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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

**Open to Public** Inspection

Α	For th	ie 2010 caler	dar year, or tax year beginning	3/1/2010	, and ending		2/28/20	11
В	Check	if applicable	C Name of organization			D Er	nployer ide	ntification number
	Addres	s change	North Dakota Graın Dealers Educational	Foundation			45	-0358247
L	Name o	change	Number and street (or P O box, if mail is not delivere		Room/suil	e <b>F</b> Te	lephone nu	
	Initial re	eturn				`   <b>-</b> ``		
	Termin	ated	606 Black Building, 118 Broadway				701	-235-4184
	Amend	ed return	City or town	state or country	ZIP + 4	F G	roup Exen	nption
	Applica	tion pending	Fargo	ND	58102-4985		umber <b>&gt;</b>	•
_	A	nting Method	X Cash Accrual Other (spe	<del></del>	33.32	H Chool	<b>▶</b> ▼.	f the organization is
ان ا	Websi	•	Z Cash Accrual Other (spe		<del></del>			attach Schedule B
΄.							•	-EZ, or 990-PF)
J	Tax-exe	mpt status (ch	eck only one) — X 501(c)(3) 501(c) (	) ◀ (insert no )	4947(a)(1) or 527	(, 0,,,		
K	Check	▶ If the	organization is not a section 509(a)(3) supporti	ing organization <mark>an</mark>	d its gross receipts are	normally	not more	than \$50,000
	A Form		orm 990 return is not required though Form 990					
	to file a	return, be su	re to file a complete return					
L	Add line	es 5b, 6c, and	7b, to line 9 to determine gross receipts. If gro	oss receipts are \$2	00,000 or more, or if tot	al assets		
<u>(Pa</u>	art II, line		(B) below) are \$500,000 or more, file Form 990				▶\$	18,942
P	art l	Revenu	e, Expenses, and Changes in Net A	ssets or Fund	Balances (see the	instruct	tions for	Part I)
		Check r	the organization used Schedule O to	respond to any	question in this Pa	rt I		
	1	Contributio	ns, gifts, grants, and similar amounts rece	eived			1	11,241
	2	Program s	ervice revenue including government fees	and contracts			2	
	3	Membersh	ip dues and assessments		•		3	
	4	Investmen	income				4	7,701
	5a	Gross amo	unt from sale of assets other than invento	ory	5a			
	b		or other basis and sales expenses		5b			
Revenue	С	Gain or (lo	ss) from sale of assets other than inventor	ry (Subtract line t	5b from line 5a)		5c	0
	6	Gaming ar	d fundraising events					
ķ	а	Gross inco	me from gaming (attach Schedule G if gre	eater than	1		1	
æ		\$15,000)			6a		<b>」</b>	,
	b		me from fundraising events (not including	****	of contributions		1 1	
			aising events reported on line 1) (attach S		6b		1	
		sum of suc		4				
			expenses from gaming and fundraising ev		6c		4	
	d		e or (loss) from gaming and fundraising ev	ents (add lines 6	ia and 6b and subtra	ct	1	•
	_	line 6c)		•	1 - 1	•	6d	0
	1		s of inventory, less returns and allowance	<b>S</b> .	7a		4	
93	p b		of goods sold	-	7b			0
6	, c		it or (loss) from sales of inventory (Subtrac	ct line /b from lin	e /a)		7c 8	0
8	8		nue (describe in Schedule O)    . nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	,	RECEIVED	▶	9	18,942
	9 10		l similar amounts paid (list in Schedule O)				10	5,625
=			aid to or for members	4 1		RS-OSC	11	3,020
)[s	12	•	ther compensation, and employee benefit	s .	JUL Ø 6 2011 ·	이	12	
S	13		al fees and other payments to independer	- li		8	13	
Į,	14		r, rent, utilities, and maintenance		OGDEN, UT	´=	14	
柔	15		iblications, postage, and shipping	· I	ABAPIA' AI		15	
	16		enses (describe in Schedule O)	•			16	
Q	17		nses. Add lines 10 through 16	·		•	17	5,625
4)	18		(deficit) for the year (Subtract line 17 from	line 9)	<del></del>		18	13,317
ets	19		th					
88	••		or fund balances at beginning of year (fro r figure reported on prior year's return)		. //		19	208,485
Net Assets & CALINDERS JUI	20		iges in net assets or fund balances (expla	ın ın Schedule O	)		20	
ž	21		or fund balances at end of year Combine			<b>•</b>	21	221,802

