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DLN: 93492319048070

2009

OMB No 1545-1150

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 $$500,\!000$ and total assets less than $$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

			year, or	tax year beginning 01-01-2009	, and ending	12-31-2	009			
_		applicable	Please	C Name of organization RURAL DEVELOPMENT FINANCE CORPORATION				D Emplo	yer i	identification number
_		use IRS			45-04					
	ame ch nitial reti	urn	print or	Number and street (or P O box, if mail is not d PO BOX 727	elivered to stree	et address) Room/suite	E Teleph	E Telephone number	
_	erminate		type. See						(70	1) 663-6501
\square A	mended		Specific Instruc-	City or town, state or country, and ZIP + 4 MANDAN, ND 585540727				F Group Numbe		ıption
Α	pplicatio	on pending	tions.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Numbe	: 1	•
Se	ection :			ns and 4947(a)(1) nonexempt charitab mpleted Schedule A (Form 990 or 990-E2			ccounting me ther (specify		Ca	ash Accrual
r 14/	ebsit e:	: ▶ n/a				н	Check 🕨 🔽	- ıf the o	orgai	nızatıon
			ck only on	ne)— 501(c) (4) ◄(insert no) 4947(a)(1) or 5 27		is not require			00 E7 or 000 BE\
		_		s not a section 509(a)(3) supporting orga						90-EZ, or 990-PF)
25	,000 /	A Form 990-E2	Z or Forr	n 990 return is not required, but if the orga	anızatıon cho	oses to	file a return,			
				etermine gross receipts, if \$500,000 or more, file Fo				► \$		69,723
Pa	art I			ises, and Changes in Net Assets	or Fund B	Salance	S (See the I	nstructio I		or Part I)
	1			rants, and similar amounts received .				· -	1	
	2			nue including government fees and contrac	cts			·	2	
	3			assessments		•		.	3	
	4	Investment in						•	4	69,723
	5a			ile of assets other than inventory		5a				
₽	b			sis and sales expenses		5b				
Kevenue	C	, ,		le of assets other than inventory (Subtrac				⊢	5c	
ž	6	Special event check here	_	tivities (complete applicable parts of Sch	edule G) If a	ny amou	int is from ga	ming,		
	a	Gross revenue	e (not ın	cluding \$ _of contributions						
		reported on lir	ne 1)			6a				
	ь	Less directe	xpenses	other than fundraising expenses		6b				
	c	Net income or	r (loss) f	rom special events and activities (Subtrac	t line 6b fror	m line 6	a)		6с	
	7a	Gross sales o	finvento	ory, less returns and allowances		7a				
	ь	Less cost of	goods s	old		7b				
	c	Gross profit o	r (loss) t	from sales of inventory (Subtract line 7 b fr	om line 7a)				7c	
	8	Other revenue	e (descri	ıbe 🟲					8	
	9	Total revenue	. Add lin	nes 1, 2, 3, 4, 5c, 6c, 7c, and 8			•	. [9	69,723
	10	Grants and sii	mılar am	nounts paid (attach schedule) 🎏 🔒 .					10	24,000
	11	Benefits paid	to or for	members				. [11	
	12	Salaries, othe	rcompe	nsation, and employee benefits				. [12	
ŝ	13	Professional f	ees and	other payments to independent contracto	rs			. [13	2,038
expenses	14	Occupancy, re	ent, utılı	ties, and maintenance				.	14	
줐	15	Printing, publi	ications,	, postage, and shipping				.	15	1,197
_	16	Other expens	es (desc	crube 🏲 😇				,	16	5,090
	17							<u> </u>	17	32,325
ν)	18	Excess or (de	ficit) for	the year (Subtract line 17 from line 9)					18	37,398
a a	19	Net assets or	fund bal	lances at beginning of year (from line 27, o	column (A)) ((must ag	ree with			
Netassets		end-of-year fi	gure rep	orted on prior year's return)				.	19	730,981
Ž	20	O ther change	s ın net	assets or fund balances (attach explanation	on) 🕏 .			. 🖯	20	-26,184
	21			lances at end of year Combine lines 18 th				-	21	742,195
Pa	rt II	Balance S	heets	—If Total assets on line 25, column (B) ar	e \$1,250,00	0 or mo	re, file Form 9	990 inste	ead o	of Form 990-EZ
			•	ne instructions for Part II)	<u> </u>	(A) Be	ginning of yea		(E	B) End of year
	•	, savings, and i	nvestme	ents			728,			739,695
		and buildings	 ুঞ্জন	· · · · · · · · · · ·			-	23		
		assets (descr	ibe 🏲 💯	!)		•	500 24	_	2,500
		assets .			·		730,			742,195
		liabilities (des		(line 27 of column (D))		700	0 26		742.105
2/	net as	ssets or fund b	aiances	(line 27 of column (B) must agree with line	: Z 1) •		730,	981 27	I	742,195

