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Form **990**

Department of the Treasury Internal Revenue Service

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)

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

2009

Open to Public Inspection

<u>A</u>		2009 calendar year, or tax year beginning , 2009, a	nd endir	1g		, 20
В	Check if applicable		ode D		Identification	
Ц	Address c	hange label or	L		6-601628	8
Ц	Name cha	nge print or NORTH DAKOTA AGRICULTURAL ASSN	E	Telephone		
Ц	Initial retur	loe-	_	C	1-282-9	432
Ц	Terminate	Instruc- 413 3016 SIREEI SW	G	receipts	\$	
Н	Amended Application		⁺	• •	a group return	
Ц	pending	F Name and address of principal officer. GAR1 KNO15ON		for aff	filiates?	Yes 🛛 No
_		415 38TH STREE FARGO ND 58103	—	l(b) Arealia If"No".	affiliates included? attach a list.	п., п.,
		mpt status X 501(c)(6) ◀ (insert no.) 4947(a)(1) or 527	<u> </u>		structions)	∐ Yes ∐ No
		: ► N/A			exemption number	<u> </u>
	Form of org		r of formation	on 1970	M State of leg	gal domicile ND
ľ	art I	Summary				
		Briefly describe the organization's mission or most significant activities	CEDI	7E DV	DEDDECE	NITTNIC
•	-	TO IMPROVE THE AGRI-BUSINESS COMMUNITIES WE				
Activities & Governance	_	THE MEMBERSHIP IN TIMELY AND INNOVATIVE EDUC LEGISLATIVE EFFORTS	AIIC	JN, 58	FETY AN	<u>D</u>
ern	-		- than 2	E0/ of the m	ot coocto	
30		Check this box ▶			1 1	12
ಹ		Number of independent voting members of the governing body (Part VI, line 1a)				12
ties	1	Total number of employees (Part V, line 2a)				2
₹	1	Total number of volunteers (estimate if necessary)	• • • • •		6	
Ac		· · · · · · · · · · · · · · · · · · ·			7a	
	1	Net unrelated business taxable income from Form 990-T, line 34			7b	• • • •
	-		7	Prior Year	Cı	urrent Year
_	8 (Contributions and grants (Part VIII, line 1h)				51715.
Revenue	1	Program service revenue (Part VIII, line 2g)				228659.
9.4		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)				759.
œ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
	12 7	otal revenue - add lines 8 through 11 () otal revenue - add lines 8 through 11 () otal revenue - add lines 8 through 11 ()				281133.
		Grants and similar amounts paid (Par <mark>TX, column (A), lines 1-3)</mark> ().				
	14 E	Benefits paid to or for members (Part X septymn (A) fine (4)				
S	15 8	Salaries, other compensation, employee benefits (Part IX, column)(4), lines 5-10)				130507.
Expenses	16a F	Professional fundraising fees (Part IX column (A) line 11e) C				
xpe	b 1	otal fundraising expenses, (Part IX, column (D) line 25)	17.5	(2 to 18)		<u> </u>
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	-			137657.
	1	otal expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	-			268164.
	19 F	Revenue less expenses Subtract line 18 from line 12	·			12969.
٥ ور دو			Beg	Inning of Y		nd of Year
Net Assets or Fund Balances	20 1	Total assets (Part X, line 16)	·	2184		231412.
et As	21	fotal liabilities (Part X, line 26)	·		506.	606.
		Net assets or fund balances. Subtract line 21 from line 20	<u>-</u>	2178	337.	230806.
	art li	Signature Block				
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and staten				
		and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of	which prep	arer has any ki	nowledge	
Sig	70	1 Dage Kutan		1 4	3-3/-10	
He		Signature of officer			ate	
110		GARY KNUTSON EXECUTIVE	ZE D			
		Type or print name and title	· D.			
_		Preparer's Date	Chec	k if		entifying number
Pai		signature days cavets	self-	oyed ▶	(see instruction 501-5	8-7233
	parer's	Firms name (or yours A GABY CAVETT & CO CPAS LTD	, Jpi	EIN		99344
Us	e Only	if self-employed), address, and ZIP+4 51 BROADWA FARGO ND 58102-		Phone no		
Ma	y the IR	S discuss this return with the preparer shown above? (See instructions)			L'3	Yes No
		Act and Paperwork Reduction Act Notice, see the separate instructions.			F	orm 990 (2009)

US990\$\$1

Form	990 (2009) NORTH DAKOTA AGRIC	CULTURAL ASSN	45-6016288	Page 2
Pa	t III Statement of Program Service A	ccomplishments		
1	Briefly describe the organization's mission			
	AGRICULTURAL PROMOTION			
2	Did the organization undertake any significant p	rogram services during the year which wei	re not listed on	
			11 1	X No
	If "Yes," describe these new services on Schedu			_
3	Did the organization cease conducting, or make	significant changes in how it conducts an	y program services? Yes	X No
	If "Yes," describe these changes on Schedule C			_
4	Describe the exempt purpose achievements for		ogram services by expenses	
	Section 501(c)(3) and 501(c)(4) organizations a			
	allocations to others, the total expenses, and re-	venue, if any, for each program service rep	oorted.	
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$	
	CROP PRODUCTION GUIDES	JSED BY MEMBERS AND E	OR OTHER	
	AGRICULTURAL PURPOSES R	ELATIVE TO SMALL GRAI	N AND RAW	
	CROP PRODUCTION			
				