Par	Balance Sheets. (see the instructions fo	r Part II )						
_	Check if the organization used Schedule O to	respond to any question in	this Part II					
	•			(A) Begini				(B) End of year
22	Cash, savings, and investments .		. ]		13	3 <u>,485</u>	1	221,802
23	Land and buildings .						23	
24	Other assets (describe in Schedule O)					5,000		204.000
25	Total assets		ŀ		208	3 <u>,485</u>		221,802
26	Total liabilities (describe in Schedule O)	(D)	,		200	105	26 27	221,802
27	Net assets or fund balances (line 27 of column at III Statement of Program Service Account III Statement II			for Dart		3,48 <u>5</u>	21	Expenses
Fe	It III Statement of Program Service According Check of the organization used Scheduler	ule O to respond to any ou	situctions Jestion in	this Part	''' <i>'</i>	$\Box$	(Regi	uired for section
100						<u> </u>	501(0	c)(3) and 501(c)(4)
	at is the organization's primary exempt purpose?							nizations and section (a)(1) trusts, optional
	cribe what was achieved in carrying out the organization!				SCHDE	•		hers)
	ervices provided, the number of persons benefited, and Aid in the education(including financial aid and so		ch program	une				
20	North Dakota institutions of higher learning as such							
	agri-business industry							
		nt includes foreign grants, ch	neck here		•		28a	
29	Make contributions to North Dakota Institutions of							
				• • • • • • • • • • • • • • • • • • •				
						. <u></u>		
	(Grants \$ ) If this amou	nt includes foreign grants, ch	neck here		<b>•</b>		29a	
30								
		nt includes foreign grants, ch	neck here	•	<b>•</b>	<u> </u>	30a	
31	Other program services (describe in Schedule O)							
	<u> </u>	nt includes foreign grants, ch	neck here		<u> </u>		31a	
	Total program service expenses. (add lines 28a						32	<u> </u>
Pa	rt IV List of Officers, Directors, Trustees, and				sated	l (see	the in:	structions for Part IV
	Check if the organization used Schedule C	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
	(a) Name and address	(b) Title and average hours per week	(c) Comp (If not	I		Contribut ee benef	tions to fit plans &	(e) Expense account and
	(a) Traine and address	devoted to position	enter				ensation	other allowances
Pau	l Lautenschlager	Title President		ł				
<u>P 0</u>	Box 47 Beach ND 58621	Hr/WK N/A		0				
Rog	er Wagner	Title Vice President		]				
<u>P 0</u>	Box 107 Grafton ND 58237	Hr/WK N/A		0				
Stev	ven Strege	Title Sec/Treas						
<u>118</u>	Broadway Ste 606 Fargo ND 58102	Hr/WK N/A		0				
		Title						
		Hr/WK 00		0			-	
		Title		_				
		Hr/WK00	-	0				<u> </u>
		Title						
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		Hrwk 00		اه				

