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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)

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

OMB No 1545-1150 2009

Open to Public Inspection

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North Dakotia Gram Dealers Educational Foundation 45-0358247	В	Check	ıf applicable	Please	C Name of organi	zation					D Empl	oyer iden	tification number
None cave Potential return		Addres	s change		North Dakota Gr	ain Dealers F	Education	nal Foundati	ion			45-0	1358247
Termander feature See Sold Black Building, 118 Broadway Forus Exemption Sold Black Bl	L	Name (change							Boom/suito	F Tele		
Terminated Amended return Application pending		Initial re	eturn	-	Number and street	(or P O box, ii maii is	s not denvered	o to street address)		Room/suite	1	J.10110 110	3111001
Application programs are provided in the structure of the programs and provided in the prov		Termin	ated		606 Black Buildi	ng, 118 Broa	dway				.l	701-	235-4184
Section 501(c)(3) organizations and 4947(e)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-E2) H Check ►		Amend	led return		City, town, or co	untry	;	State	ZI	P + 4	F Grou	p Exem	ption
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 890 or 930-E2). Website: ▶ The completed Schedule A (Form 890 or 930-E2). Website: ▶ Tax-exempt status (check only one)		Applica	ation pending		Fargo			ND	5	8102-4985	Num	ber	•
Website: H Check X The organization is not required to attach Schedule B (Form 990 or 990-E2). H Check X The organization is not required to attach Schedule B (Form 990 or 990-E2). H Check X The organization is not required to attach Schedule B (Form 990 or 990-E2). H Check X The organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 or 750	=					nonevemet cl				_	tına Metho	и Х	Cash Accrual
Website: ►	•	Jecuo.	111 301(0)(3) 01					austs must e	attacn		-		J Cash Accidan
Website: ▶ Tax-exempt status (check only one)- X 501(c) (3)				<u> </u>									ration is not
Tax-exempt status (check only one)		Websit	te: ▶										
K Check ▶	i			ck only one)	X 501(c) (3) 4 (insert no	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	47(a)(1) or	527	, ,			(
As I mere 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. Add lines 5b, 5b, and 7b, to line 9 to determine gross recepts, if \$500,000 or more, file from 990-EZ Part I Rovenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less cost or other basis and sales expenses c Gross amount from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Special events and activities (Complete applicable parts of Schedule 6) If any amount is from gaming, check here 6 Special events and activities (Subtract line 6b from line 6a) 7 Gross sales of inventory, less returns and allowances 6 Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7 Gross sales of inventory, less returns and allowances 6 Net income or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Total evenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 8 Other revenue (describe ▶ 10 Grants and similar amounts paid (attach schedule) 11 Salarnes, other compensation, and employee benefits 12 Salarnes, other compensation, and employee benefits 13 Coccupancy, rent, utilities, and maintenance 14 Coccupancy, rent, utilities, and maintenance 14 Coccupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ▶ 17 Total expenses. Add lines 10 through 16 18 Coccessor (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior ye	-		- -										h 005 000
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Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I	_												
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2 Program service revenue including government fees and contracts 3 Membership dues and assessements 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Cain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Special events and activities (complete applicable parts of Schedule (5) if any amount is from gaming, check here a Gross revenue (not including \$ 0 of contributions reported on line 1) b Less direct expenses other than fundraising expenses 6 Co Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6 Co Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7 Co Net income or (loss) from special events and allowances 6 Description (loss) from sales of inventory (Subtract line 6b from line 6a) 7 Co Net income or (loss) from sales of inventory (Subtract line 6b from line 6a) 8 Other revenue (describe ► 10 O From special events and allowances or 11 O From special events or 11 O From special even								or Fund Ba	<u>liances</u>	(See the in	Struction	IS IOI P	
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											204,10		