4b	(Code.) (Expenses \$	including grants of \$) (Revenue \$	
40	(Code. / (Expenses 4	moduling grants of \$) (Novolido	
	NEWSLETTER PROVIDED TO	MEMBERSHIP TO KEEP TH	EM INFORMED	
	OF VARIOUS ISSUES AND C			
	RURAL AREAS			
				••
				
				
	/Code \/Eveneses \$	including grants of \$) (Revenue \$	
4c	(Code) (Expenses \$	including grants of \$) (Mevende \$	
4d	Other program services. (Describe in Schedule	0)		
	(Expenses \$ including	grants of \$)(R	evenue \$)	
4e	Total program service expenses ▶		· · · · · · · · · · · · · · · · · · ·	
			Form QC	10 (2009)

Par	t IV Checklist of Required Schedules			
			Yes	No
1,	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	. 3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4		
5	Part II	-		
5	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	├—	<u> </u>	
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	1		
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	. 10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		,	
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	1		
	Schedule D, Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	,		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	1		
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1	× .	
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	(-		
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	i		
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	ì		
12	Did the organization obtain a separate, independent audited financial statement for the tax year? If "Yes," complete	40	I	V
12 A	Schedule D, Parts XI, XII, and XIII	12	ļ	X
124	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	-		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1.40		•
-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	. 16		x
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), line 11e? If "Yes," complete Schedule G, Part I	. 17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	
	If "Yes," complete Schedule G, Part III			X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	. 20		X

45-6016288 Page 4 Form 990 (2009) NORTH DAKOTA AGRICULTURAL ASSN Part IV Checklist of Required Schedules (continued) No Yes 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the Χ 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employee's? If "Yes," complete Schedule J X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25 Х Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization 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 990EZ? If "Yes," complete Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or Х disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? if "Yes," complete Schedule L, Part III ... Χ Was the organization a party to a business transaction with one of the following parties, directly or indirectly م شرکم (see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV Х 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? Х If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Х

Schedule R, Part V, line 2

organization? If "Yes," complete Schedule R, Part V, line 2

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19?

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Form 990 (2009)

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P	art V Statements Regarding Other IRS Filings and Tax Compliance				<u> </u>
				Yes	No
1ạ	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				······································
•	U.S. Information Returns. Enter -0- if not applicable	5			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable				
	gaming (gambling) winnings to prize winners?	[1	Ic	_X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	2		_	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2	ъ	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	1			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by]			
	this return?	[_3	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	[_3	3b		
4a	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)?	4	la 📗		X
b	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			,	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5	ia		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5	5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding				
	Prohibited Tax Shelter Transaction?	5	ic		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible?	<u> </u> €	ia		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?	<u> </u>	b		
7	Organizations that may receive deductible contributions under section 170(c).			***	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?	<u> </u>	'a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	···· -7	'b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		.		
	required to file Form 8282?	7	<u>'</u> C		
	If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			j	
			'е '.		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	-	'f		
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		<u>'g</u> 'h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	···· - <u>-</u>			
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization,	1			
	have excess business holdings at any time during the year?		8		-
9	Sponsoring organizations maintaining donor advised funds.			!	
a	Did the organization make any taxable distributions under section 4966?		a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	-	ь		
10	Section 501(c)(7) organizations. Enter				-
а	Initiation fees and capital contributions included on Part VIII, line 12	i			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_			
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them)	1.			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?] 1	2a		_
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	_		'	
			Бал	000	(2000)

NORTH DAKOTA AGRICULTURAL ASSN

	on A. Governing Body and Management		Yes	No
	ON A. OVERTHING DOLY and management			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent	!		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
•	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
-		6	Х	
6	· · · · · · · · · · · · · · · · · · ·	-	- 21	
/a	Does the organization have members, stockholders, or other persons who may elect one of more members	, ,	Х	
	of the governing body?	7a	X	
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Λ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following?		[, 	l
	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	11	Х	
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		ĺ
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		_	
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
	Does the organization have a written document retention and destruction policy?	14		Х
	Did the process for determining compensation of the following persons include a review and approval by			
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.			
	The organization's CEO, Executive Director, or top management official?	15a	X	
	Other officers or key employees of the organization?	15b	X	
b	Describe the process in Schedule O. (see instructions)	130	I	·
40-	,	,•	3	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		آيآ
	with a taxable entity during the year?	16a	l	<u>X</u>
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	<u> </u>	1	i -
	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	
	on C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website			
	Developed On the Line On the three found of the formal of the contract of the			
19	Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest			
	policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the			