Part III Statement of Program S	Service Accomplishm	1ents (See the instruction	s for Part III)		Expenses
What is the organization's primary exempt p	ourpose?			١,	quired for section 501
THE PURPOSE OF THE RURAL DEVELOP	MENT FINANCE CORPOR	ATION IS A TO ENC	OURAGE	(c)(3) and 501(c)(4)
ECONOMIC DIVERSIFICATION AND REV	IORTH DAKOTA	org.	anizations and section		
AND ADJACENT STATES, CREATE EMPL		494	17(a)(1) trusts,		
AND LOW INCOME PERSONS, AND TO E		opt	ional for others)		
FACILITIES B TO ACT AS AN INTERMED		'	,		
LOAN POOL FOR RURAL DEVELOPMENT					
STATUTES AND TO PROVIDE TECHNICA		l			
				l	
PROJECTS C TO DO ALL THINGS NECES				l	
OF ANY OF THE PURPOSES OR THE ATT			•	l	
EITHER ALONE OR WITH OTHER CORPO				l	
INDIVIDUALS, AND TO EVERY OTHER A	CT OR THING INCIDENT	ALTO OR GROWING	OUT OF SUCH	l	
PURPOSE				l	
Describe what was achieved in carrying out	the organization's exempt	purposes In a clear a	nd concise manner.	l	
describe the services provided, the number	-			l	
program title	p			l	
	F00/		· · · · · · · · · · · · · · · · · · ·	-	
28 Through Dakotas America, LLC, (RDFC)				l	
obligated additional New Market Tax Credit				l	
emerging businesses in North Dakota and S				l	
retail service, health care and tourism sect	ors. Its eligible service are	ea includes regional Na	tıve A merican	l	
reservations, areas of extreme rural out-mi	gration, EZ/EC communitie	es, and low-income com	nmunities that	l	
exhibit some of the nation's most adverse e	conomic conditions. The N	NMTCs may be used to	create loans that	l	
offer significantly lower rates, and other mo		•		l	
status, lower solvency requirements, exten		5	•	l	
characteristics in support of gap financing				l	
million, in NMTC's for future projects Provide				l	
				l	
economic development professionals, organ				l	
Credits and/or other RDFC funding assistar				l	
Works North Dakota (CWND) to extend add	itional financing to homeov	wners that need lending	assistance with	l	
down-payments, closing cost assistance ar	nd appraisal or equity gaps	The program will also	extend credit to	l	
developers for interim construction financin				l	
and RDFC will simply provide the funds and				l	
additional financing programs for 2010 thro		Idalis KDI C ilas set a t	illietable for	l	
- · · · ·		aranta shask hara	. –	۱	
(Grants \$ 24,000) If this	s amount includes foreign o	grants, check here .	· · F	28a	2,933
29				l	
				l	
				l	
(Grants \$) If this	s amount includes foreign g	rants, check here	▶ ┌	29a	
<u> </u>			1	294	
30				l	
				l	
				l	
(Grants \$) If this	s amount includes foreign o	grants, check here .	▶ ┌	30a	
31 O ther program services (attach schedul	a \				
	s amount includes foreign o	rants shock hara		۱ ـ ـ	
(Grants \$)	s amount includes loreign ç	grants, check here .	<u>· · ▶ ┌ </u>	31a	
32 Total program service expenses (add line	es 28a through 31a) .		>	32	2,933
Part IV List of Officers, Directors, Trus	stees, and Key Employees.	List each one even if not co	mpensated (See the Inst	ruction	s for Part IV)
, ,		I	1		· · · · · · · · · · · · · · · · · · ·
	(b) Title and average	(c) Compensation	(d) Contributions		(e) Expense
(a) Name and address	hours per week	(If not paid,	employee benefit pl		
	devoted to position	enter -0)	deferred compensa	ition	other allowances
					
		<u> </u>			
					+
				_	
		<u> </u>			
-					+

Pa	rt V Other Information (Note the statement requirements in the instructions 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		Νο
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Νο
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			
а	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		Νο
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		Νo
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 🔭 37a 0			
ь	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 outstanding at the end of the period covered by this return?	38a		Νo
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
ь	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 ▶, section 4912 ▶, section 4955 ▶			
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		Νο
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			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
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		Νo
41	List the states with which a copy of this return is filed 🕨			
42a	3201 NYGREN DR PO BOX 727			6501
		<u> 58</u>	334	
Ь	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	Yes	No 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		Νo
	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 and enter the amount of tax-exempt interest received or accrued during the tax year			▶ Г
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	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		Νο
		7.5		

