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Short Form Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue ServiceUnder 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 \$600,000 and total assets less than \$1,250,000 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

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning	, 2009, and ending		
B Check if applicable	<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		
C	CENTRAL PLAINS DAIRY ASSOCIATION 6258 90TH AVENUE NORTH GLYNDON, MN 56547		
D Employer identification number	20-1454965		
E Telephone number	218-236-8420		
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).

I Website: ► N/A			
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (6) ► (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ	► \$ 327,240.		

Part I. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	325,710.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	1,530.
	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)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	
b Less direct expenses other than fundraising expenses	6c		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a		
7a Gross sales of inventory, less returns and allowances	7b		
b Less cost of goods sold	7c		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8		
8 Other revenue (describe ► _____)	9	327,240.	
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	15,150.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ► See Statement 2)	16	345,845.
	17 Total expenses. Add lines 10 through 16	17	360,995.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-33,755.
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	252,705.	
20 Other changes in net assets or fund balances (attach explanation)	20	984.	
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	219,934.	

Part II. Balance Sheets If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.				
(See the instructions for Part II)				
See Statement 1				
RECEIVED				
AUG 17 2010				
IRS-OSC				
DARREN LIT				
17				
(A) Beginning of year				
(B) End of year				
22 Cash, savings, and investments	22	252,795.	22	219,959.
23 Land and buildings			23	
24 Other assets (describe ► _____)			24	
25 Total assets		252,795.	25	219,959.
26 Total liabilities (describe ► See Statement 4)			26	90.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		252,705.	27	219,934.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

60

Part III: Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? See Statement 5

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

Expenses

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)

28 CENTRAL PLAINS DAIRY HAS PROVIDED VALUABLE INFORMATION TO THE DAIRY
INDUSTRY BY SPONSORING EXPOS WITH VARIOUS INDUSTRIES IN THE DAIRY
BUSINESS.

(Grants \$) If this amount includes foreign grants, check here

28a

2

(Grants \$) If this amount includes foreign grants, check here

29a

3

30 a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31 a

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 instrs.)

(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 and deferred compensation	(e) Expense account and other allowances
RICH HANSEN	Director	0.	0.	0.
106 2ND AVE		0		
BIG STONE CITY, SD 57216				
JODY KUPER	Director	0.	0.	0.
200 RAILWAY AVE		0		
MILBANK, SD 57252				
TRACEY RENELT	Director	0.	0.	0.
201 2ND STREET SE		0		
DE SMET, SD 57231				
TIM RAASCH	Director	0.	0.	0.
1200 WEST RUSSELL		0		
SIOUX FALLS, SD 57104				
RANDY GROSS	Director	0.	0.	0.
48188 221ST STREET		0		
ELKTON, SD 57026				
CRAIG KROGSTAD	Director	0.	0.	0.
47574 251ST STREET		0		
BAALTIC, SD 57003				
JOHN SEFFROOD	Director	0.	0.	0.
45230 146TH STREET		0		
SUMMIT, SD 57266				
PAUL LONEY	Director	0.	0.	0.
1700 DAWLEY CT		0		
BRANDON, SD 57005				

Part V Other Information (Note the statement requirements in the instrs for Part V.)

	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	X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	X
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 why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
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 outstanding at the end of the period covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations Enter	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► N/A , section 4912 ► N/A ; section 4955 ► N/A	40a	N/A
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40c	0.
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	40d	0.
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	40e	X
41 List the states with which a copy of this return is filed ► None		
42a The organization's books are in care of ► TONNESON COMMUNICATION, INC Located at ► 6258 90TH AVE NORTH GLYNDON MN	42a	Telephone no 218-236-8420 ZIP + 4 56547
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)? If 'Yes,' enter the name of the foreign country ►	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country ►	42c	X
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	43	N/A
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	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 completed instead of Form 990-EZ	45	X

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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

16

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.