Part III Statement of Program Service Acc	omplishments (See the	instructions for Pa	art III)		Expenses
What is the organization's primary exempt purpose?					ired for section
Describe what was achieved in carrying out the organia	zation's exempt purposes In	a clear and concis	se	-)(3) and 501(c)(4) izations and section
manner, describe the services provided, the number of				-	a)(1) trusts, optional
each program title	<u> </u>		_	for oth	
28 Aid in the education(including financial aid and sc	holarships) of students at				
North Dakota institutions of higher learning as suc	h education relates to the				
agri-business industry			<u></u>		
(Grants \$ 0) If this amoun	nt includes foreign grants, ch	eck here	▶ ∐	28a	0
29 Make contributions to North Dakota Institutions of	higher learning				
(Grants \$ 0) If this amoun	nt includes foreign grants, ch	eck here	. ▶ 🔲	29a	0
30					
(Grants \$ 0) If this amoun	nt includes foreign grants, ch	eck here	. ▶ 🔲	30a	0
31 Other program services (attach schedule)	•	<u> </u>	·		
(Grants \$ 0) If this amour	nt includes foreign grants, ch	eck here	▶ □	31a	0
32 Total program service expenses. (add lines 28a	through 31a)		•	32	0
Part IV List of Officers, Directors, Trustees, a		one even if not compe	nsated (See t	the instr	ructions for Part IV)
	(b) Title and average	(c) Compensation	(d) Contributi		(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefi deferred compe		account and other allowances
Fodd Vogel	Title President				
Box 130 Marion ND 58466	Hr/WK N/A	0		0	0
Paul Lautenschlager	Title Vice President				<u> </u>
P.O Box 47 Beach ND 58621	Hr/WK N/A	О		0	0
Steven Strege	Title Sec/Treas				
118 Broadway Ste 606 Fargo ND 58102	Hr/WK N/A	О		0	0
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			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		Х
34	We're 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			1
	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	$\vdash \vdash \vdash$	X
	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	36		×
37 a	during the year? If "Yes," complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	$\overline{}$	-	_^
or a	Did the organization file Form 1120-POL for this year?	37b		x
38 a		-		
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations Enter			
а				
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	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	40b		×
_	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	40b		
C	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 .			İ
е	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 ▶			
42 a	The organization's books are in care of ► North Dakota Grain Dealers Association Telephone no ►	701-23	35-418	4
	Located at ► 606 Black Building, 118 Broady City Fargo ST ND ZIP + 4 ► 5810)2-498	5	
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		Yes	No
	account)?	42b		X
	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. At any time during the calendar year, did the organization maintain an office outside of the U.S?	42c		х
C	If "Yes," enter the name of the foreign country. ▶	720		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ _
	and enter the amount of tax-exempt interest received or accrued during the tax year . • 43 N/A			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
45	Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44	 	Х
45	W. H. C.	45		Х
	"Yes," Form 990 must be completed instead of Form 990-EZ		90-EZ	
				,

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		Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I.	46		Х
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		Х
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48		Х
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		Χ
	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, truste	es and	key	

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"

(a) Name and	d address of each employe than \$100,000	e paid more	(b) Title and average hours per week devoted to position	•	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None	Str		Title				
City	ST Z	IP	Hr/WK	.00	0	0	0
Name	Str		Title				
City	ST Z	IP .	Hr/WK	00	0	0	0
Name	Str		Title		:		
City	ST Z	IP	Hr/WK	00	0	0	0
Name	Str		Title				
City	ST Z	IP	Hr/WK	00	0	0	0
Name	Str		Title				
City	ST Z	IP	Hr/WK	00	0	0	0
f Total numbe	er of other employee	s paid over \$100,	000 . •				

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
Name None	e Str		
City	ST ZIP		
Name	Str		
City	ST ZIP		
Name	Str	!	
City	ST ZIP		
Name	Str	1	
City	ST ZIP		
Name	Str		
City	ST ZIP		
d Tota Sign	Under penalties of perjury, I declare that thave examined this return, including accompanying scheduland belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all	les and statements, and to the best on formation of which preparer has an	of my knowledge ly knowledge
Here	Signature of officer Date		
Paid	Preparer's signature Date 6/28/201	l self.	identifying number (See instructions)
Preparer's	Firm's name (or yours Enskson and Associates, Ltd	EIN ► 4	15 - 0446817
Use Only	if self-employed), address, and ZIP + 4 3332 4th Ave SW, Fargo, ND 58103	Phone no ► (7	701) 232-8400
May the IR	S discuss this return with the preparer shown above? See instructions		► Yes No
			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

zation or a section

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Name of the organization

North Dakota Grain Dealers Educational Foundation

Part L. Reason for Public Charity Status (All organizations must complete this part.) See instructions