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule 0  34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule 0 (see instructions).  35 If the organization have unrelated business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule 0 why the organization of the foreign activities of the organization and proxy tax requirements? If "Yes," has it filed a tax return on Form 190-T for this year (see instructions)?  350 Did the organization and the proxy is a subject to section 6033(e) notice, reporting, and proxy tax requirements? If "Yes," has it filed a tax return on Form 190-T for this year (see instructions)?  371 Did the organization and subject to section 6033(e) notice, reporting, and proxy tax requirements? If "Yes," has it filed a tax return on Form 190-T for this year (see instructions)?  372 Did the organization file Form 1120-POL for this year?  373 Letter amount of political expenditures, direct or indirect, as described in the instructions 1 and 190 Did the organization file Form 1120-POL for this year?  383 Did the organization file Form 1120-POL for this year?  384 Did the organization file Form 1120-POL for this year?  385 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4912	Pari	Other Information (Note the statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V			
33		Check if the organization used Schedule O to respond to any question in this 1 art v			
description of each activity in Schedule O  All Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  Schedule O (see instructions)  If the organization schedule of the preflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  If the organization have unrelated business gross income of \$1,000 or more or was it a section \$01(c)(4), \$01(c)(6), or \$01(c)(6) organization subject to section \$603(e) network or was it a section \$01(c)(4), \$01(c)(6), or \$01(c)(6) organization subject to section \$603(e) network or was it a section \$01(c)(4), \$01(c)(6), organization subject to section \$603(e) entore or was it a section \$01(c)(4), \$01(c)(6), organization subject to section \$603(e) entore or was it a section \$01(c)(4), \$01(c)(6), organization subject to section \$603(e) entore organization of prefixed schedule parts of Schedule I, \$01(c)(6), organization for Intelligent parts of Schedule Parts of Schedule Parts of Schedule I, Part II and enter the total amount involved  Section \$01(c)(7) organizations Enter Intelligent Parts of Schedule I, Part II and enter the total amount involved  Section \$01(c)(7) organizations Enter amount of tax imposed on the organization during the year under section \$405 \in Section \$01(c)(7) organizations Enter amount of tax imposed on the organization during the year under section \$405 \in Section \$01(c)(7) organizations Enter amount of tax imposed on the organization during the year under sections \$401 \in Section \$405 \in Section \$				Yes	No
We're any significant changes made to the organizing or governing documents? If Yes,* attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).	33		,,		
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schodule O (See instructions).  35 If the organization and income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on from 990-17 explain an Schedule O (why the organization the income on Form 990-17 and the organization have unrelated business gross income of \$1,000 or more or was it a section \$01(c)(4), 501(c)(6), or 501(c)(6) organization subject to section \$033(c) notice, reporting, and proxy tax requirements?  b If 'Yes,' has if filled a tax return on Form 990-17 for this year (see instructions) and the year? If 'Yes,' complete application, dissolution, termination, or significant disposition of net assets during the year? If If 'Yes,' complete organization in Ender of the tax (see instructions) and the properties of the year?  32 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If 'Yes,' complete Schedule I, Part II and enter the total amount involved  38 Section \$01(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4912 ▶ section 4915 ▶ Section \$01(c)(3) and \$01(c)(4) organizations. But it is a trust imposed on organization managers or disqualified persons during the year under section 4911 ▶ section 501(c)(3) and \$01(c)(4) organizations. Enter amount of tax on line 40c reminused by the organization or disqualified persons during the year under sections 4912.  42 a The organization is books are in care of ▶ North Diskota Grain Dealers Association  Located at ▶ 606 Black Building, 118 Broady, Cly, Fargo.  24 b A tary time during the calendary year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country. ▶  See the insti	24		33		<del>  ^</del>
change on Schedule O (see instructions).  If the organization had inceme from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on firm 990-T, explain in Schedule O why the organization dud not report the income on Form 990-T.  Did the organization have unrelated business gross income of \$1,000 or more or was it a section \$01(c)(4), \$01(c)(5), or \$01(c)(6) organization subject to section \$033(e) notice, reporting, and proxy tax requirements?  B If "Yes," has if filed a tax return on Form 990-T for this year (see instructions)?  B Did the organization have penditures, fired to indirect, as described in the instructions   37a   35b   X   37b   37c   37	34				