47

48 Is the organization 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 a section 527 organization?

49b

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

f Total number of other employees paid over \$100,000

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

<p>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.</p> <p>Sign Here</p> <p>► <u></u></p> <p>Signature of officer</p> <p>► <u>RICH HANSEN</u></p> <p>Type or print name and title</p>	
<p>► <u>8/11/10</u></p> <p>Date</p> <p>Director</p>	

Paid Pre- parer's Use Only	Preparer's signature	DOUG FRANKE <i>Doug Franke</i>	Date	8-11-10	Check if self- employed	<input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self- employed), address, and ZIP + 4	Franke & Associates, Inc.		EIN	► 20-8166793		
	► 1500 30th Ave South		Phone no	► (218) 233-5105			
	Moorhead, MN 56560						

May the IRS discuss this return with the preparer shown above? See instructions

BAA

► Yes No

Form 990-EZ (2009)

CENTRAL PLAINS DAIRY ASSOCIATION

20-1454965

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Donee's Name:	SOUTH DAKOTA STATE DAIRY ASSOC
Donee's Address:	P. O. BOX 2104 BROOKINGS, SD 57007
Cash Amount Given:	\$ 6,000.
Donee's Name:	SD FIELDMAN ASSOCIATION
Donee's Address:	P. O. BOX 159 COURT HOUSE DESMEDT, SD 57231
Cash Amount Given:	\$ 8,000.
Donee's Name:	SDSU DAIRY CLUB
Donee's Address:	P. O. BOX 2104 BROOKINGS, SD 57007
Cash Amount Given:	\$ 500.
Donee's Name:	MDA
Donee's Address:	5313 EAST POP FLY PLACE SIOUX FALLS, SD 57110
Cash Amount Given:	\$ 500.
Donee's Name:	NORTH DISTRICT EXTENSION
Donee's Address:	P. O. BOX 86 SOUTH SHORE, SD 57263
Cash Amount Given:	\$ 150.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

ADVERTISING	\$ 21,915.
BANK FEES	72.
BOARD MEETINGS	1,917.
CASH OUT	750.
CONTRACT LABOR	330.
CONVENTION MATERIALS	3,122.
DIRECTORY	33,566.
GENERAL EXPENSES	8,491.
GOLF TOURNAMENT EXPENSES	16,677.
HOSPITALITY	8,425.
INSURANCE	1,691.
LEGAL & PROFESSIONAL	1,190.
MANAGEMENT FEES	89,666.
MERCHANT CARD FEES	2,533.
OFFICE EXPENSES	583.
REFUNDS	1,560.
SD HOLSTEIN BREEDERS	500.
SPEAKER FEES	5,523.
TOUR	20,594.
TRADESHOW EXPENSES	57,337.
TRANSPORTATION	272.
WEB SITE	8,447.
WELCOME RECEPTION INVITATION	60,684.
Total	\$ <u>345,845.</u>

CENTRAL PLAINS DAIRY ASSOCIATION

20-1454965

Statement 3
Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

ADJUSTMENTS FROM 2008 RETURN EQUITY

Total \$ 984.**Statement 4**
Form 990-EZ, Part II, Line 26
Total Liabilities

Accounts Payable and Accrued Expenses

	<u>Beginning</u>	<u>Ending</u>
Total	\$ <u>90.</u>	\$ <u>25.</u>

Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

PROVIDE EDUCATION FOR DAIRY FARMERS IN THE MIDWEST ALSO DONATIONS FOR PROGRAMS TO ENHANCE THE YOUTH PARTICIPATION IN THE DAIRY BUSINESS.

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box. ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I: Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ►

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization CENTRAL PLAINS DAIRY ASSOCIATION	Employer identification number 20-1454965
	Number, street, and room or suite number. If a P O box, see instructions 6258 90TH AVENUE NORTH	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions GLYNDON, MN 56547	

Check type of return to be filed (file a separate application for each return)

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► **TONNESON COMMUNICATION, INC**

Telephone No ► **218-236-8420** FAX No ► **-----** ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **-----**. If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **8/15**, 20 **10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20 **09** or
- tax year beginning **-----**, 20 **-----**, and ending **-----**, 20 **-----**.

2 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ 0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 4-2009)