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Form **990-EZ** Department of the Treasury

Internal Revenue Service

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 of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

OMB No 1545-1150

➤ The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2008 calendar year, or tax year beginning 2008 NOV 1 and ending OCT 31, 2009 c Name of organization D Employer identification number Address use IRS SUGARBEET RESEARCH AND EDUCATION BOARD label or Name Ichange 51-0164100 OF MN AND ND print or type Number and street (or P.O. box, if mail is not delivered to street address) Initial return Room/suite E Telephone number Termin-Specific 701-231-8161 NDSU P.O. BOX 5638 Amended City or town, state or country, and ZIP + 4 F Group Exemption Number > FARGO, ND 58105 • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method: X Cash Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► N/A H Check ► X if the organization is not Organization type (check only one)— X = 501(c) (6) = 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Check In 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. 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 703920. Part | Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts Membership dues and assessments 3 692826 3 4 Investment income Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Revenue of contributions a Gross revenue (not including \$ reported on line 1) Less: direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 11094. Other revenue (describe INTEREST Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Q 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 OGDEN. 12 12 Salaries, other compensation, and employee benefits Expenses 2405. 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping 15 15 1083676. Other expenses (describe See Statement 1) 16 1086081. Total expenses. Add lines 10 through 16 17 -382161. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Ħ Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 988318. (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 20 23 606157. Net assets or fund balances at end of year. Combine lines 18 through 20 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 988318. 606157 Cash, savings, and investments 22 23 and and buildings 23 24=Other assets (describe) 988318 Total assets 0. Total liabilities (describe n 988318 606157. Net assets or fund balances (line 27 of column (B) must agree with line 21) 832171 12-17-08 Form **990-EZ** (2008)

Forn	1990-EZ (2008) OF MN AND ND	OCATION BOARD		51_	01641	OO Page 2	
	art III Statement of Program Service Accomplishmen	nts (See the instructions for f	Part III.)	<u> </u>		penses	
	it is the organization's primary exempt purpose? AGRICULTURAL R				(Required)	for 501(c)(3)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services					4947(á)(1)	and (4) organizations and 4947(a)(1) trusts; optional for others.)	
28	See Statement 3						
•							
				_	1]		
	(Grants \$) If this amount includes foreign	grants, check here	<u>></u>		28a	<u> 1048633.</u>	
29					1 1		
	(Grants \$) If this amount includes foreign	grants, check here			29a		
30							
0.4	(Grants \$) If this amount includes foreign	grants, check here	. <u>Þ</u>		30a		
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign	aranta ahaak hara			31a		
32	(Grants \$) If this amount includes foreign grants, check here Total program service expenses (add lines 28a through 31a)					1048633.	
	art IV List of Officers, Directors, Trustees, and Key I	Employees. List each one ev	en if not compensated	(See the	instructions f	or Part IV)	
		(b) Title and average hours	(c) Compensation	(d) C	ontributions	(e) Expense	
	(a) Name and address	per week devoted to	(If not paid, enter		employee efit plans &	account and	
		position	-0)		eferred	other allowances	
BI	EAU BATEMAN	PRESIDENT		COII	pensation		
	DSU PO BOX 5638, FARGO, ND 58105	2.00	0.		0.	0.	
_	EN SCHELLACK	VICE PRESIDEN					
NI	OSU PO BOX 5638, FARGO, ND 58105	2.00	0.	<u> </u>	0.	0.	
	ANCE REITMEIER	TREASURER					
	DSU PO BOX 5638, FARGO, ND 58105	2.00	0.		0.	0.	
	AHAMED KHAN DSU PO BOX 5638, FARGO, ND 58105	SECRETARY			0		
141	080 PO BOX 3030, PARGO, ND 30103	2.00	0.	+	0.	0.	
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800	3172	<u> </u>			·		
12	2172 -17-08				Form	990-EZ (2008)	

