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SCANNED MAR 1 7 2011

Form 990-EZ Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150

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

Open to Public Inspection

Secretary Sec	Registration Reg	_		the 2009 calendar year, or tax year beginning OCT 1, 2009 and ending SEP 3		2010					
Section 501(c)(3) organizations and 4947(4)(1) one-exempt charitable traits must attach a completed Cancountron method Cash Cas	Contributions, offs, prains, and small amountary Society Soc	В	Check if applicat	ple Please V Name of Organization	loyer i	identification number					
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State Specific Co. BOX 10.48.98 573 – 635 – 3893	Second Processed Proces	一	Initia	Number and street (or P.O. box if mail is not delivered to street address) Doom/suito F. Tele							
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Website: ► WWW_BIODIESELFOUNDATION_CRG Tax-exempl status (check only one) — X 501(c) (3) 4 (enset no.) 4947(a)(1) or 527 request to status (scheck only one) — X 501(c) (3) 4 (enset no.) 4947(a)(1) or 527 request to status (scheck only one) — X 501(c) (3) supporting organization and its gross receipts are normally not more than 825,000. A Form 990-E27 or Form 990 return is not required, but if the organization chooses to file a return, be sure to life a complete term than 825,000. A Form 990-E27 or Form 990 return is not required, but if the organization chooses to file a return, be sure to life a complete term than 825,000. A Form 990-E27 or S 16.8, 301. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1	Website: ► WRWN_BIODIESELFOUNDATION_ORG		- 366	,,,,		Ousii Accidai					
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17 Total expenses Add lines 10 through 16 18 133,134. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 34,117. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 18,432. 20 Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 52,549. 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 18,401. 22 42,088. 23 Land and buildings 23 24 Other assets (describe SEE STATEMENT 2 6,279. 24 37,650. 25 Total assets 24,680. 25 79,738. 26 Total assets 24,680. 25 79,738. 27 Total assets 24,680. 25 79,738. 28 Total assets 24,680. 25 79,738. 29 Total assets 24,680. 25 79,738. 20 Total assets 24,680. 25 79,738. 20 Total assets 24,680. 25 79,738. 21 Total assets 24,680. 25 79,738. 22 Total assets 24,680. 25 79,738. 29 Total assets 24,680. 25 79,738. 20 Total assets 24,680. 25 79,738. 20 Total assets 24,680. 25 79,738. 20 Total assets 24,680. 25 79,738. 21 Total assets 24,680. 25 79,738. 21 Total assets 24,680. 25 79,738. 20 Total assets 24,680. 25 79,738. 21 Total assets 24,680. 25 79,738. 21 Total assets 24,680. 25 79,738. 21 Total assets 24,680. 25 79,738. 22 Total assets 24,680. 25 79,738. 23 Total assets 24,680. 25 79,738. 21 Total assets 24,680. 25 79,738. 22 Total assets 24,680. 25 79,738. 23 Total assets 24,680. 25 79,738. 24 Total assets 24,680. 25 79,738. 25 Total assets 24,680. 25 79,738. 2	17 Total expenses Add lines 10 through 16	ш	15	Printing, publications, postage, and shipping							
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 34,117. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 18,432. 20 Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 52,549. 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 18,401. 22 42,088. 23 Land and buildings 23 24 Other assets (describe SEE STATEMENT 2) 6,279. 24 37,650. 25 Total assets 24,680. 25 79,738. 26 Part II	18		16	Other expenses (describe SEE STATEMENT 1)	<u> 16</u>						
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe) SEE STATEMENT 2) 6,279, 24 37,650. 25 Total assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 18, 432. 20 Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 52, 549. Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 18, 401. 22 42,088. 23 Land and buildings 23 24 Other assets (describe SEE STATEMENT 2 6,279. 24 37,650. 25 Total assets 24,680. 25 79,738. 26 Total liabilities (describe SEE STATEMENT 3 6,248. 26 27,189. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 18,432. 27 52,549. 28 29 29 29 29 29 29 29 20 20 20 20 20 20 21 22 24 20 20 21 22 24 20 20 21 52,549. 22 Cash, savings, and investments 18,432. 27 52,549. 23 24 26 27,189. 24 25 26 27,189. 25 26 27,189. 26 27 28 29 29 29 29 29 20 20 20 20 20 21 20 20 20 20 22 24 20 20 23 24 20 20 24 25 27 24 37,650. 25 37 20 20 26 27 20 20 27 28 20 20 28 20 20 29 20 20 20 20 20 21 20 20 21 20 20 22 21 22 23 24 20 24 25 27 25 26 27 26 27 20 27 20 20 28 20 20 29 20 20 20 20 20 21 20 20 21 20 20 22 20 20 23 20 24 20 20 25 20 20 26 20 20 27 20 20 28 20 20 20 20 20 20 21 20 20 21 20 20 22 20 20 23 20 24 20 20 25 20 20 26 20 20 27 20 20 28 2		17	Total expenses Add lines 10 through 16	17						