155 If the arganization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on From 990-T reported on From 990-EZ reported F			34		×
an of reported on Form 990-T applian in Schedule O wity the organization and of not report the income on Form 990-T and Did the organization has unrelated business gross income or 51,000 or more or was at a section 501(c)(3), 601(c)(6), or 501(c)(6) organization subject to section 5033(e) notice, reporting, and proxy tax requirements?  35 If Yes, has it filed a tax return on Form 990-T for this year (see instructions)?  36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes," complete applicable parts of Schedule N  37 a Enter amount of political expenditures, direct or indirects, as described in the instructions ▶ 37a   37b   X  37 a Did the organization file Form 1120-POL for this year?  38 a Did the organization file Form 1120-POL for this year?  38 a Did the organization file Form 1120-POL for this year?  38 a Did the organization file Form 1120-POL for this year?  39 a Ection 501(c)(2) organizations Enter  a Intitation fees and capital contributions included on line 9  39 a   39   39   39   39   39   39   39	25		3-4		<del>  ^</del>
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section \$01(c)(4), \$01(c)(6), or 501(c)(6) organization subject to section \$03(a)(e) notice, reporting, and proxy tax requirements?  b If "Yes," has it filed a tax return on Form 980-T for this year (see instructions)?  36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of not assets during the year? If "Yes," complete a profice the profit of this year?  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 3b. Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prory ear and still outstanding at the end of the tax year covered by this return?  b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 3b. Section 501(c)(17) organizations. Enter a initiation flees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4915 ▶ section 4911 ▶ s	33				
501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?  57 bit 1/*es** that stilled a tax return on Form 990-1 for this year (see instructions)?  58 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 1/*es** termination or significant disposition of net assets during the year? If 1/*es** termination or significant disposition of net assets during the year? If 1/*es** termination or significant disposition of net assets during the year? If 1/*es** termination or significant disposition of net assets during the year? If 1/*es** termination or significant disposition of net assets during the year? If 1/*es** to line 400. The significant disposition of net assets during the year of the disposition of net assets during the year? If 1/*es** to line 400. The significant disposition of net assets during the year? If 1/*es** to line 400. The significant disposition of net assets during the year? If 1/*es** to line 400. The significant disposition of net assets during the year overed by this return?  50 Did the organization file form 1120-PCL for this year?  51 Did the organization file form 1120-PCL for this year?  52 Did the organization file form 1120-PCL for this year?  53 Did the organization file form 1120-PCL for this year?  54 Did the organization file form 1120-PCL for this year?  55 Did the organization file form 1120-PCL for this year?  55 Did the organization file form 1120-PCL for this year?  55 Did the organization sincluded on line 9 (1) organizations file form 1010-PCL for this year.  56 Did the organization file form 1120-PCL for this year?  57 Did the organization file form 1120-PCL for this year?  58 Did the organization for seceptions and filing requirements for form 1010-PCL for the foreign Bank and Financial Accounts.  57 Did the organization organization organization maintain any oftense filing Form 990-EZ in lieu of Form 1011-PCL for the read of Form 1020-PCL for	2				
b If "Yes," has it fied a tax return on Form 990-T for this year (see instructions)?  5 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  3 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  5 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  5 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  5 Did the organization borrow from 300 or 100 ((20) and 501 ((20)) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in any excelled. L. Part I  6 Section 501 ((2)) and 501 ((2)) organizations. Did the organization on a prior year that has not been organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501 ((2)) and 501 ((2)) organizations. Enter amount of tax imposed on organization At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  1 List the states with which a copy of this return is filed.  1 Located at ▶ 606 Black Building, 118 Broady, 63y, Fargo.  1 Press, and 400 the organization prompted Form 8886-T.  2 At any time during the calendar year, did the organization maintain an interest in or a significant or other financial account; over a financial account in a foreign country.  1 Section 4947(a)(1)	•		35a		Х
