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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements.

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 07-01-2008

, and ending 06-30-2009

B Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type.
See Specific Instructions.

C Name of organization
The Virginia State Dairymens AssociationNumber and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 29City or town, state or country, and ZIP + 4
Bridgewater, VA 22812

D Employer identification number

54-0574271

E Telephone number

(540) 828-6960

F Group Exemption Number ►

* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ►

I Website: ► NA

J Organization type (check only one) 501(c) (5) (insert no) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 424,039

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

1	Contributions, gifts, grants, and similar amounts received	1	7,205
2	Program service revenue including government fees and contracts	2	65,629
3	Membership dues and assessments	3	350,436
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►	6c	
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ►)	8	769
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►	9	424,039
10	Grants and similar amounts paid (attach schedule) ►	10	150,000
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	89,020
13	Professional fees and other payments to independent contractors	13	2,000
14	Occupancy, rent, utilities, and maintenance	14	7,795
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ►)	16	136,060
17	Total expenses (add lines 10 through 16) ►	17	384,875
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	39,164
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	275,136
20	Other changes in net assets or fund balances (attach explanation) ►	20	37,783
21	Net assets or fund balances at end of year (combine lines 18 through 20) ►	21	352,083

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	237,764	22 301,510
23 Land and buildings		23
24 Other assets (describe ►)	65,003	24 81,453
25 Total assets	302,767	25 382,963
26 Total liabilities (describe ►)	27,631	26 30,880
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	275,136	27 352,083

Part III Statement of Program Service Accomplishments (See the instructions for Part III)				Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? TO PROVIDE SUPPORT FOR THE DAIRY INDUSTRY OF VIRGINIA				
Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title				
28 Provide support for the dairy industry in Virginia (Grants \$ 0)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		28a	0
29			29a	
(Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		29a	
30			30a	
(Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		30a	
31 Other program services (attach schedule) (Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)	. . . ►		32	
Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)			Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No	
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		No	
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T				
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		No	
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b			
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		No	
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0				
b Did the organization file Form 1120-POL for this year?	37b			
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		No	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b			
39 <i>501(c)(7) organizations.</i> Enter	39a			
a Initiation fees and capital contributions included on line 9	39b			
b Gross receipts, included on line 9, for public use of club facilities				
40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____				
b <i>Section 501(c)(3) and (4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.	40b			
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0				
d Enter amount of tax on line 40c reimbursed by the organization ► 0				
e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		No	
41 List the states with which a copy of this return is filed ► _____				
42a The books are in care of ► <u>The Organization</u> Telephone no ► (540) 828-6960				
PO Box 29 Located at ► <u>Bridgewater, VA</u> ZIP + 4 ► <u>22812</u>				
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No	
If "Yes," enter the name of the foreign country ► _____				
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No	
If "Yes," enter the name of the foreign country ► _____				
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 _____				
44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44		No	
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		No	

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000 ►		

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
► ***** Signature of officer	2010-05-19 Date
► ERIC PAULSON EXECUTIVE SEC-TREAS Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ► Kevin Humphries	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's PTIN (See Gen Inst X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► PBGH LLP 558 South Main Street Harrisonburg, VA 22801		EIN ►	Phone no ► (540) 434-5975

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

Additional Data

Software ID:
Software Version:
EIN: 54-0574271
Name: The Virginia State Dairymens Association