21 52,549. Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year	Part Balance Sheets.	"	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	34,117.					
21 52,549. Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year	Part Balance Sheets.	šets	19	Net assets or fund balances at beginning of year (from line 27, column (A))							
21 52,549. Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year	Part Balance Sheets.	Ass		(must agree with end-of-year figure reported on prior year's return)	19	18,432.					
21 52,549. Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year	Part Balance Sheets.	<u>e</u>	20	Other changes in net assets or fund balances (attach explanation)	20						
(See the instructions for Part II.) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► SEE STATEMENT 2) 25 Total assets (A) Beginning of year 18,401. 22 42,088. 23 24 2,680. 25 79,738.	(See the instructions for Part II.) 22	Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	52,549.					
(See the instructions for Part II.) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► SEE STATEMENT 2) 25 Total assets (A) Beginning of year 18,401. 22 42,088. 23 24 2,680. 25 79,738.	(See the instructions for Part II.) 22	P	art I	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 99)-EZ.						
23 Land and buildings 23 24 Other assets (describe ► SEE STATEMENT 2) 6,279 . 24 37,650 . 25 Total assets 24,680 . 25 79,738 .	23 Land and buildings 24 Other assets (describe ► SEE STATEMENT 2) 25 Total assets 26 Total liabilities (describe ► SEE STATEMENT 3) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 29 20 21 22 23 24,680,25 79,738. 26,248.26 27,189.					(B) End of year					
23 Land and buildings 23 24 Other assets (describe ► SEE STATEMENT 2) 6,279 . 24 37,650 . 25 Total assets 24,680 . 25 79,738 .	23 Land and buildings 24 Other assets (describe ► SEE STATEMENT 2) 25 Total assets 26 Total liabilities (describe ► SEE STATEMENT 3) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 29 20 21 22 23 24,680,25 79,738. 26,248.26 27,189.	22	2 Ca	sh, sayings, and investments	. 22	42,088.					
24 Other assets (describe SEE STATEMENT 2) 6,279 ⋅ 24 37,650 ⋅ 25 Total assets 24,680 ⋅ 25 79,738 ⋅	24 Other assets (describe) SEE STATEMENT 2) 6,279 ⋅ 24 37,650 ⋅ 37,650 ⋅ 25 Total assets 24,680 ⋅ 25 79,738 ⋅ 79,738 ⋅ 26 Total liabilities (describe) SEE STATEMENT 3) 6,248 ⋅ 26 27,189 ⋅ 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 18,432 ⋅ 27 52,549 ⋅										
25 Total assets 24,680.25 79,738.	25 Total assets 26 Total liabilities (describe ► SEE STATEMENT 3) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Total liabilities (describe ► SEE STATEMENT 3) 29 Total liabilities (describe ► SEE STATEMENT 3) 20 Total assets 21 Total assets 22 Total liabilities (describe ► SEE STATEMENT 3) 21 Total assets 22 Total assets 23 Total assets 24 , 680 · 25 Total assets 25 Total liabilities (describe ► SEE STATEMENT 3) 22 Total liabilities (describe ► SEE STATEMENT 3) 23 Total liabilities (describe ► SEE STATEMENT 3) 24 Total liabilities (describe ► SEE STATEMENT 3) 25 Total liabilities (describe ► SEE STATEMENT 3) 26 Total liabilities (describe ► SEE STATEMENT 3) 27 Total assets 27 Total liabilities (describe ► SEE STATEMENT 3) 28 Total liabilities (describe ► SEE STATEMENT 3) 29 Total assets 20 Total liabilities (describe ► SEE STATEMENT 3)				\rightarrow	37,650.					
	26 Total liabilities (describe ► SEE STATEMENT 3) 6,248.26 27,189. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 18,432.27 52,549.										
26 Otal Habilities (describe ► SEE STATEMENT S 1 O.240 a 20 27 . ±07 a	27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 18,432. 27 52,549.					1					
	02-08-10 LIIM FOI FIIVACY MOLAND FADELWOIK REQUESTED MOLICE. SEE LITE SEDATATE INSTRUCTIONS. FOI III 350-La. (2009)			LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	<u> </u>	Form 990-EZ (2009)					

