DECDEAMION AND DADY	TE 1 11 15 1	
NORTH DAKOTA RECREATION AND PARK	Employer identificate	
ASSOCIATION	45-0368067	
FORM 990-EZ, PART I, LINE 8 OTHER REVENUE		
ADVERTISING - FOCUS	\$	3,118.
ADVERTISING - DIRECTORY MISCELLANEOUS	•	1,035. 250.
	TOTAL \$	4,403.
	=	
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES		
CONFERENCES, CONVENTIONS, AND MEETINGS	\$	11,118.
CREDIT CARD FEES	*	19.
INFORMATION TECHNOLOGY .		27.
INSURANCE . SCHOLARSHIPS & AWARDS .	•	318. 869.
TELEPHONE		32.
	TOTAL 💲	12,383.
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE		
EDUCATION TO ADVANCE PARKS & RECREATION FOR QUALITY OF LIFE I	N NORTH DAKO	TA.
FORM 990-EZ, PART III, LINE 31 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS		
		PROGRAM
DESCRIPTION	an	SERVICE
DESCRIPTION	GRANTS	EXPENSES
PUBLIC POLICY & ADVOCACY		
MONITOR LEGISLATION		580
INCLUDES FOREIGN GRANTS: NO		
momat. 7		
TOTAL 3 FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSON		
		\.ITD & ATC

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR

INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR

INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? ... NO