Form **990** (2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Check this box if the organization did not compensate any current officer, director, or trustee

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization'scurrent officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization'scurrent key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees, and former such persons

(A) Name and Title	(B)	(C) Position (check all that apply)					nlv)	(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week		Institutional trustee	Officer	Key employee	Highest compensated employee	Ť Ť	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
GARY KNUTSON	1										
EXEC DIRECTOR	40					Х		101122.	0	0	
RYAN MCGLYNN	_										
PRESIDENT		Х						0	0	0	
JOE KILLORAN	1										
VICE PRESIDENT		Х						0	0	0	
CHAD FIEDLER											
SEC/TREAS	<u></u>	Х						0	0	0	
AL HOLLEMAN											
PAST PRESIDENT		Х						0	0	0	
CLINT LARSON											
DIRECTOR		_X						0	0	0	
JAMES RETTERAT								-		-	
DIRECTOR]	X						0	0	0	
GREG ENGEL											
DIRECTOR]	Х						0	0	0	
TED CHIZEK									_		
DIRECTOR		Х						0	0	0	
DAN LINDGREN											
DIRECTOR	1	Х						0	0	0	
MARK DOOLEY											
DIRECTOR	1	Х						0	0	0	
STEVE LIEBELT											
DIRECTOR	1	x						0	0	0	
MARTY LEISS			-								
DIRECTOR	1	x						0	0	0	
BRAD FOWLER											
DIRECTOR	1	х						0	0	0	
										-	
	ļ			$\vdash \vdash$	\dashv						

Rev 1

Section A. Officers, Directors,	Lingraes'	NOY E	iipioy	862,	allic	ı mığıı	621	Compensated Emple	yees (continued)	
(A) Name and title	(B) Average		on (ch	(C) neck		hat ap		1	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the	compensation from related organizations	other compensation
		rustee	l trustee		yee	mpensated		organization (W-2/1099-MISC)	(W-2/1099-MIS	organization and related organizations
	<u> </u>		-				-			
	_									
	-									
							_			
	1									
	1									
	1									
										-
	1									
	<u>.</u>							101122.	0	0
Total number of individuals (including but r	not limited	to thos	e liste	d ab	ove) who	rece	·	,000 in reportable	
from the organization >										Van Na
3 Did the organization list anyformer officer,	director or	truste	e, key	emp	loye	e, or l	high	est compensated		Yes No
employee on line 1a? If "Yes," complete So										X
4 For any individual listed on line 1a, is the s the organization and related organizations									1	
ındividual										4 X
5 Did any person listed on line 1a receive or		-			-			•		5 X
services rendered to the organization? If "\ Section B. Independent Contractors	es, comp	iete Sc	neau	e J i	or s	ucn pe	erso	Π		5 X
1 Complete this table for your five highest co	mpensated	ındep	ende	nt co	ntra	ctors t	hat	received more than \$	100,000 of	
compensation from the organization (A)								(B)	· · ·	(C)
Name and busines	s address		_					Description of s	ervices	Compensation
							-			
						-				
2 Total number of independent contractors (i	ncludina h	ut not !	imitod	l to +	hoor	a lietos	L ah	ove) who recoved —	ore than	a Millionia esta esta esta esta esta esta esta est
\$100,000 in compensation from the organi	_	at 110t l			iust	- 113160	aul	ove, who received M	vie nigii	

Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,

Total. Add lines 11a-11d

9c, 10c, and 11e

281133.

759.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C) and (D). (D) Fundraising (B) Program service expenses Do not include amounts reported on lines 6b, (A) Total expenses (C) Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 101122. 70770. 30352. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 19926. 7 Other salaries and wages 19926. Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 6622. 9459. 2837. 10 Payroll taxes Fees for services (non-employees) Management 1650. 1650. Accounting d Professional fundraising services See Part IV, line 17 investment management fees 12 Advertising and promotion ... 2176. 696. 1480. 13 Office expenses 14 Information technology 15 Royalties 6550. 3275. 3275. Occupancy 16 11603. 2903. 14506. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 18141 12699. 5442. 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 460. 460. 22 Depreciation, depletion, and amortization Insurance 23 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) SEE STMT 3714. 7620. 2000. 30. 2752. 78058. All other expenses..... 268164. 193759. 74405. Total functional expenses. Add lines 1 through 24f Joint Costs Check here ▶ if following SOP 98-2 Complete this line only if the org reported in column (B) joint costs from a combined

educational campaign and fundraising solicitation

Part X Balance Sheet (A) (B) Beginning of year End of year 217182. 230611. 1 1 Cash - non-interest-bearing 2 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Sch L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a 3448. 801. 1261. 10ь 2647. ь Less accumulated depreciation 10c 11 Investments - publicly traded securities 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 218443. 231412. 16 16 606. 17 606. 17 Accounts payable and accrued expenses 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 -labilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 25 Other liabilities Complete Part X of Schedule D 25 606. 606. 26 Total liabilities Add lines 17 through 25 26 Organizations that follow SFAS 117, check here

| X | and | complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 230806. 217837. 27 Unrestricted net assets 27 28 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 217837. 230806. 33 33 218443. 231412. 34