	HARTIONAL BIODIESEL FOUNDA			<u>43-</u>	T/00/	39 Fage 2
Wha	art III Statement of Program Service Accomplishme at is the organization's primary exempt purpose? SEE STATEMENT	r 7			(Required fo	r section 501(c)(3)) organizations and
	scribe what was achieved in carrying out the organization's exempt pui services provided, the number of persons benefited, and other relevar			be	section 4947	7(a)(1) trusts, optional
28	SEE STATEMENT 6	nt information for each prog	gram title		for others)	·
	DEB DITTELLENT					
				_		
	(Grants \$) If this amount includes foreign	grants, check here	<u> </u>		28a	<u>121,251.</u>
29		· -	<u> </u>			
					!	
	(Grants \$) If this amount includes foreign	grants, check here	>		29a	
30						
	(Grants \$) If this amount includes foreign	grants, check here	•		30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount includes foreign	grants, check here			31a	
32 D	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	Employees		(C 4h-		121,251.
	art 14 List of Officers, Directors, Trustees, and Rey L				ntributions	
	(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter		mployee fit plans &	(e) Expense account and
	(a) name and address	position	-0)		eferred	other allowances
				com	pensation	
	ARRYL BRINKMAN, 605 CLARK AVENUE, EFFERSON CITY, MO 65101	PRESIDENT 0.25	0.		0.	0.
	OHN HEISDORFFER, 605 CLARK AVENUE,	DIRECTOR	0.0			
	EFFERSON CITY, MO 65101	0.25	0.		0.	0.
	AVID WOMACK, 605 CLARK AVENUE,	VICE PRESIDEN			•	
	EFFERSON CITY, MO 65101	0.25	O.		0.	0.
	ETH CALABOTTA, 605 CLARK AVENUE, EFFERSON CITY, MO 65101	_SECRETARY/TRE 0.25	O.		0.	0.
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	Other information (Note the statement requirements in the instructions for Part V)	1	Yes	No
00	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	163	X
33	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
34	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	34		- ^-
35	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,	35a	ļ	X
	and proxy tax requirements?	35b	N/	
	If "Yes," has it filed a tax return on Form 990-T for this year?	330	14/	^
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	36		x
07.	complete applicable parts of Sch. N Enter amount of political expenditures, direct or indirect, as described in the instructions.	$\overline{}$		<u>^</u>
	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year?	37ь		x
	Did the organization her roth, 1120-101 tills year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	370		
308	in a prior year and still outstanding at the end of the period covered by this return?	38a		х
		30a	<u> </u>	-23
		1	ĺ	
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 N/A		ĺ	
a	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39a N/A 39b N/A	1	ĺ	ļ
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1	İ	1
40 a				
	section 4911 \(\bigcup \) (0.); section 4912 \(\bigcup \) (0.); section 4955 \(\bigcup \) (0.) Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
U	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction			
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	100		
Ü	or disqualified persons during the year under sections 4912, 4955, and 4958			
4	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
u	organization			}
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		ĺ	
-	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. NONE			1
	The organization's books are in care of ► APRIL YAEGER Telephone no. ► 573-63	35-3	893	<u> </u>
720	Located at ► 605 CLARK AVE, JEFFERSON CITY, MO ZIP+4 ► 6			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
٠	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Х
	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.		ļ	}
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	1	X
·	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		>	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
••	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			T
	completed instead of Form 990-EZ	45		X
		Form 9	90-EZ	(2009)
				*