Dut the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a    38 b Did the organization the Form 1120-PCL for this year?  38 a Did the organization from from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38 if "Yes," complete Schedule L, Part II and enter the total amount involved  39 Section 501(c)(7) organizations Enter  a initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of ollub facilities  40 a Section 501(c)(3) and 501(c)(4) organizations Did the organization during the year under section 4911 ▶	b				
during the year? If "Yes," complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a   38 a Did the organization the Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b   39a					
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a    38 a Did the organization is Form 1120-PDL for this year?  38 a Did the organization is Form 1120-PDL for this year?  38 a Did the organization before from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38 a    38 b    39 Section 501(c)(7) organizations Enter all and enter the total amount involved    39 a    39 Section 501(c)(7) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶    50 Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4955 ▶    50 Section 501(c)(3) and 501(c)(4) organizations Did the organization in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part 1    50 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax miposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958    51 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization. A large transaction of the programization and the programiz			36		_ X_
b Did the organization file Form 1120-POL for this year?  8 a Did the organization borrow from, or make any boans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If "Yes," complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations Enter amount of tax imposed on the organization during the year under section 4911 P  section 4912 P  Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 P  Section 501(c)(3) and 501(c)(4) organizations by the organization engage in any section 4956 excess benefit transaction during the year, of did tengage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4995, and 4958  d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c rembursed by the organization.  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8867.  1 List the states with whuch a copy of this return is filled b  Located at > 606 Black Building, 118 Broady Cty, Fargo. St., ND. Telephone no > 701-235-4184.  Located at > 606 Black Building, 118 Broady Cty, Fargo. St., ND. Telephone no > 701-235-4184.  Located at > 606 Black Building, 118 Broady Cty, Fargo. St., ND. Telephone no > 701-235-4184.  Located at > 606 Black Building, 118 Broady Cty, Fargo. St., ND. Telephone no > 701-235-4184.  Located at > 606 Black Building, 118 Broady Cty, Fargo. St., ND. Telephone no > 701-235-4184.  Located at > 606 Black Building, 118 Broady Cty, Fargo. St., ND. Telephone no > 701-235-4184.  Located at > 606 Black Building, 118 Broady Ct	37 a				
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b if "Yes," complete Schedule L, Part II and enter the total amount involved  38b			37b		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved  3 Section 501(c)(7) organizations Enter  a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  3 Section 501(c)(3) organizations Enter amount of tax is imposed on the organization during the year under section 4911 \( \) section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4955 \( \) Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction approve in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  C Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization.  e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Schedule L, Part II  40e	38 a				
Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4915 ▶ Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? [if "Yes," complete Schedule L, Part I  40b		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
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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  Yes No  144 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d	С	At any time during the calendar year, did the organization maintain an office outside of the U S?	42c		X
and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  144 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d		If "Yes," enter the name of the foreign country. ▶			
and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  144 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  444 ■ ★  445 ★  446 ★  446 ★  446 ★  446 ★  447 ★  448 ★  448 ★  449 ★  440	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶□
Yes No  44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d		1 1			
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44a		and office the unrount of tax exempt interest to account of account of tax year.			
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44a				Yes	No
completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44a	44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  44d			44a	<u>L</u>	_X
completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44b X  44c X	b	·			
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		· · · · · · · · · · · · · · · · · · ·	44b		
explanation in Schedule O . 44d	С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	d				
		explanation in Schedule O			<u> </u>