Form 990 (2009)

	Part XI Financial Statements and Reporting			
			Yes	No
ຸ 1	Accounting method used to prepare the Form 990 🛛 Cash 🔲 Accrual 📗 Other	注他的		
2	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	İ	X_
	b Were the organization's financial statements audited by an independent accountant?	. 2b		X
	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			Γ
	audit, review, or compilation of its financial statements and selection of an independent accountant?	. 2c		
	d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were			
	issued on a consolidated basis, separate basis, or both	2d		L
	separate basis consolidated basis both consolidated and separate basis			
3	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
	b If "Yes," did the organization undergo the required audit or audits?	3b		
		Form	990	(2009)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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), then Section 501(c)(4), (5), or (6) organizations Complete Part III Employer identification number Name of organization 45-6016288 NORTH DAKOTA AGRICULTURAL ASSN Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. Volunteer hours Complete if the organization is exempt under section 501(c)(3). Part I-B Enter the amount of any excise tax incurred by the organization under section 4955▶\$ Enter the amount of any excise tax incurred by the organization managers under section 4955 ▶\$ If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No 4a Was a correction made? Yes No b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶\$ Enter the amount of the filing organization's funds contributed to other organizations for section 527 Total of direct and indirect exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b -▶\$_ Did the filing organization fileForm 1120-POL for this year? State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (e) Amount of political (d) Amount paid from filing contributions received organization's and promptly and directly funds If none. delivered to a separate enter -0political organization If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule C (Form 990 or 990-EZ) 2009

		5768 (election under section 501(h)).	(a)			b)	
			Yes			ount	
1	During the including through	ne year, did the filing organization attempt to influence foreign, national, state or local legislation, any attempt to influence public opinion on a legislative matter or referendum, the use of:				<u>,</u>	-
a		ers?					
b		ff or management (include compensation in expenses reported on lines 1c through 1i)?					
С		dvertisements?					
d	Mailings	to members, legislators, or the public?		_			_
9	Publicati	ons, or published or broadcast statements?					
f	Orants to	o other organizations for lobbying purposes?					
g	Direct co	ontact with legislators, their staffs, government officials, or a legislative body?					
h		demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
!		Id lines 1c through 1:					
j		•	₁				
2 a	Did the a	activities in line 1 cause the organization to be not described in section 501(c)(3)?	<u> </u>	-			
b	If Yes,	enter the amount of any tax incurred under section 4912		-			
C	If tes,	enter the amount of any tax incurred by organization managers under section 4912	ا ^ث ەئ	<u></u> -			
d Dort		ng organization incurred a section 4912 tax, did it file Form 4720 for this year?	(5)(5)				
rari	III-A	Complete if the organization is exempt under section 501(c)(4), section 501(section 501(c)(6).	(C)(5),	, or			
		section 30 1(c)(b).				Yes	LNo
1	Were su	bstantially all (90% or more) dues received nondeductible by members?			4	162	No X
2		organization make only in-house lobbying expenditures of \$2,000 or less?				x	+^
3		organization make only in-house loopying expenditures of \$2,000 or less?				1	X
	III-B	Complete if the organization is exempt under section 501(c)(4), section 501				Ь	
1	Dues, as	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." sessments and similar amounts from members		. 1			
2		162(e) non-deductible lobbying and political expenditures do not include amounts of political		'			
		s for which the section 527(f) tax was paid).		,			
а		/ear		2a			
b		er from last year					
С							
3		te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		$\overline{}$			
4		were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess doe					
		nization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
		ure next year?		. 4			
5	Taxable	amount of lobbying and political expenditures (see instructions)		. 5	•		
Part		Supplemental Information					
		rt to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-	B. line	1ı. Also	comple	te this	
		ional information	D,	11. 7 1100	, compic		
partio	i any addic						
							