Pai				narity Status (All org						<u>nstructio</u>	ns		
The	orgar	nization is not	a private found	ation because it is (Fo	or lines 1	through 1	1, check	only one	box)				
1		A church, co	nvention of chu	rches, or association of	of churche	es describ	ed in se d	tion 170	(b)(1)(A)(i	i).			
2		A school des	scribed in sectio	on 170(b)(1)(A)(ii). (At	ttach Sch	edule E)							
3		A hospital or	a cooperative h	nospital service organi	zation de	scribed in	section	170(b)(1)	(A)(iii).				
4		A medical re	search organiza	ation operated in conju	ınctıon wı	th a hosp	ıtal descri	bed ın se	ction 170	(b)(1)(A)	(iii). En	ter the	
		•	me, city, and st									 -	
5	Ш	•	•	r the benefit of a collect (Complete Part II)	ge or univ	ersity owi	ned or op	erated by	a govern	mental u	nit desci	ibed	
6		A federal, sta	ate, or local gov	ernment or governme	ntal unit d	lescribed	ın sectio :	n 170(b)(1)(A)(v).				
7				y receives a substanti (1)(A)(vi). (Complete i		its suppo	rt from a	governme	ental unit o	or from th	e gener	al publ	IC
8	X	A community	y trust described	in section 170(b)(1)	(A)(vi) . (C	omplete l	Part II)						
9		receipts from support from acquired by	n activities relate i gross investme the organization	y receives (1) more the door to its exempt function to its exempt function to its exempt function and unrelated after June 30, 1975	ons—subj ted busin See sect	ject to cer ess taxab ion 509(a	tain exce le income)(2). (Cor	ptions, an (less sed nplete Pa	nd (2) no retion 511 int III.)	nore thar tax) from	1 33 1/3	% of it	
10		An organizat	tion organized a	nd operated exclusive	ly to test	for public	safety S	ee sect io	n 509(a)(4).			
11		purposes of	one or more pul	nd operated exclusive blicly supported organ at describes the type o	ızations d	lescribed	ın sectior	509(a)(1) or section	on 509(a)	(2) See		on
		a Type	1 b	Type II c	Тур є	e III–Fund	ctionally in	ntegrated		d 🔲 1	Type III-	-Other	
е		persons other 509(a)(1) or	er than foundation section 509(a)(2	·	er than on	e or more	publicly	supported	l organıza	tions des	cribed i		on
f		•		a written determination	n from the	RS that	ıt ıs a Typ	e I, Type	II, or Typ	e III supp	orting		
g		•		the organization acce	pted any	gift or cor	tribution	from any	of the				
				or indirectly controls,	either alo	ne or toge	ether with	persons (described	ın (ıı)		Yes	No
				erning body of the su				•		` ,	11g(i)		
				person described in (i)		_					11g(ii)		
		• •		y of a person describe							11g(iii)		
<u>h</u>		Provide the f	following informa	ation about the suppor		nization(s) organization			I 6m	la tha	[(vai)	Amount	of
(1)		of supported	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	is the tion in col zed in the S ?	, ,	support	OI .
				(55553 555),	Yes	No	Yes	No	Yes	No			
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													0
		· · · · · · · · · · · · · · · · · · ·											0
													0
													0

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North Dakota Grain Dealers Educational Foundation 45-0358247 Schedule A (Form 990 or 990-EZ) 2009 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (d) 2008 (e) 2009 Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (f) Total (b) 2006 Gifts, grants, contributions, and membership fees received. (Do not 8,461 include any "unusual grants") 9.810 12.326 11.553 8.534 50.684 Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge 0 0 0 12,326 11,553 8,534 50,684 8.461 9.810 Total, Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 50,684 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 8,461 9,810 12,326 11,553 8,534 50.684 7 Amounts from line 4 Gross income from interest, dividends, 8 payments received on securities loans. rents, royalties and income from similar 7.579 2,800 7,852 9,687 2,678 30,596 sources Net income from unrelated business activities, whether or not the business is regularly carried on 0 Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV) 81,280 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 62 36% Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 59 03% Public support percentage from 2008 Schedule A, Part II, line 14 15 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a and stop here. The organization qualifies as a publicly supported organization ■ X 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%

or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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Page 3