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22	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description	of each catauty		Yes No
	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a co		33	X
	Were any changes made to the organizing or governing documents but not reported to the insertiff eas," attach a co If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among othe		s 34	, y 🌲
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	rs), but not	``	1 1 1 I
	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting	and prove	1 `	1
•	tax requirements?	, and proxy	35a	x
h	If "Yes," has it filed a tax return on Form 990-T for this year?		35b	N/A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete app	icable parts of Sch. N	36	X X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.	licable parts of Sch. N	0.	, -
	Did the organization file Form 1120-POL for this year?		37b	x
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any	euch loane mada	3/0	-
90 a	in a prior year and still unpaid at the start of the period covered by this return?	Sucil Idans made	38a	X
h	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	304	5 5 5g.
39	Section 501(c)(7) organizations. Enter:	N/A	1,	
	Initiation fees and capital contributions included on line 9	N/A		
a !.	Gross receipts, included on line 9, for public use of club facilities 399		- (
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	N/A		
404	section 4911 ►	N/A	2, 2,	1 11 77 7
h	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction		- [· · · ·	沙海岛
J	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	in during the year of	40b	N/A
	Enter amount of tax imposed on organization managers or disqualified persons during the year under	• •	400 */- 83	11/ A
·	sections 4912, 4955, and 4958		<u>o.</u>	
d	Enter amount of tax on line 40c reimbursed by the organization	<u> </u>	0.	
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		8 . S	192
·	transaction? If "Yes," complete Form 8886-T		40e	X X
41	List the states with which a copy of this return is filed. ND	•	_406_	1 22
		elephone no. ► 〈 7 (11) 231	-7272
	Located at ► NDSU P.O. BOX 5638, FARGO, ND		▶ 5810	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<u> </u>	
-	over a financial account in a foreign country (such as a bank account, securities account, or other financial			Yes No
	account)?		42b	X
	If "Yes," enter the name of the foreign country:		V. 1. 2.	140 W.
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F	inancial Accounts		學認到
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	manorar modelina.	42c	X
•	If "Yes," enter the name of the foreign country:		_ 124_	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	-		▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43	N/A	
	and the another than thempt meretines of a sociated during the tax year	<u> </u>	41/4	<u>.</u>
				Yes No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			1.00 14
77	Form 990-EZ		_44	l x
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes	Form 990 must be	""	
45	10 mily reported and authorized and an analysis of the analysis and thousand at account a 15(p)(10), 11 12		1	1 I.
45	completed instead of Form 990-EZ	,	45	X

Paid Preparer's	Preparer's signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date Check if self- employed		Preparer's Identifying Number (See Instr.)		
Use Only	Rim's name (or yours IMHOLTE & DAHL, P.A.			EIN ►		
	If self-employed). >825 28TH ST SW, PO BOX	9431		Phone►		
	address, and ZIP+4 FARGO, ND 58106-9431			no. 701-235-3703		
May the IR	S discuss this return with the preparer shown above? See instructions			. P Yes N		
				Form 990-EZ (200)		

Under penalties of perjury Indeclare that Livave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete inclaration of greparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

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

PRESIDENT

<u>BEAU BATEMAN,</u>

Form 990-EZ	Other Expenses	Statement 1
Description		Amount
RESEARCH PROJECTS MEETINGS & TRAVEL INSURANCE AND PROFESSIONA TOOL SHED PROJECT SUPPLIES SCHOLARSHIPS SERVICE AWARD	L FEES	1048633. 20453. 8652. 2818. 620. 2000. 500.
Total to Form 990-EZ, lin	ne 16	1083676.

FOI	RM 990-EZ	Information Regarding Transfers Statement Associated with Personal Benefit Contracts	2
A)	directly or	anization, during the year, receive any funds, indirectly, to pay premiums on a personal tract? [] Yes [X] N	1 0
B)	Did the org directly or	anization, during the year, pay premiums, indirectly, on a personal benefit contract? [] Yes [X] N	10

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Statement

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PROVIDED FUNDING FOR SEVERAL RESEARCH PROJECTS PERTAINING TO THE RAISING OF SUGARBEETS. PROJECTS ARE CONDUCTED BY RESEARCH SCIENTISTS AT NORTH DAKOTA STATE UNIVERSITY, UNIVERSITY OF MINNESOTA, AND UNIVERSITY OF TEXAS