		Sahadu					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

	e of the organization PRTH DAKOTA AGRICULTURAL ASSN		Employer identification number 45-6016288
	rt I Organizations Maintaining Donor Advi		
Гс	Complete if the organization answered "Yes" to F		is or Accounts.
	Complete if the organization allowered Tes (or	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Dollor advised idilds	(b) runds and other accounts
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors		vised funds
•	are the organization's property, subject to the organization	•	
6	Did the organization inform all grantees, donors, and done	-	
	for charitable purposes and not for the benefit of the dono		
Pa	rt II Conservation Easements. Complete if		
1	Purpose(s) of conservation easements held by the organi		
	Preservation of land for public use (e.g., recreation or	` '''	tion of an historically important land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	tion of certified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified of	conservation contribution in the form of a c	onservation easement on the last day of th
	tax year		•
			Held at the End of the Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic	structure included in (a)	2c
d	Number of conservation easements included in (c) acquire	ed after 8/17/06	2d
3	Number of conservation easements modified, transferred	, released, extinguished, or terminated by	the organization during
	the taxable year ▶		
4	Number of states where property subject to conservation	easement is located	
5	Does the organization have a written policy regarding the	periodic monitoring, inspection, reporting	of violations,
	and enforcement of the conservation easements it holds?		Yes 📙 No
6	Staff and volunteer hours devoted to monitoring, inspecting	ig, and enforcing conservation easements	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, ar	nd enforcing conservation easements duri	ng the year ▶ \$
8	Does each conservation easement reported on line 2(d) a		
	and section 170(h)(4)(B)(II)?		
9	In Part XIV, describe how the organization reports conser	·	
	include, if applicable, the text of the footnote to the organi	zation's financial statements that describe	s the organization's accounting for
-	conservation easements	of And Illian deal Trees.	041 01 H A 4
Pa	Organizations Maintaining Collections		Jiner Similar Assets.
	Complete if the organization answered "Yes" to F		I hada a sa ahara a sa
ıa	If the organization elected, as permitted under SFAS 116,		
	treasures, or other similar assets held for public exhibition		public service, provide, in Part XIV, the
	text of the footnote to its financial statements that describe	es triese items.	
	If the arganization elected, as permitted under SEAS 116	to report in its revenue statement and hel	anne chect works of ort historical tran
	If the organization elected, as permitted under SFAS 116,		
	sures, or other similar assets held for public exhibition, ed relating to these items:	ucation, or research in turtherance of pub.	ile service, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical		
4	required to be reported under SFAS 116 relating to these		iciai gain, provide the following amounts
9	Revenues included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
		**********************************	····· · · · · · · · · · · · · · · · ·

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Rev 1

Pa	rt III Orga	nizations Maintaining	Collections of Art,	Historical Treasure	es, or Other Similar	Assets
3		ition's accession and other re	ecords, check any of the	following that are a sign	ificant use of its collection	n items (check all that
•	apply)		•	•		•
а	Public exhibiti	on		d Loan or exchar	nge programs	
ь	Scholarly rese	arch		e Other	_	
С	Preservation f	or future generations				
4	Provide a descript	ion of the organization's colle	ections and explain how t	they further the organiza	tion's exempt purpose in	Part XIV.
5		d the organization solicit or r				
		er than to be maintained as p				[] []
Pa		t, Escrow and Custodi			tion answered "Yes" to F	
		orted an amount on Form 99	_			
1a	Is the organization	an agent, trustee, custodian	or other intermediary for	r contributions or other a	ssets not included	
	=	χ ^γ				Yes No
b		e arrangement in Part XIV ar				
	•	-				Amount
С	Beginning balance) ,, ,, ,,,,,,,,,,			1c	
	• •	ne year				
	•	g the year				
f					 	
2a	=	on include an amount on For				. Yes X No
	=	e arrangement in Part XIV	, , , , , , , , , , , , , , , , , , , ,			
			lete if organization answ	rered "Yes" to Form 990), Part IV, line 10	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year		, , , , , , , , , , , , , , , , , , , ,	/ *	22-	* *
	balance			***		•
b	Contributions			i j		* ,
	Investment earnin			.,		* 7/
·	or losses					,
ď	Grants or scholarships			2		
	Other expenditure	s		·× 35.00		· '\\'.
•	for facilities and					*,
	programs			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		The second of the second
	Administrative				1.30	
•	expenses			/		
~	End of year balance			1	· Širii	
2		ited percentage of the year e	nd halance held as	. ,	*3,6% ` a *	
		or quasi-endowment				
	Permanent endow		<u> </u>			
	Term endowment					
		ent funds not in the possess	ion of the organization th	at are held and adminis	tered for the organization	by Yes No
Ja		inizations				3a(i)
	• • • • • • • • • • • • • • • • • • • •	zations				
		re the related organizations I				
	= =	IV the intended uses of the o	· · · · · · · · · · · · · · · · · · ·			
4 Pa		stments - Land, Buildi			Part Y line 10	
ı a		n of investment	(a) Cost or other	(b) Cost or other	(c) Depreciation	(d) Book value
	Descriptio	n or investment	1	' '	(c) Depreciation	(a) Book value
	Land		basis (investment)	basis (other)		
					***************************************	-
	_		·		-	+
		ements	0 110		2,647.	801.
					2,04/.	001.
_		Column (d) should equal For			1	801.
ı otal	ı. Add iines 1a-18 (Column (a) snoula equal For	III 990, Pail A, COIUMN (E	o), iine (u(c))		71 OOT.

e.	·ha	dula	n	(Form	aani	2000

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

tions on

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Employer identification number

NORTH DAKOTA AGRICULTURAL ASSN	45-6016288
SCHOLARSHIP TO AG STUDENTS	
	
·	
	
	<u> </u>

Schedule O (Form 990) 2009 Page 2					
Name of the organization NORTH DAKOTA AGRICULTURAL ASSN	Employer identification number 45-6016288				
THE ORGANIZATION MAKES COPIES OF ITS GOVERNING DOCUMENTS	AND				
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUES	т.				

