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Department of the Treasury

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)

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010 D Employer identification number B Check if applicable Please NORTH DAKOTA RURAL REHABILITATION CORP use IRS label or 45-6002345 Address change Doing Business As E Telephone number print or type. See Name change (701) 223-5810 pecific Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-G Gross receipts \$ 3,788,856 PO BOX 2485 Terminated tions. Amended return City or town, state or country, and ZIP + 4 BISMARCK, ND 585022485 Application pending Name and address of principal officer **H(a)** Is this a group return for william fortier affiliates? PO BOX 2485 BISMARCK, ND 585022485 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status Group exemption number 🕨 Website: ► n/a K Form of organization
✓ Corporation
✓ Trust
✓ Association
✓ Other ► L Year of formation 1934 M State of legal domicile ND Part I Summary Briefly describe the organization's mission or most significant activities PROVIDE LOW INTEREST RATE LOANS TO DISTRESSED FARM FAMILIES IN THE STATE OF NORTH DAKOTA WHO DO NOT HAVE OTHER MEANS OF OBTAINING FINANCING Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) . . . 4 Total number of employees (Part V, line 2a) . . 0 Total number of volunteers (estimate if necessary) . 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. Net unrelated business taxable income from Form 990-T, line 34 **7**b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 0 Program service revenue (Part VIII, line 2g) . 1,699,298 1,711,908 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 160,685 56,127 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 387,842 2,020,821 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 2,247,825 3,788,856 256,206 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 248,359 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 384,308 393,356 Professional fundraising fees (Part IX, column (A), line 11e) . . 16a 0 ь Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 82,062 61,213 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 714,729 710,775 Revenue less expenses Subtract line 18 from line 12 . 1,533,096 3,078,081 19 Net Assets or Fund Balances **Beginning of Current End of Year** Year 37,640,256 20 Total assets (Part X, line 16) . 34,556,012 21 Total liabilities (Part X, line 26) . 43,230 49,393 Net assets or fund balances Subtract line 21 from line 20 34,512,782 37,590,863 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian ***** 2010-11-03 Here Signature of officer WILLIAM FORTIER president Type or print name and title Date Check if Preparer's identifying number Preparer's 2010-11-03 Patrick J Brown (see instructions) Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours Brady Martz & Associates PC EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 PO Box 1297 Phone no (701) 223-1717 Bismarck, ND 585021297

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Cat No 11282Y

Form 990 (2009)

Part III Statement of Program Service Accomplishments

- Briefly describe the organization's mission
- THE NORTH DAKOTA RURAL REHABILITATION CORPORATION, A CHARITABLE NON-PROFIT CORPORATION, IS COMMITTED TO ASSISTING QUALIFYING NORTH DAKOTA RESIDENT FARMERS AND RANCHERS AND THEIR FAMILIES BY PROVIDING LOW-INTEREST AGRICULTURAL RELATED LOANS, IF NO OTHER SOURCES OF CREDIT ARE AVAILABLE, AND PROVIDING APPROPRIATE GRANTS TO THE INDIVIDUALS OR TO INSTITUIONAL ENTITIES BENEFITTING INDIVIDUAL FARMERS AND RANCHERS, IN THE REHABILITATION OF THEIR FARMING AND RANCHING OPERATIONS