Form 9	90-EZ (2010)	North Dako	ta Grain De	alers Ec	ducational Fou	ndation				45-03582		Page 4
<del></del>	<del></del>		· =			<del>_</del>		_			Yes	No
45	is any related org			-	-		_			45	<u> </u>	X
а	Did the organizat											
	meaning of section	on 512(b)(13)	っ If "Yes," F	orm 990	0 and Schedule	e R may need	to be c	ompleted in	stead of			
	Form 990-EZ .	•	•		•					45a	<u> </u>	<u> </u>
46	Did the organizat		-	-	•		es on be	ehalf of or I	n opposition			
	to candidates for									46		<u> </u>
Part									trusts only.			
	, , , ,	•				xempt charite	abie tru	ists must a	inswer questic	ons 47—4:	90	
	•	nd complete				nd to any aug	ction in	thic Bort	V/I			
	Check if the	<u>le organizat</u>	ion usea s	cnedui	e O to respor	io to any que	Suon	I tills Part	VI		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u></u>
	D. 14b.		. I a la la compania	_4	2 16 1127 11	lata Cabadal	- C D-			47	Yes	No X
47	Did the organizat								_	48	├	<del>  ^</del>
48 49 a	Is the organization									49a		X
	If "Yes," was the	-					igailiza	illon		49b	<del>                                     </del>	<del>  ^-</del>
50	Complete this tal	_			-		s (other	than office	rs. directors. tru		l kev	<u> </u>
	employees) who											
	(a) Name and addre				(b) Title ar	nd average er week		mpensation	(d) Contributions to employee benefit plan	) (0	e) Expen	
		han \$100,000	yee paid more			o position			deferred compensati		er allowa	
Name	None	Str			Title							
Cıty		ST	ZIP		Hr/WK	00	<u> </u>					
Name					Title					ľ		
City		ST	ZIP		Hr/WK	00						
Name		Str ST	ZIP		Title Hr/WK	00						
City Name		•	LIF		Title						•	
City		ST	ZIP		Hr/WK	00						
Name		Str			Title							
City		ST	ZIP		Hr/WK	00						
f	Total number of		•			<b>-</b>			-			
51	Complete this tal							ractors who	each received	more tha	n	
	\$100,000 of com						e "	/b) T		(-) (-		
		and address of ea	· · · · · · · · · · · · · · · · · · ·	contractor	paid more than \$10	00,000		(D) Typ	e of service	(6) 00	mpensat	lon
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City			ST		ZIP	• • • • • • • • • • • • • • • • • • • •						
Name			Str									
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Name			Str									
Cıty			ST		ZIP					<del> </del>		
Name			Str									
City		ather indepen	ST dont contro	otoro oo	ZIP	vor \$100 000		<b>—</b>				
52	Total number of o	•			_		zations	and 4947(a	)(1)			
JZ	nonexempt charm	•					Lations	una 10 11 (c		► X Y	es	No
Under	penalties of perjury,						chedule	s and statem	ents. and to the b	est of my	knowle	dae
and be	elief, it is true, correct	t, and complete	e Declaration	prepa	arer (other than	officer) is based	on all in	formation of	which preparer ha	as any knov	wledge	
		1	/(/) d						6-30	<u> </u>	/	
Sign	Signature	of officer	~			<u> </u>		^	Date			
Here		even	()	<u>57 (</u>	lear	Exe	C	V P				
	Type or pr	int name and title			J	- <del></del>						
Paid	Pant/Type pre	eparer's name			er's <del>signature</del>	Date		Check if self-	PTIN			
Prepa	rer's Wade Burl			دلب	<del></del>	T.CA 6/2	4/2011	employed	P004943			
Use C	nly		ickson and						Firm's EIN ► 45			
	Firm's addres			-	irgo, ND 58103				Phone no (7)	01) 232-8		1
May t	he IRS discuss th	is return with	the prepare	r shown	above? See ii	nstructions				► X Y	es	No