Form 9	990-E	Z (2009)							Page 4
Par	t VI	Section 501(c)(3) organ All section 501(c)(3) organ 46-49b and complete the	nizations and sectio	n 4947(a)(1) nonex	-			-	stions
46	Dıd th	e organization engage in direct	or indirect political ca	mpaign activities on b	ehalf of or in opp	osition to		Yes	No
	candio	lates for public office? If "Yes,"	complete Schedule C	, Part I			46		
47	Dıd th	e organization engage in lobbyii	ng activities? If "Yes,'	' complete Schedule C	, Part II		47		
48	Is the	organization a school describe	d ın section 170(b)(1)	(A)(II)? If "Yes," compl	lete Schedule E		48		
49a	Dıd th	e organization make any transfe	ers to an exempt non-o	charitable related orga	nızatıon?		49a		
b	If"Ye	s," was the related organization	a section 527 organiz	zation?			49b		
		lete this table for the organization (lete) who each received more t				•			
(a) N		and address of each employee d more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensat	ion employee	tributions to benefit plans & compensation	a	e) Expe count r allowa	and
51	Comp of con	I number of other employees pa lete this table for the organization pensation from the organization	on's five highest comp n Ifthere is none, ent	er "None "				-	
	(a) Na	me and address of each indepe	ndent contractor paid	more than \$100,000	(b) Type	e of service	(6)	ompen	sation
51(d)) Tota	I number of other independent c	ontractors each recei	ving over \$100,000					
Plea	se	Under penalties of perjury, I declare t and belief, it is true, correct, and com			ased on all information	on of which prepare			
Sign Here		****** Signature of officer Date Terryl Jacobs PRESIDENT Type or print name and title							
Paid		Preparer's signature Lisa Chaffee CPA		Date 2010-09-28	Check if self-empolyed	Preparer's identif (See instructions		nber	
Prepa Use C	Inly	Firm's name (or yours if self-employed), address, and ZIP + 4				EIN P	01) 255	1001	
		·	ND 58502			Phone no 🕨 (7			No
мay t	ne IRS	discuss this return with the pre	eparer snown above? S	see instructions		<u>P</u>	ΙY	es I*	NO

Additional Data

Software ID: Software Version:

EIN: 45-0437973

Name: RURAL DEVELOPMENT FINANCE CORPORATION

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
JOANN RODENBIKER PO BOX 727 MANDAN,ND 58554	PRESIDENT 5 00	0	0	0
Terryl Jacobs PO BOX 727 mANDAN,ND 58554	VICE PRESIDENT 3 00	0	0	0
David Sigloh PO BOX 727 mANDAN,ND 58554	secretary/treasurer 2 00	0	0	0
BOBBY Keplin PO BOX 727 MANDAN,ND 58554	DIRECTOR 2 00	0	0	0
Robert Grant PO BOX 727 MANDAN,ND 58554	DIRECTOR 2 00	0	0	0
doug lund PO BOX 727 MANDAN,ND 58554	DIRECTOR 2 00	0	0	0
anthony Messmer pO BOX 727 mANDAN,ND 58554	dIRECTOR 2 00	0	0	0
Tony Richards pO BOX 727 mANDAN,ND 58554	Director 1 00	0	0	0
Gary Heintz pO BOX 727 mANDAN,ND 58554	Director 1 00	0	0	0

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TY 2009 Grants and Similar Amounts Paid Schedule

Name: RURAL DEVELOPMENT FINANCE CORPORATION

Item No.	1
Class of Activity	
Donee's Name	North Dakota Dairy Coalition
Donee's Address	PO Box 727 Mandan, ND 58554
Amount (FMV)	24,000
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

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TY 2009 Other Assets Schedule

Name: RURAL DEVELOPMENT FINANCE CORPORATION

Description	Beginning of Year Amount	End of Year Amount
INVESTMENT IN DAKOTAS AMERICA	2,500	2,500

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TY 2009 Other Changes in Net Assets Schedule

Name: RURAL DEVELOPMENT FINANCE CORPORATION

Description	Amount
K-1 INCOME FROM DAKOTA AMERICA LLC	-45,575
BOOK INCOME FROM DAKOTA AMERICA LLC	19,391

TY 2009 Other Expenses Schedule

Name: RURAL DEVELOPMENT FINANCE CORPORATION

Description	Amount
Conferences, Conventions, Meetings	2,933
Administrative Expenses and Fees	1,010
Insurance	1,147

TY 2009 Transfers Personal Benefits Contracts Declaration

Name: RURAL DEVELOPMENT FINANCE CORPORATION

EIN: 45-0437973

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.