4e	Total program servi	ce expenses -\$	565.55	9		
	(Expenses \$	ınclu	ıdıng grants of	\$) (Revenue \$)
4d	Other program serv	ıces (Describe in Sche	dule O)			
	PARTICIPATE IN FARM E ALSO GIVEN FOR ARTIFI FOUNDATION AS WELL A INSTITUTIONAL ENTITIE: CAREER SCHOLARSHIP N	JUSINESS MANAGEMENT PRO CIAL INSEMINATION SCHOOI IS THE NORTH DAKOTA FFA IS BENEFITTING INDIVIDUAL WHICH IS AVAILABLE TO FAM	OGRAMS SPONSOI LS THROUGHOUT FOUNDATION NI FARMERS AND R IILY MEMBERS OF	RED BY THE NORTH DAKOT THE STATE NDRRC SUPP DRRC ALSO PROVIDES IND: ANCHERS TO REHABILITAT FNDRRC'S BORROWERS W	GIVES TUITION ASSISTANCE TO FA FA VOCATIONAL AGRICULTURAL SO ORTS THE AMBASSADORS PROGRA IVIDUAL GRANTS ON A CASE-BY-C E THEIR FARMING OPERATIONS T I/HO ARE INTENDING TO CONTINUI O ORGANIZATIONS DURING THE CU	CHOOLS TUITION ASSISTANCE IS AM OF THE NORTH DAKOTA 4-H ASE BASIS AS WELL AS GRANTS TO THE NDRRC ALSO HAS A FRESHMA E THEIR EDUCATION AFTER
4c	(Code) (Expenses \$	256,206	ıncludıng grants of \$	256,206) (Revenue \$)
70	SUBORDINATED OPERAT	ING LOANSTHESE ARE SHO	ORT-TERM OPERA	ATING LOANS MADE IN PAR	TICIPATION WITH THE FARM SER ERATING LOANS TO APPROXIMATE	VICE AGENCY (FSA) FSA
	(Code) (Expenses \$	16,437	including grants of \$) (Revenue \$	8,057)
	LOANS TO NORTH DAKO FSA LOANS WHERE FSA WHO ARE UNABLE TO SE AND SOME FARMERS AN LOANS WHICH ARE EITH SUCCEED LOANS FOR T	TA FARMERS AND RANCHER SUBORDINATES THEIR LIEN CONVENTIONAL CREED RANCHERS COME DIRECT ER BEING TERMINATED OR CHE PURCHASE OF LAND ARE	S WHO ARE UNA TO THIS CORPOR DIT SOME OF TH TLY TO THE CORP HAVE SUCH HIGH E ALSO MADE ND	BLE TO SECURE CONVENTI RATION NDRCC ALSO PRO ESE LOAN REQUESTS ARE ! 'ORATION THEMSELVES TH I INTEREST RATES THAT TI RCC REQUIRES A FIRST M	H THE FARM SERVICE AGENCY (FS ONAL CREDIT THESE LOANS HAVE VIDES DIRECT REAL ESTATE LOAN SUBMITTED BY CREDIT COUNSELO HE LOANS MAY INVOLVE REFINANC HE OPERATORS NO LONGER HAVE ORTGAGE NDRCC HAD APPROXIM IN EXCESS OF \$29,000,000	E BEEN FOR BORROWERS WITH S TO FARMERS AND RANCHERS DRS ON BEHALF OF THEIR CLIENT IE OF EXISTING FIRST MORTGAGE AN ADEQUATE CASH FLOW TO
4a	(Code) (Expenses \$	292,916	including grants of \$) (Revenue \$	1,703,851)
4	Section 501(c)(3) an		ons and section	on 4947(a)(1) trusts a	largest program services bare required to report the amservice reported	•
	If "Yes," describe the	se changes on Schedu	le O			
3	Did the organization of services?	cease conducting, or m	ake sıgnıfıcan	t changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Yes," describe the	se new services on Scl	hedule O			
	the prior Form 990 or			rvices during the year		┌ Yes ┌ No

Part IV	Checklist	of Red	uired	Schedule

			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		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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," complete Schedule D, Part IV	9		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		Νο
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	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete 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.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 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 the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		ĺ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes,"</i> complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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	25a		No
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 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νo
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form	orm 990 (2009)						
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance						
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal						

	of U.S. Information Returns. Enter -0- if not applicable					
		1a	331			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	o vend	dors and reportable	1c		
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	4			
b	If at least one is reported on line 2a, did the organization file all required federal emp Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?	g the	year covered by this	3a		Νο
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Scho	edule (3b		
4a	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities account)?			4a		No
ь	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Financial Accounts	Report	of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited to	tax sh	elter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-E Prohibited Tax Shelter Transaction?	xemp	t Entity Regarding	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$10 organization solicit any contributions that were not tax deductible?		•	6a		N o
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	at sud	ch contributions or gifts	6b		
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 services provided to the payor?	on an	d partly for goods and	7a		N o
	If "Yes," did the organization notify the donor of the value of the goods or services pr			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal proper file Form 8282?	· .	which it was required to	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a perso			7f		No
_	For all contributions of qualified intellectual property, did the organization file Form 8		•	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization fixedured?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supering organization, or a donor advised fund maintained by a sponsoring organization, or a donor advised fund maintained by a sponsoring organization, or a donor advised fund maintained by a sponsoring organization, or a donor advised fund maintained by a sponsoring organization, or a donor advised funds and section 509(a)(3) supering the supering organization funds and section 509(a)(3) supering organizations are supering organization.	anızat	ion, have excess	8		
9	Sponsoring organizations maintaining donor advised funds.					
_	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 99	0 ın lı	eu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