Form **990-EZ** (2010)

## SCHEDULE A (Form 990 or 990-EZ)

## 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.

OMB No 1545-0047

∠⊎10 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Open to Public Inspection

Employer identification number

lorth	Dak	ota Grain De	alers Education	nal Foundation						45-03	358247	
Part		Reason	for Public Ch	narity Status (All org	anızatıor	ns must d	complete	this par	t ) See ır	struction	าร	
he o	gar	ization is not	a private found	lation because it is (Fo	or lines 1	through 1	1, check	only one	box)			
1 [		A church, co	nvention of chu	irches, or association of	of churche	es describ	ed in <b>sec</b>	tion 170	(b)(1)(A)(i	i).		
2		A school des	scribed in <b>secti</b>	on 170(b)(1)(A)(ii). (Ai	ttach Sch	edule E)						
3		A hospital or	r a cooperative	hospital service organi	zation de	scribed in	section	170(b)(1)	(A)(iii).			
4 [			esearch organiza	ation operated in conju	unction wi	th a hospi	tal descri	bed in <b>se</b>	ction 170	)(b)(1)(A)	(iii). Enter th	ne
5 [		An organiza	tion operated fo	or the benefit of a colle (Complete Part II)	ge or univ	ersity owr	ned or op	erated by	a govern	mental ur	nit described	i
6				vernment or governme	ntal unit d	lescribed	ın <b>sectio</b> i	170(b)(	1)(A)(v).			
7 [		An organiza	tion that normal	lly receives a substanti )(1)(A)(vi). (Complete	al part of					or from th	e general pu	ublic
8	x			d in section 170(b)(1)		Complete I	⊃art II )					
9 [		An organiza receipts from support from	tion that normal n activities relat n gross investmo	lly receives (1) more the discrete to its exempt function ent income and unrelated after June 30, 1975	han 33 1/3 ons—subj ted busin	3% of its s ject to cer ess taxab	support fro tain exce le income	ptions, ar (less sec	nd (2) no i ction 511	more thar	33 1/3% of	
10 [		An organiza	tion organized a	and operated exclusive	ly to test	for public	safety S	ee <b>sectio</b>	n 509(a)(	4).		
I1 [		purposes of	one or more pu	and operated exclusive iblicly supported organ at describes the type o	izations d	described	ın section	509(a)(1	) or section	on 509(a)	(2) See <b>se</b>	ction
		a Type	el b	Type II c	Туре	e III–Fund	ctionally in	ntegrated		d 🔲 T	Type III-Oth	er
e [		persons other		fy that the organizatior on managers and othe 2).								ction
f				a written determination	n from the	RS that	ıt ıs a Tyr	e I, Type	II, or Typ	e III supp	orting	
g		organization	, check this box								·	
		following pe										<del>- 1</del>
				or indirectly controls,				persons	described	l ın (ıı)	Yes	No
			•	verning body of the su		rganizatio	on 7				11g(ı)	-
		· ·	•	person described in (i		 . () aba					11g(II)	-
L		• •		ty of a person describe						•	11g(ni)	1
<u>h</u>				ation about the suppo				au natific	(101)	le the	(vii) Amo	unt of
(1) N		of supported nization	(II) EIN	(described on lines 1–9 above or IRC section	ın col (i) lı:	sted in your document?	the organ	ou notify nization in of your port?	organiza (i) organ	Is the tion in col ized in the S ?	suppo	
				(see instructions))	Yes	No	Yes	No.	Yes	No	-	
A)						1						
												0
В)												0
C)												0
D)												0
E)												0
otal					, , ,	444 44.17 						0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sect	ion,A. Public Support	1,5007					
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants.")	9,810	12,326	11,553	8,534	11,241	53,464
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on		'				0
3	its behalf The value of services or facilities	0		***			0
3	furnished by a governmental unit to the						
	organization without charge	o					0
4	Total. Add lines 1 through 3	9,810	12,326	11,553	8,534	11,241	53,464
5	The portion of total contributions by each	3,010	,				
	person (other than a governmental unit					]	
	or publicly supported organization)	ļ- ,					
	included on line 1 that exceeds 2%	مِنْ بِهِ عَلَيْهِ الْعَلَيْمِ الْعَلَيْمِ الْعَلَيْمِ الْعَلِيمِ الْعَلَيْمِ الْعَلَيْمِ الْعَلَيْمِ الْعَلَي عَلَيْمُ الْعِلْمُ ا				İ	
	of the amount shown on line 11,	·.					
	column (f)	, ,					
6	Public support. Subtract line 5 from line 4	C <sub>45</sub>	76 # " 1				53,464
	ion B. Total Support			4 3 0000	, n assa T	, , <u>, , , , , , , , , , , , , , , , , </u>	
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	9,810	12,326	11,553	8,534	11,241	53,464
8	Gross income from interest, dividends,			ļ			
	payments received on securities loans,			ţ			
	rents, royalties and income from similar	7.050	0.607	7.570	2 679	7 701	25 407
9	sources	7,852	9,687	7,579	2,678	7,701	35,497
3	activities, whether or not the business is						
	regularly carried on .					į	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV )	o					0
11	Total support. Add lines 7 through 10						88,961
12	Gross receipts from related activities, etc. (s				Į	12	<u> </u>
13	First five years. If the Form 990 is for the o	rganızatıon's fir	st, second, thii	rd, fourth, or fift	h tax year as a	section 501(c)	)(3)
	organization, check this box and stop here						▶
Sect	ion C. Computation of Public Support						
14	Public support percentage for 2010 (line 6,	• • •	•	column (f))		14	60 10%
15	Public support percentage from 2009 Sched				]	15	62 36%
16a	33 1/3% support test–2010. If the organiza				e 14 is 33 1/3%	6 or more, che	
L	and stop here. The organization qualifies a				ad luan 45 in 22		► X
b	33 1/3% support test–2009. If the organization and stop here. The organization qualifi				id line 15 is 33	1/3% of more	, check this
		•			40.40	0 11 44	
17a	10%-facts-and-circumstances test-2010.						
	is 10% or more, and if the organization mee					•	
	Part IV how the organization meets the "fac organization	is-anu-circumsi	ances test II	ie organization	quannes as a	publicly suppor	rteu ▶□
ь	10%-facts-and-circumstances test–2009.	If the organizat	ion did not che	ock a boy on lin	o 13 16a 16h	or 17a, and lu	ne P
U	15 is 10% or more, and if the organization in						
	Part IV how the organization meets the "fact						
	supported organization			2.3424.011	422oo do d		▶□
18	Private foundation. If the organization did	not check a box	on line 13 16	a 16b 17a or	17b check thi	s box and see	
	instructions .			=, 105, 174 ,01		2 20% 0.10 000	. ▶□
	<u>.</u>						