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2009

Attachment Sequence No 67

Business or activity to which this form relates Identifying number Name(s) shown on return

NO	RTH DAKOTA AGRIC	ULTURAL	ASSN990	•					45-6016288
	ert Election To Expense	_			_				· -
	•		omplete Part V before	you complete Part	1				
1	Maximum amount See the instr							1	
	Total cost of section 179 propert	•						2	
	Threshold cost of section 179 pr	• •		instructions)				3	
	Reduction in limitation. Subtract							4	
	Dollar limitation for tax year Sul								
	filing separately, see instructions							5	
6	(a) Description of pro			siness use only)	(c) Elec	ted cost		
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·							i `
									1
7	Listed property Enter the amou	nt from line 29			7				
8	Total elected cost of section 179	property Add a	mounts in column (c), li	nes 6 and 7				8	
9	Tentative deduction Enter thes	maller of line 5 or	r line 8					9	
10	Carryover of disallowed deduction	on from line 13 of	your 2008 Form 4562					10	
11	Business income limitation. Ente	er the smaller of t	ousiness income (not le	ss than zero) or lii	ne 5 (s	ee instri	uctions)	11	
12	Section 179 expense deduction	Add lines 9 and	10, but do not enter mo	ore than line 11 _				12	
13	Carryover of disallowed deduction	n to 2010 Add I	ines 9 and 10, less line	12 ▶ 1	3				
Note	e: Do not use Part II or Part III be	elow for listed pro	perty Instead, use Pai	rt V.					
Pa	rt II Special Depreciation	Allowance and C	Other Depreciation (Do	not include listed	proper	ty) (See	Instructio	ns)	
14	Special depreciation allowance f	or qualified prope	erty (other than listed pr	operty) placed in s	service				
	during the tax year (see instruction	ons)						14	
15	Property subject to section 168(f)(1) election .						15	
16	Other depreciation (including AC	RS)	<u> </u>					16	
Pa	rt III MACRS Depreciation	(Do not include l	isted property) (See ins	structions)					
			Section /	Α					
17	MACRS deductions for assets pl	laced in service ii	n tax years beginning be	efore 2009				17	460.
18	If you are electing to group any a	issets placed in s	ervice during the tax ye	ear					****
	into one or more general asset a						<u> </u>	<u> </u>	v6
	Section B-Ass	ets Placed in Se	rvice During 2009 Tax	Year Using the G	<u>eneral</u>	Deprec	iation Sys	tam	
(a								raili	
	a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only - see instructions)	(d) Recovery period		e) ention	(f) Meth		(g) Depreciation deduction
19a	a) Classification of property 3-year property	(b) Month and year placed in	(business/investment use	1 ' '			(f) Meth		(g) Depreciation
19a b	3-year property	(b) Month and year placed in	(business/investment use	1 ' '			(f) Meth		(g) Depreciation
	3-year property	(b) Month and year placed in	(business/investment use	1 ' '			(f) Meth		(g) Depreciation
b	3-year property 5-year property 7-year property	(b) Month and year placed in	(business/investment use	1 ' '			(f) Meth		(g) Depreciation
b c	3-year property 5-year property 7-year property	(b) Month and year placed in	(business/investment use	1 ' '			(f) Meth		(g) Depreciation
b c d	3-year property 5-year property 7-year property 10-year property	(b) Month and year placed in	(business/investment use	1 ' '			(f) Meth		(g) Depreciation
b d e	3-year property 5-year property 7-year property 10-year property 15-year property	(b) Month and year placed in	(business/investment use	1 ' '			(f) Meth		(g) Depreciation
b c d e	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	(b) Month and year placed in	(business/investment use	period	Conve				(g) Depreciation
b c d e f	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	(b) Month and year placed in	(business/investment use	period 25 yrs	Conv	ention	S/L		(g) Depreciation
b c d e f	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental	(b) Month and year placed in	(business/investment use	25 yrs 27.5 yrs	M	ention	S/L S/L		(g) Depreciation
b c d e f g	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property	(b) Month and year placed in	(business/investment use	25 yrs 27.5 yrs 27.5 yrs	M M	IM IM	S/L S/L S/L		(g) Depreciation
b c d e f g	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property	(b) Month and year placed in service	(business/investment use	25 yrs 27.5 yrs 27.5 yrs 27 5 yrs 39 yrs	M M M	IM IM IM	S/L S/L S/L S/L	od	(g) Depreciation deduction
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		Program	Management	
Description of the Asset	Total	Services	and General	Fundraising
NSURANCE	3,714.	717.	2,997.	
G PROMOTION	7,620.	7,620.		
HOLARSHIPS	2,000.	2,000.		
ED PROJECTS	30.	30.		
EDIT CARD CHARGES	2,752.	2,752.		
VERTISING	15,798.	15,798.		
HIBITS/BOOTHS	41,713.	41,713.		
EST SPEAKERS	9,000.	9,000.		
SCELLANEOUS	640.	320.	320.	
LEPHONE	2,047.	1,433.	614.	
STAGE	2,163.	1,514.	649.	
INTING & PUBLICATIO	6,697.	5,197.	1,500.	
INTING & FODDICATIO	94,174.	88,094.	6,080.	
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Form **8868**