PO BOX 2485

(701) 223-5810

Bismarck, ND 585022485

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
	Cool 711 Coverning Dody and Hanagement		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 3			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		
4	supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its organizational documents since the prior Form 990 was			N o
	filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		N o
Se	ection B. Policies (This Section B requests information about policies not required by the Internal	9		NO
	evenue Code.)			
	,		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
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		-		
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by		1 00	
_	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Vaa	
	The organization's CEO, Executive Director, or top management official	15a 15b	Yes Yes	
U	If "Yes" to line a or b, describe the process in Schedule O (See instructions)	130	162	
	if fes to line a or b, describe the process in Schedule O (See Instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	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 the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	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 Form 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			
10	Own website Another's website V Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the TERESE BERG	ie orga	inizatior	n ►

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

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's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current 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, or 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

Check this box if the organization did n	•	ate any	curr	ent d	or fo	rmer o	ffıce	r, director, trustee o	or key employee	
(A) Name and Title	(B) A verage hours		(C) Position (check all that apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Institutional Trustee Individual trustee or director		Highest compensated employee Key employee Officer Institutional Trustee		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
LUELLA DUNN Sec /treas	15 00	х		Х				50,400	0	0
WILLIAM FORTIER president	20 00	х		Х				61,400	0	0
H ROALD LUND VICE PRESIDENT	10 00	х		Х				16,250	0	0
DONALD C GIFFEY DIRECTOR	10 00	Х						17,500	0	0
KENNETH L DALSTED DIRECTOR	10 00	Х						17,000	0	0
Terese Berg business manager	40 00			Х				81,113	0	16,035

Forr	n 990 (2009)			Page 8
1b	Total	0		16,035
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization •0			-
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If</i> " <i>Yes,"</i> complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0		0.00	\(\frac{12.000}{2}\)
	4 <i>/</i>	F	orm 99 0) (2

Form 9	•	•						Page 9
Part	V1111	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
#\$	1a	Federated cam	paigns 1a					
gra Er	Ь	Membership du	ies 1b					
ts, a	С		ents 1c					
팔물	d		zations 1d					
Contributions, gifts, grants and other similar amounts	e	Government grant						
흊	"	sımılar amounts no	ot included above					
돌	g		ibutions included in					
Sor	h		s 1a-1f	▶				
				Business Code				
emuk	2a	LOW-INT LOAN IN	ICOME	525,990	1,711,908	1,711,908		
Fe Se	ь							
Program Serwice Revenue	С							
ž.	d							
Ē	е							
100 0	f	All other progra	am service revenue					
<u>~</u>	g	Total. Add lines	s 2a-2f		1,711,908			
	3		ome (including dividen	 	56,127			FC 127
	4		ar amounts) stment of tax-exempt bond	-	56,127			56,127
	5		· · · · · · · · ·	· · · ·	2,020,821			2,020,821
		,	(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	b	Less cost or other basis and						
	c	sales expenses Gaın or (loss)						
	d		ss)					
	8a	Gross income f	from fundraising					
Ξ		events (not inc \$						
Other Revenue		of contributions	s reported on line 1c)					
æ		See Part IV, IIr	ne 18 a					
Ę.	ь	Less direct ex	penses b					
ŏ	С		(loss) from fundraising	events ►				
	9a		from gaming activities ne 19					
	ь	Less direct ex	a penses b					
	С		(loss) from gaming activ	vities				
	10a	Gross sales of returns and allo						
	b c		oods sold b (loss) from sales of inve	entory •				
	<u> </u>	Miscellaneou		Business Code				
	11a							
	Ь							
	c	-						
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d					
	12	Total revenue	See Instructions					
	1			-	3,788,856	1,711,908	0	2,076,948

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

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).							
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	256,206	256,206		<u> </u>		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	238,250	156,500	81,750			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$						
7	Other salaries and wages	79,700	79,700				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,726	9,454	3,272			
9	Other employee benefits	43,446	32,275	11,171			
10	Payroll taxes	19,234	14,289	4,945	-		
11	Fees for services (non-employees)						
а	Management						
b	Legal	9,153	9,153				
c	Accounting	8,260		8,260			
d	Lobbying						
e	Professional fundraising See Part IV, line 17						
f	Investment management fees				_		
g	Other						
12	Advertising and promotion				_		
13	Office expenses	6,623	4,967	1,656	_		
14	Information technology				_		
15	Royalties						
16	Occupancy	17,400		17,400			
17	Travel	3,015	3,015				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	852		852			
23	Insurance	775		775			
24	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)						
а	MISCELLANEOUS	11,795		11,795			
b	equipment	3,340		3,340			
c		_,_ >		_,			
d							
e							
f	All other expenses						
25	Total functional expenses. Add lines 1 through 24f	710,775	565,559	145,216	0		
26	Joint costs. Check here ► if following SOP 98-2	,10,773	333,337	113,210			
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation						