Part III

Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked t	THE DOX OIT TIME	<u> </u>				
	tion A. Public Support	(-) 200E	(h) 2006	(-) 2007	(4) 2000	(a) 2000	(f) Total
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	0	0				(
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities furnished						
	in any activity that is related to the						
	organization's tax-exempt purpose	ol	o				(
3	Gross receipts from activities that are not an					-	
	unrelated trade or business under section 513						(
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on		[
	its behalf	0	0				(
5	The value of services or facilities	-					
	furnished by a governmental unit to the						
	organization without charge .	0	0				(
6	Total. Add lines 1 through 5	0	0	0	0	0	(
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
	Assessments resolved and business 2 and 2 resourced						
D	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						(
_	Add lines 7a and 7b	0	0	0	0	0	
с 8	Public support (Subtract line 7c from		<u> </u>				
U	line 6)						c
Sac	tion B. Total Support	l.					
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Care	• • • • • • •					(6) 2000	(1) 10(0.
9	Amounts from line 6	0	0	0	0	0	C
10a	Gross income from interest, dividends,					j	
	payments received on securities loans,					i	
	rents, royalties and income from similar						_
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975 .						
C	Add lines 10s and 10b		-		0		
	Add lines 10a and 10b .	0	0	0	0	0	
11	Net income from unrelated business	0	0	0	0	0	(
11	Net income from unrelated business activities not included in line 10b,	0	0	0	0	0	C
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly	0	0	0	0	0	C
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . Other income Do not include gain or	0	0	0	0	0	
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . Other income Do not include gain or loss from the sale of capital assets			0	0	0	· ·
12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11,			0	0	0	· ·
12 13	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	C
12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12). First five years. If the Form 990 is for the org	0	0	0	0	0	C
12 13 14	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12). First five years. If the Form 990 is for the organization, check this box and stop here	0 0 ganızatıon's firs	0	0	0	0	C
12 13 14 Sect	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12). First five years. If the Form 990 is for the orgonganization, check this box and stop here tion C. Computation of Public Support	0 0 ganızatıon's firs Percentage	0 0 t, second, third	0 , fourth, or fifth	0	0 section 501(c)((3) • [
12 13 14 Sect	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12). First five years. If the Form 990 is for the orgonoganization, check this box and stop here tion C. Computation of Public Support	0 ganization's firs Percentage olumn (f) divide	0 t, second, third	0 , fourth, or fifth	0	0 section 501(c)(0 (3) ► □
12 13 14 Sect 15 16	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12). First five years. If the Form 990 is for the orgonization, check this box and stop here tion C. Computation of Public Support Public support percentage for 2009 (line 8, consumption).	0 ganization's firs Percentage olumn (f) divide ile A, Part III, lii	0 t, second, third d by line 13, cone 15	0 , fourth, or fifth	0	0 section 501(c)((3) • [
12 13 14 Sect 15 16	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12). First five years. If the Form 990 is for the orgonization, check this box and stop here tion C. Computation of Public Support Public support percentage for 2009 (line 8, con Public support percentage from 2008 Schedution D. Computation of Investment Incomputation	0 ganization's firs Percentage blumn (f) divide ale A, Part III, lir	0 t, second, third 	O , fourth, or fifth 	0 tax year as a	0 section 501(c)((3) 0 00% 0 00%
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12 13 14 Sect 15 16 Sect 17 18	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12). First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Support Public support percentage for 2009 (line 8, concept percentage from 2008 Schedution D. Computation of Investment Incomposition 10 (line 10 (line 10 (line 10 (line 11))) (line 11) (o ganization's firs Percentage blumn (f) divide ale A, Part III, lin ome Percenta 10c, column (f) hedule A, Part tion did not che	d by line 13, cone 15 age divided by line lill, line 17 ack the box on l	o, fourth, or fifth	tax year as a	0 section 501(c)(15 16 17 18 an 33 1/3% an	0 00% 0 00% 0 00% 0 00% 0 00% 0 17 is
12 13 14 Sect 15 16 Sect 17 18 19a	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12). First five years. If the Form 990 is for the orgonization, check this box and stop here tion C. Computation of Public Support Public support percentage for 2009 (line 8, concept support percentage from 2008 Schedution D. Computation of Investment Incomposition 10 (line 1) Investment income percentage from 2008 Schedution D. Support tests—2009. If the organization more than 33 1/3%, check this box and significant more than 33 1/3%, check this box and significant income than 33 1/3%, check this box and significant income percentage from 2008 Schedution for than 33 1/3%, check this box and significant income than 33 1/3%, check this box and significant income percentage from 2008 Schedution for the organization for the	panization's firs Percentage Dlumn (f) divide ale A, Part III, lin ome Percenta 10c, column (f) hedule A, Part tion did not che top here. The c	d by line 13, cone 15 age divided by line lill, line 17 ck the box on lorganization qu	o, fourth, or fifth	tax year as a	0 section 501(c)(15 16 17 18 lan 33 1/3% and organization	0 00% 0 00% 0 00% 0 00% 0 00%
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12 13 14 Sect 15 16 Sect 17 18 19a	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12). First five years. If the Form 990 is for the orgonization, check this box and stop here tion C. Computation of Public Support Public support percentage for 2009 (line 8, concept support percentage from 2008 Schedution D. Computation of Investment Incomposition 10 (line 1) Investment income percentage from 2008 Schedution D. Support tests—2009. If the organization more than 33 1/3%, check this box and significant more than 33 1/3%, check this box and significant income than 33 1/3%, check this box and significant income percentage from 2008 Schedution for than 33 1/3%, check this box and significant income than 33 1/3%, check this box and significant income percentage from 2008 Schedution for the organization for the	panization's firs Percentage Dlumn (f) divide ile A, Part III, lin ome Percenta 10c, column (f) hedule A, Part tion did not che top here. The column of th	d by line 13, cone 15 age divided by line ill, line 17 ck the box on lorganization quix on line 14 or line e organization que	of the fourth, or fifth the fourth, or fifth the fourth, or fifth the fourth	tax year as a 1) e 15 is more the blicly supported is more than cly supported or	osection 501(c)(15 16 17 18 1an 33 1/3% and 17 13% and 18 13% and	0 00% 0 00% 0 00% 0 00% 0 00% 10 line 17 is