(Rev. April 2009) Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

OMB No 1545-1709

NORTH DAKOTA AGRICULTURAL ASSN NUmber, street, and room or suite no if a P.O box, see instructions. 415 38TH STREET SW City, town or post office, state, and ZIP code. For a foreign address, see instructions FARGO ND 58103 Check type of return to be filed (file a separate application for each return) Form 990-BL Form 990-BL Form 990-PF 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 a Group Return, enter the organization's four digit Group Exemption Number (GEN) 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 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUG 15 , 20 10 , to file the exempt organization return for the organization named above. The extension is for the organization's return for. AUG 15 , 20 10 , to file the exempt organization return for the organization named above. The extension is for the organization's return for. AUG 15 , 20 10 , to file the exempt organization return for the organization named above. The extension is for the organization's return for. AUG 15 , 20 10 , to file the exempt organization return for the organization named above. The extension is for the organization's return for.	Internal Revenue Sen	vice File a separate application for each return.	丄	
Do not complete Part I unless you have already been granted an automatic 3-month extension or graveously filled Form 8868 Part I Automatic 3-Month Extension of Time. Only submit organic (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	If you are file	ng for an Automatic 3-Month Extension, complete only Part I and check this box		▶ 🏋
Do not complete Part I unless you have already been granted an automatic 3-month extension or graveously filled Form 8868 Part I Automatic 3-Month Extension of Time. Only submit organic (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	If you are file	ing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).		
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 frusts must use Form 7004 to request an extension of time to file income tax returns To file (e-file), Generally, you can electronically file Form 98-51, However, you cannot file Form 8968 electronically if (1) you want the additional (not automate) 3-month extension or (2) you file Form 990-1. However, you cannot file Form 8968 electronically if (1) you want the additional (not automate) 3-month extension or (2) you file Form 990-81. However, you cannot file Form 8968 electronically if (1) you want the additional (not automate) 3-month extension or (2) you file Form 990-82 (Part II) of Form 8968 For more details on the electronic filing of this form, visit www viris goviefile and click on e-file for Chartless & Nonproffils To file for Chartless & Nonproffils Non However Agricultural Agricult	Do not complete	e Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 886	88	
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 folis income tax returns form folis income tax returns folis income tax returns form folis income tax returns form folis income tax returns form folis for return to the file of the structurns form solis for return to the file of the form folis form folis income tax returns for the folis	Part I A	utomatic 3-Month Extension of Time. Only submit original (no copies needed)		
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 Chantles & Nonprofits Type or Name of Exempt Organization NORTH DAKOTA AGRICULTURAL ASSN NORTH DAKOTA AGRICULTURAL ASSN 45 - 6016288	A corporation re	quired to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I o	only	▶ 🗍
Electronic Filling (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 (5 months for a corporation required to file Form 990-Ti. Losed, not automatic) 3-month extension or (2) you file Form 990-Ti. Losed, 900 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 Chanties & Nonprofits. Type or Print File by the Chanties & Nonprofits. Type or Print By the Chanties & Nonprofits. NoRTH DAKOTA AGRICULTURAL ASSN NoRTH DAKOTA AGRICULTURAL ASSN NORTH DAKOTA SITEST SW City, town or post office, state, and ZiP code. For a foreign address, see instructions. ### City form 990-Bi. Form 990-Bi. Form 990-Ti. (corporation) Form 990-Ti. (see 401(a) or 408(a) trust) Form 990-Bi. Form 990-Bi. Form 990-Ti. (see 401(a) or 408(a) trust) Form 6099 Form 8870 ** The books are in the care of ** GARY KNUTSON Form 990-Ti. (trust other than above) 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 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 this is for a foreign address or a file form 990-Ti. extension of time until AUG 15 , 20 10 , to file the exempt organization return for the organization return for the organization return for the organization return for the group check this box AUG 15 , 20 10 , to file the exempt organization return for the organization is for Form 990-PF, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable any pure vear overpayment allowed as a credit. If this application is for Form 990-PF, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable any pure vear overpayment allowed as a credit. English and the file of the retur	All other corpora	itions (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension o	of tim	е
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/lefile and click on e-file for Charites & Nonprofits. Type or print. Name of Exempt Organization NORTH DAKOTA AGRICULTURAL ASSN Number, street, and room or suite no. If a P.O. box, see instructions. 11.5 38TH STREET SW City, town or post office, state, and ZIP code. For a foreign address, see instructions FARGO ND 58103 Check type of return to be filed. (file a separate application for each return) Form 990-BL Form 990-BL Form 990-BC Form 990-FC Form 990-FC Form 990-FC Form 1041-A Telephone No. ► 701-282-9432 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 part of the group, check this box				