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	134,568	1	2,093,907
	2	Savings and temporary cash investments	2,917,387	2	2,079,698
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of			
		Schedule 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		6	
Assets	7	Notes and loans receivable, net	27,678,563	7	29,402,702
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 25,893			
	ь	Less accumulated depreciation 10b 22,733	3,392	10c	3,160
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	3,821,119	12	4,059,806
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	983	15	983
	16	Total assets. Add lines 1 through 15 (must equal line 34)	34,556,012	16	37,640,256
	17	Accounts payable and accrued expenses .	43,230	17	49,393
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
je s	21	Escrow or custodial account liability $\ \textit{Complete Part IV of Schedule D}$		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
217		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	43,230	26	49,393
sea		Organizations that follow SFAS 117, check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.			_
สม	27	Unrestricted net assets	34,512,782	27	37,590,863
Fund Balance	28	Temporarily restricted net assets		28	
F	29	Permanently restricted net assets		29	_
큔		Organizations that do not follow SFAS 117, check here ▶ ┌ and complete			
0r		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	34,512,782	33	37,590,863
_	34	Total liabilities and net assets/fund balances	34,556,012	34	37,640,256

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3a	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		Νo
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

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Open to Public Inspection

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.

Name of the organization **Employer identification number** NORTH DAKOTA RURAL REHABILITATION CORP 45-6002345 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located 🛌 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and

A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🛊 🔛

Does each conservation easement reported on line 2(d) above satisfy the requirements of section

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

ar	411 Organizations Maintaining Co	llections of Art	:, His	tori	<u>cal Tr</u>	easur	es, or O	the	r Similar	Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	owing t	hat are	a sıgnıfıca	ant us	se of its co	llection		
а	Public exhibition		d	Γ	Loan	orexcha	nge progr	rams				
b	Scholarly research e Other											
c	Preservation for future generations											
ŀ	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v the	/ furthe	r the org	ganızatıon	ı's ex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ılar	Γ,	Yes	┌ No
Pa i	t IV Escrow and Custodial Arrang						answere	d "Ye	es" to For	m 990	,	
	Part IV, line 9, or reported an ar		•									
.a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					tions or	other ass	ets n	iot	Γ,	Yes	Г No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing ta	able		г					
_							F	_		A mou	nt	
с	Beginning balance						-	1c				
d	Additions during the year						-	1d				
e	Distributions during the year							1e				
f	Ending balance						L	1 f				
a	Did the organization include an amount on Fe	orm 990, Part X, lin	e 21?							Γ,	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV											
a	rt V Endowment Funds. Complete											
	D	(a)Current Year	(b)	Prior \	ear/	(c)Two	Years Back	(d)1	Three Years B	ack (e)	Four Ye	ears Back
1	Beginning of year balance							+				
b	Contributions							+				
c	Investment earnings or losses							1				
d	Grants or scholarships							+				
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance							†				
_	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment	%										
_	•											
b		1										
c a	Term endowment % Are there endowment funds not in the posse	ssion of the organiz	ation t	that s	ra hald	landadı	ministara	d for i	the			
a	organization by	331011 Of the organiz	ation	ciia c	ire ireiu	and ad	illillis tere	u 101 1	Line		Yes	No
	(i) unrelated organizations								[3a(i)		
	(ii) related organizations								[3a(ii)		
Ь	If "Yes" to 3a(II), are the related organization							•		3Ь		
	Describe in Part XIV the intended uses of th											
वा	t VI Investments—Land, Building	s, and Equipme	nt. S						1			
	Description of investment				a) Cost o sıs (ınve		(b)Cost or basis (ot		(c) Accum deprecia		(d) B	ook value
a	Land											
b	Buildings											
С	Leasehold improvements											
d	Equipment		•				2	5,893		22,733		3,160
e	Other											