	•	
Form	990-F7	(2009)

NATIONAL BIODIESEL FOUNDATION

43-1700739

Page 4

Part VI	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt chantable and 51							
46 Did th	he organization engage in direct or indirect political campaign activities	s on behalf of or in opposition to o	candidates for public		Ye	s No		
office	e? If "Yes," complete Schedule C, Part I				46	X		
47 Did th								
48 Is the	e organization a school as described in section 170(b)(1)(A)(ii)? If "Ye	es," complete Schedule E		Ĺ	48	X X X		
49a Did th	he organization make any transfers to an exempt non-charitable related	d organization?		L	49a	X		
b If "Ye	s," was the related organization a section 527 organization?			Į	49b			
	plete this table for the organization's five highest compensated employ \$100,000 of compensation from the organization. If there is none, ent		s, trustees and key er	T	· · · · · · · · · · · · · · · · · · ·	l more		
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Exp account other allo	nt and		
	plete this table for the organization's five highest compensated indepe nization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid moi		(b) Type of se) Compens			
			-					
d Total	number of other independent contractors each receiving over \$100,0	00	>					
Sign Here	Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based on a Signature of officer Type or print name and title	accompanying schedules and statemental information of which preparer has any		y knowledge and bel	ief, it is true,			
Paid Preparer's Use Only	70000 X. 710000	1 - 7	ployed 🛌 📄	parer's identifying nu	ımber (See ın	str)		
Ose Unity	rt set-employed), address, and ZIP+4 WILLYAMS - KEEPERS LLC 3220 W EDGEWOOD SUITE JEFFERSON CITY, MO 65		Phor no.					
May the ID	RS discuss this return with the preparer shown above? See instruction		I		X Yes	No		
iviay Life IH	ao aiscuss mis return with the preparer shown above , see high uchon	<u> </u>			orm 990-E			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

43-1700739 NATIONAL BIODIESEL FOUNDATION Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated d ___ Type III - Other b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes 11g(i) the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vi) Is the organization in col. (iii) Type of (iv) Is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organization in col. (i) listed in your organization in col. support organization (i) organized in the (described on lines 1-9 aovernina document? (i) of your support? above or IRC section Yes (see instructions)) Yes No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule /	Schedule A (Form 990 or 990-EZ) 2009									
Part II	Support Schedule for Orga	inizations Described	in Sections	170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)					

Page 2

	(Complete only if you checked	a the box on line 5	, /, or 8 or Parti)						
Sec	tion A. Public Support		·	,					
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.")			,					
2	Tax revenues levied for the organ-								
_	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities				1				
·	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3			* .					
	The portion of total contributions								
5	-								
	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,			i	1				
_	column (f)				 				
	Public support. Subtract line 5 from line 4			<u></u>	1				
	ction B. Total Support			4 2007	1 (0 0000	1 1 2000	(O.T-+-I		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4				·				
8	Gross income from interest,								
	dividends, payments received on		ļ						
	securities loans, rents, royalties								
	and income from similar sources								
9	Net income from unrelated business					1			
	activities, whether or not the								
	business is regularly carried on								
10	Other income Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10		l		<u> </u>	<u> </u>			
12	Gross receipts from related activities,					12			
13	First five years. If the Form 990 is fo	r the organization	s first, second, the	rd, fourth, or fifth	tax year as a section	on 501(c)(3)	. —		
_	organization, check this box and stop				-				
	ction C. Computation of Publ					1 1			
14	Public support percentage for 2009 (column (f))		14	%		
15	Public support percentage from 2008					15	%		
16a	33 1/3% support test - 2009.If the o				14 is 33 1/3% or r	nore, check this bo	x and		
	stop here. The organization qualifies as a publicly supported organization								
t	b 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	7a 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								
t	10% -facts-and-circumstances tes	t - 2008. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets t	he "facts-and-circi	ımstances" test, o	check this box and	d stop here. Explai	in in Part IV how the	·		
	organization meets the "facts-and-cir-	cumstances" test	The organization	qualifies as a pub	licly supported org	ganization	▶□		
18	Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 17	7b, check this box	and see instruction	ıs ►		
	Schedule A (Form 990 or 990-EZ) 2009								