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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 Chantes & Nonprofits Type or print first by the town of Exempt Organization Name of Exempt Organization NORTH DAKOTA AGRICULTURAL ASSN Numbers, street, and room or suite no: If a P.O box, see instructions. 1415 387H STREET SW City, town or post office, state, and ZIP code. For a foreign address, see instructions FARGO ND 58103 Check type of return to be filed (file a separate application for each return) Form 990-BL Form 990-BL Form 990-From 990-T (corporation) Form 990-From 990-EZ Form 990-From 990-T (corporation) Form 990-EZ Form 990-PF 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 a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If the submit over 1 Irequest an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUG 1520 10 _ , to file the exempt organization named above. The extension is for the organization's Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable or distance of the submit of Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable or distance of the submit of Form 990-PF, 990-T, enter any refundable credits. See instructions 3 If this application is for Form 990-PF, 990-T, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit. C Balance Dus. Subtract time 3b from line 3a include your payment with this form, or, if required, deposit with FTD any prior year overpayment instructions Caution, If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO	-			
Type or Name of Exempt Organization Print File by the Name of Exempt Organization NORTH DAKOTA AGRICULTURAL ASSN NORTH DAKOTA AGRICULTURAL ASSN Number, street, and room or suite no. If a P-O box, see instructions. 415 38TH STREET SW City, town or post office, state, and ZIP code. For a foreign address, see instructions FARGO ND 58103 Check type of return to be filled (file a separate application for each return) Form 990-BL Form 990-T (see 401(a) or 408(a) trust) Form 990-F Form 990-T (frust other than above) Form 990-F Form 990-T (frust other than above) * The books are in the care of ▶ GARY KNUTSON Telephone No ▶ 701-282-9432 FAX No ▶ * If the organization does not have an office or place of business in the United States, check this box * If this for a Group Return, enter the organization's four dight Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four dight Group Exemption Number (GEN) If request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUG 15 .20 10 , to file the exempt organization return for the organization named above. The extension is for the organization's return for. **Note that the street of the street organization return for the organization in a composition required to file Form 990-T) extension of time until AUG 15 .20 10 , to file the exempt organization return for the organization named above. The extension is for the organization's return for. **Year beginning .20 , and ending .20 .20 .20 .20 .20 .20 .20 .20 .20 .20				
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Number, street, and room or suite no. If a P.O box, see instructions. Number Street And room or suite no. If a P.O box, see instructions.	Type or N	ame of Exempt Organization Employ	er ide	entification number
The books are in the care of ▶ GARY KNUTSON Telephone No ▶ 701-282-9432 FAX No ▶ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return for. ▶ AUG 15 , 20 10 , to file the exempt organization return for the organization named above. The extension is for the organization's return for. ▶ Calendary year 2009 or ≥ Calendary 2009 or 2		NORTH DAKOTA AGRICULTURAL ASSN 45-6	01	6288
City, town or post office, state, and ZIP code. For a foreign address, see instructions FARGO ND 58103 Chock type of return to be filled (file a separate application for each return) Form 990-T (corporation) Form 990-T (see 401(a) or 408(a) trust) Form 990-BL Form 990-T (see 401(a) or 408(a) trust) Form 990-PF Form 6069 Form 8870 The books are in the care of GARY KNUTSON Telephone No 701-282-9432 FAX No If this regulation 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 a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the unit over I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUG 15 , 20 10 , to file the exempt organization return for the organization named above. The extension is for the organization's return for. AUG 15 , 20 10 , to file the exempt organization return for the organization named above. The extension is for the organization's return for. AUG 15 , 20 10 , to file the exempt organization return for the organization named above. The extension is for the organization's return for. If this tax year is for less than 12 months, check reason. Initial return Tend return Change in accounting period 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 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. But 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. But this application is for Form 990-PF or 990-T, enter any refundable credi	File by the due date for filing your			
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Check type of return to be filed (file a separate application for each return)	III SU UCBOIIS			
Form 990-BL Form 990-T (corporation) Form 4720 Form 990-EX Form 990-T (see 401(a) or 408(a) trust) Form 5227 Form 6069 Form 990-PF Form 1041-A Form 990-T (trust other than above) Form 8870 • The books are in the care of ▶ GARY KNUTSON Telephone No ▶ 701-282-9432 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 AUG 15 , 20 10 , to file the exempt organization return for the organization named above. The extension is for the organization's return for. ▶ X calendar year 2009 or	Check type of re	· · · · · · · · · · · · · · · · · · ·		
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If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	•			▶ 🗍
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 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUG 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 Aux year beginning Aux year beginning Aux year is for less than 12 months, check reason. Initial return Final return Change in accounting period 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 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. 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 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			r the	whole group,
I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUG 15 , 20 10 , to file the exempt organization return for the organization named above. The extension is for the organization's return for.			ers t	he extension
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tax year beginning				
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 5 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. 5 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. 5 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.	H	· · · · · · · · · · · · · · · · · · ·		. 20
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