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Melvin Montgomery PO Box 29 BRIDGEWATER, VA 22812	President 1 00	0	0	0
Charles Leech pO Box 29 BRIDGEWATER, VA 22812	First Vice Presidnet 1 00	0	0	0
George Rohrer pO Box 29 BRIDGEWATER, VA 22812	Second Vice Presidnet 1 00	0	0	0
Eric Paulson PO Box 29 BRIDGEWATER, VA 22812	Executive Secretary-Treas 40 00	0	0	0
Douglas Mayhugh pO Box 29 BRIDGEWATER, VA 22812	Director 1 00	0	0	0
Robert Pemberton III PO Box 29 BRIDGEWATER, VA 22812	Director 1 00	0	0	0
Michael Whitaker PO Box 29 BRIDGEWATER, VA 22812	Director 1 00	0	0	0
Gerald Heatwole PO Box 29 BRIDGEWATER, VA 22812	Director 1 00	0	0	0
Jason Jordan PO Box 29 BRIDGEWATER, VA 22812	Director 1 00	0	0	0
Kevin Phillips PO Box 29 BRIDGEWATER, VA 22812	Director 1 00	0	0	0
Roy Vanderhyde PO Box 29 BRIDGEWATER, VA 22812	Director 1 00	0	0	0
Cline Brubaker PO Box 29 BRIDGEWATER, VA 22812	Director 1 00	0	0	0
Mark Sowers PO Box 29 BRIDGEWATER, VA 22812	Director 1 00	0	0	0
Thomas Maxi Aker PO Box 29 BRIDGEWATER, VA 22812	Director 1 00	0	0	0
Seth Umberger PO Box 29 BRIDGEWATER, VA 22812	Director 1 00	0	0	0
Charles F Moyer PO Box 29 BRIDGEWATER, VA 22812	Director 1 00	0	0	0
Allen Sisson PO Box 29 BRIDGEWATER, VA 22812	Director 1 00	0	0	0
Bobby Combs PO Box 29 BRIDGEWATER, VA 22812	Director 1 00	0	0	0
Joseph Houck PO Box 29 BRIDGEWATER, VA 22812	Director 1 00	0	0	0
DALE GARDNER pO Box 29 BRIDGEWATER, VA 22812	FORMER EXECUTIVE SEC-TREAS 40 00	52,077	0	0

TY 2008 Grants and Similar Amounts Paid Schedule

Name: The Virginia State Dairymens Association**EIN:** 54-0574271

Item No.	1
Class of Activity	Dairy Services Program
Donee's Name	The Department of Dairy Services
Donee's Address	c/o Virginia Tech Blacksburg, VA 24060
Amount (FMV)	150,000
Purpose of Payment to Affiliate	
Relationship	
Description	Cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-12

TY 2008 Other Assets Schedule

Name: The Virginia State Dairymens Association**EIN:** 54-0574271

Description	Beginning of Year Amount	End of Year Amount
Accounts Receivable	61,845	79,252
Other Depreciable Assets	3,158	2,201

TY 2008 Other Changes in Net Assets Schedule**Name:** The Virginia State Dairymens Association**EIN:** 54-0574271

Description	Amount
ADJUSTMENT TO BEGIN NET ASSETS TO REFLECT ADDL RECEIVABLE FOR ASSESSMENTS	39,563
UNREALIZED LOSS ON INVESTMENT	-1,780

TY 2008 Other Expenses Schedule

Name: The Virginia State Dairymens Association

EIN: 54-0574271

Description	Amount
VA Dairyman	29,403
Dairy Foundation Inc.	17,493
Travel & Per diem, Directors	31,979
Dues & Subscriptions	6,373
Communications	6,231
Legislative Services	2,891
Insurance & Bonds	1,880
Special Awards and Promotions	6,938
Nelson Gardner Scholarship	1,000
Supplies	2,506
VCE MORTALITY PROJECT	1,000
TAXES & LICENSES	17
STATE FAIR	600
CONVENTION	27,749

TY 2008 Other Liabilities Schedule

Name: The Virginia State Dairymens Association**EIN:** 54-0574271

Description	Beginning of Year Amount	End of Year Amount
Agency fund payable	17,507	10,691
Dairy Foundation Set Aside	1,828	0
Accounts Payable and Accrued Expenses	6,115	17,539
Deferred Revenue	2,181	2,650

TY 2008 Other Revenues Schedule

Name: The Virginia State Dairymens Association

EIN: 54-0574271

Description	Amount
Interest Income	12
Dividend Income	757

TY 2008 Transfers Personal Benefits Contracts Declaration

Name: The Virginia State Dairymens Association

EIN: 54-0574271

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.