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar 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 69,557 40,000. 160,140. 301,606. include any "unusual grants.") 31,909. 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 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 5 The value of services or facilities furnished by a governmental unit to the organization without charge 69,557. 31,909. 40,000. 160,140. 301,606. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b 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 c Add lines 7a and 7b 301,606. 8 Public support (Subtract line 7c from line 6) Section B. Total Support (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 69,557 31,909 40,000. 160,140. 301,606. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 59. 5. 22. 32. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 59. 5 . 22. 32. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is 1,845. 115. 1,960. regularly carried on 12 Other income Do not include gain or loss from the sale of capital 6,964. 13,239 5,082 25,685. 400 assets (Explain in Part IV) .251. 400. 69,557. 45,153. 46.949. 167 13 Total support (Add lines 9, 10c, 11, and 12) 14 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) organization, Section C. Computation of Public Support Percentage 91.59 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) % 15 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .02 17 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not $\triangleright [X]$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

art IV S	uppl nd Pa	emental rt III, line 12	Inform Provide	nation. Comple any other additi	te this part t onal informa	o provid tion. Se	le the explanations required e instructions.	by Part II, line 10); Part II, line 17a or 17
CTION	В,	LINE	12:	SPECIAL	EVENT	AND	MISCELLANEOUS	INCOME:	\$6,964
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Schedule A (Form 990 or 990-EZ) 2009

FORM 990-EZ	OTHER EXPENSES		STATEMENT 1
DESCRIPTION			AMOUNT
SUBSCRIPTIONS/PUBLICATIONS CREDIT CARD FEES SUPPLIES			1,199. 557. 6,307.
FOOD INCOME TAX EXP TRAVEL			33. 179. 818.
INSURANCE			744.
TOTAL TO FORM 990-EZ, LINE 16			9,837.
FORM 990-EZ	OTHER ASSETS		STATEMENT 2
DESCRIPTION		BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE INVENTORY PREPAID EXPENSES		600. 735. 4,944.	33,318. 735. 3,597.
TOTAL TO FORM 990-EZ, LINE 24		6,279.	37,650.
FORM 990-EZ	OTHER LIABILITIES		STATEMENT 3
DESCRIPTION		BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE STATE INCOME TAX PAYABLE		6,199.	27,189.
TOTAL TO FORM 990-EZ, LINE 26		6,248.	27,189.

FORM 990-EZ	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 7A	•	STATEMENT 4
INCOME			
1. GROSS RECEIPTS . 2. RETURNS AND ALLOW 3. LINE 1 LESS LINE	NANCES	1,165	1,165
	LD (LINE 13)	1,050	115
7. MERCHANDISE PURCE	PPLIES	735 1,050	1,785
12. INVENTORY AT END 13. COST OF GOODS SOI	OF YEAR LD (LINE 11 LESS LINE 12)	735	1,050

FORM 990-EZ		INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS				STATEMENT			
A)	DIRECTLY (RGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL ONTRACT?	[]	YES	[X]	NO		
B)		RGANIZATION, DURING THE YEAR, PAY PREMIUMS, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. []	YES	[X]	NO		

990-EZ PG 2

STATEMENT

6

TO ACCOMPLISH OUTREACH, EDUCATION, RESEARCH AND DEMONSTRATION ACTIVITIES FOR THE ADVANCEMENT OF BIODIESEL AND ITS CO-PRODUCTS TO IMPROVE RURAL ECONOMIC DEVELOPMENT, NATIONAL SECURITY, AIR QUALITY AND THE ENVIRONMENT.

990-EZ PG 2

STATEMENT 7

SUPPORTING RESEARCH FOR THE ADVANCEMENT OF BIODIESEL AND IT'S CO-PRODUCTS.