3,160

Part VII Investments—Other Securities. See (a) Description of security or category			d of valuation
(including name of security)	(b)Book value		f-year market value
Financial derivatives			
Closely-held equity interests Other			
MORTGAGE BACKED SECURITIES	1,669,806		С
CERTIFICATE OF DEPOSITS	2,390,000		С
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	4,059,806		
Part VIII Investments—Program Related. See		13.	
(a) Description of investment type	(b) Book value		d of valuation f-year market value
			,
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)			

eyear Subtract line 2 from line 1 ses) on investments e of facilities (IV) Add lines 4 - 8 e year per financial statements Combine lines 3 and of Revenue per Audited Financial Statements and other support per audited financial statements are 1 but not on Form 990, Part VIII, line 12 investments	ements With Revenu	2 3 4 5 6 7 8 9 10 e per Returi	710,775 3,078,081 0 3,078,081 1 3,788,856
ses) on investments e of facilities (IV) Add lines 4 - 8 e year per financial statements Combine lines 3 and of Revenue per Audited Financial Statements and other support per audited financial statements are 1 but not on Form 990, Part VIII, line 12 investments	2a 2b 2c	4 5 6 7 8 9 10 e per Return 1	3,078,081
Add lines 4 - 8 e year per financial statements Combine lines 3 and of Revenue per Audited Financial Statements and other support per audited financial statements are 1 but not on Form 990, Part VIII, line 12 investments	2a 2b 2c	5 6 7 8 9 10 e per Returi	1
Add lines 4 - 8 e year per financial statements Combine lines 3 and of Revenue per Audited Financial Statements and other support per audited financial statements are 1 but not on Form 990, Part VIII, line 12 investments	2a 2b 2c	6 7 8 9 10 e per Returi	1
Add lines 4 - 8 e year per financial statements Combine lines 3 and of Revenue per Audited Financial Statements and other support per audited financial statements are 1 but not on Form 990, Part VIII, line 12 and other support per audited financial statements are 1 but not on Form 990, Part VIII, line 12 and other support per audited financial statements are 1 but not on Form 990, Part VIII, line 12 and other support per audited financial statements are 2 statements are 3 and 4 and 5 and	2a 2b 2c	7 8 9 10 e per Returi	1
Add lines 4 - 8 e year per financial statements Combine lines 3 and of Revenue per Audited Financial Statements and other support per audited financial statements are 1 but not on Form 990, Part VIII, line 12 and other support per audited financial statements are 1 but not on Form 990, Part VIII, line 12 and other support per audited financial statements are 1 but not on Form 990, Part VIII, line 12 and other support per audited financial statements are 2 statements are 3 and 4 and 5 and	2a 2b 2c	8 9 10 e per Return 1	1
Add lines 4 - 8 e year per financial statements Combine lines 3 and of Revenue per Audited Financial Statements and other support per audited financial statements are 1 but not on Form 990, Part VIII, line 12 and other support per audited financial statements are 1 but not on Form 990, Part VIII, line 12 and other support per audited financial statements are 1 but not on Form 990, Part VIII, line 12 and other support per audited financial statements are 2 statements are 3 and 4 and 5 and	2a 2b 2c	9 10 e per Returi	1
Add lines 4 - 8 e year per financial statements Combine lines 3 and of Revenue per Audited Financial Statements and other support per audited financial statements are 1 but not on Form 990, Part VIII, line 12 investments	2a 2b 2c	10 e per Returi	1
e year per financial statements Combine lines 3 and of Revenue per Audited Financial Statements and other support per audited financial statements are 1 but not on Form 990, Part VIII, line 12 investments	2a 2b 2c	e per Returi	1
of Revenue per Audited Financial State and other support per audited financial statements are 1 but not on Form 990, Part VIII, line 12 anvestments ase of facilities argrants	2a 2b 2c	e per Returi	1
nd other support per audited financial statements ne 1 but not on Form 990, Part VIII, line 12 investments	2a 2b 2c	1	
Investments	2b 2c	. 2e	
se of facilities	2b 2c		
grants	2c	. 2e	
XIV)		. 2e	
		. 2e	
		. 2e	
. 4			C
ne 1		. 3	3,788,856
orm 990, Part VIII, line 12, but not on line 1			
ot included on Form 990, Part VIII, line 7b .	4a		
XIV)	4b		
		. 4c	C
s 3 and 4c. (This should equal Form 990, Part I, lin			3,788,856
of Expenses per Audited Financial Sta	tements With Expens	ses per Retu	
ses per audited financial		1	710,775
e 1 but not on Form 990, Part IX, line 25		 	
se of facilities	2a		
	2b	\dashv \mid	
	2c		
XIV)	2d		
		. 2e	C
e 1		3	710,775
rm 990, Part IX, line 25, but not on line 1:			
ot included on Form 990. Part VIII line 7h	4a		
at	4b		
		4c	
XIV)	ne 18)	. 5	710,775
1	XIV)	te 1	2e ae 1