Schedule A (Form	990 or 990-EZ) 2009	North Dakota Grain Dealers Educational Foundation	45-0358247	Page 4
Part IV	Supplemental	Information. Complete this part to provide the explanations required	by Part II, line 10	,
	Part II. line 17a	or 17b, and Part III, line 12 Provide any other additional information	See instructions	
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			Check (X) if					,
			arootoo is					
	Class of activity	Grantee's name	a business	Address	Çiţ.	State	Zip code	Foreign Country
-	College Tuition	Michael Bjertness		20 Elm Street	Hickson	П	58047	
2	College Tuition	Suanne Kallis		7815 67th St SW	New Leipzig	<u>R</u>	58562	
3	College Tuition	Bryce Knowlen		121 Elm Street	Kindred	9	58051	
4	College Tuition	Allison Kopesky		16601 2nd St S, Box 256	Lakeland	Z	55043	
2	College Tuition	Justin Mack		27 Heritage Drive	Velva	9	58790	
9	College Tuition	Monica Pritchett		310 2nd Ave SW	Rugby	Q.	58368	
7	College Tuition	Amanda Schoch		11766 52nd St SW	New England	9	58647	
80	College Tuition	Lee Slykerman		6639 County Road 63	LaMoure	Q	58458	
6	Instructional Aid Award	Williston State College	×	1410 University Avenue	Williston	9	58801	
10								

			Date received	10/15/2009	10/15/2009	10/15/2009	10/15/2009	10/15/2009	10/15/2009	10/15/2009	10/15/2009	12/4/2009	
0 0	•	Method used	to determine FMV										
	-	Fair market	value										
		How book value	determined										
			Book value										
			Purpose of payment to affiliate										
			Description of the property										
			Relationship										
6,858		Amount of	cash grant	094	750	150	750	750	750	750	750	828	

Pai	rt II, Line 24 (990-EZ) - Other Assets	110,000	195,000
	Description	Beginning	End
1	Investments	110,000	195,000
2			
3			
4.			
5			
6			
7			
8			
9			
10			