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part X	Description of Uncertain Tax	THE CORPORATION'S POLICY IS TO EVALUATE THE
	Positions Under FIN 48	LIKELIHOOD THAT ITS UNCERTAIN TAX POSITIONS WILL
		PREVAIL UPON EXAMINATION BASED ON THE EXTENT TO
		WHICH THOSE POSITIONS HAVE SUBSTANTIAL SUPPORT
		WITHIN THE INTERNAL REVENUE CODE AND
		REGULATIONS, REVENUE RULINGS, COURT DECISIONS,
		AND OTHER EVIDENCE IT IS THE OPINION OF
		MANAGEMENT THAT THE CORPORATION HAS NO
		SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD
		BE SUBJECT TO CHANGE UPON EXAMINATION THE
		FEDERAL INCOME TAX RETURNS OF THE CORPORATION
		ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY
		FOR THREE YEARS AFTER THEY WERE FILED

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Department of the Treasury Internal Revenue Service

disaster response of nd11th

st south

fargo, ND 58103

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Open to Public

lame of the organization						Employer identific	ation number
NORTH DAKOTA RURAL REHA	ABILITATION CORP					45-6002345	
Part I General Inform	mation on Grants a	and Assistance					
Does the organization ma the selection criteria user	d to award the grants o	rassistance?			-	•	✓ Yes 🗀
2 Describe in Part IV the o	<u> </u>						
Form 990, Part I	IV, line 21 for any re	Governments and ecipient that received) if additional space i	l more than \$5,000.	Check this box if no	o one recipient recei		00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
4-H of NDpo box 5436 fargo, ND 58105	456012061	501(c)(3)	6,000				operating
Farrm - foundation of agricultural and rural resources management sustainab301 5th ave se medina, ND 58467	450456558	501(c)(3)	90,360				operating
farm rescuePO BOX 1100 JAMESTOWN,ND 58402	753174053	501(c)(3)	30,000				operating
hands across nd - lutheran	450226421	501(c)(3)	25,000				operating

Enter tota	al number of section	501(c)(3) and	government organizations
------------	----------------------	---------------	--------------------------

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

-					
(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Farm Business Management TRAINING Assistance	134	59,270			
ARTIFICAL INSEMINATION SCHOOL GRANTS	38	8,200			
ORGANIC FARM BUSINESS MANAGEMENT ASSIST	7	4,498			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the US	Part I, Line 2	Schedule I, Part I, Line 2 NDRRC FUNDS ALL ASSISTANCE DIRECTLY TO THE SCHOOL OR ORGANIZATION PROVIDING THE SERVICES AND OBTAINS A LISTING OF THE PARTICIPANTS THAT WERE ASSISTED NDRRC REQUESTS A FINAL LETTER/REPORT ON THE USE OF THE FUNDS BY THE ORGANIZATION TO SUPPORT THEIR CHARITABLE USE

SCHEDULE 0

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

Internal Revenue Service

▶ Attach to Form 990.

Name of the organization
NORTH DAKOTA RURAL REHABILITATION CORP

Employer identification number

45-6002345

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		A copy of Form 990 is sent to the board of directors before its filing
Form 990, Part VI, Section B, line 12c		Each director annually signs a statement which he/she has read and understands the policy, has agreed to comply with the policy, and understands NDRRC is charitable and must engage primarily in activities which accomplish one or more of its tax-exempt purposes. THE PRESIDENT MONITORS THE ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY. ANY BOARD MEMBER WHO HAS A CONFLICT OF INTEREST ABSTAINS FROM THE VOTE.
Form 990, Part VI, Section B, line 15		The Board of Directors determines salaries after review of comparable salaries for that job position
Form 990, Part VI, Section C, line 19		Available upon specific request and upon approval by the NDRRC Board of Directors
FORM 99, PART XI, LINE 1	ACCOUNTING METHOD USED	THE ORGANIZATION MAINTAINS ITS RECORDS ON THE CASH BASIS MODIFIED FOR ACCURAL OF NOTES RECEIVABLE