Page 3

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

-appoint contains for organizations zoosian accident
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support	naci the tests	iisted below,	picase comp	icte i <u>uit ii j</u>		
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	0		<b>V</b> 2/.===			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	0					0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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						0
С	Add lines 7a and 7b	o	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)		*-				0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	ol	0	0	0	ol	0
10a	Gross income from interest, dividends, payments received on securities loans,						
b	rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						0
	acquired after June 30, 1975						0
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether	0	0	0	0	0	0
12	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
13	Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	o	0
14	First five years. If the Form 990 is for the organization, check this box and stop here						<b>▶</b> □
Sec	tion C. Computation of Public Support	Percentage		-			
15	Public support percentage for 2010 (line 8, column	(f) divided by line	e 13, column (f))			15	0 00%
16	Public support percentage from 2009 Schedule A,					16	0 00%
Sec	tion D. Computation of Investment Inco						0.00%
17 18	Investment income percentage for 2010 (line 10c, Investment income percentage from 2009 Schedu	le A, Part III, line	17		than 22 4/22/	17 18	0 00% 0 00%
19a b	33 1/3% support tests-2010. If the organization of not more than 33 1/3%, check this box and stop h 33 1/3% support tests-2009. If the organization of	ere. The organization of the contract of the c	ation qualifies as ox on line 14 or li	s a publicly suppo ine 19a, and line	orted organizatio 16 is more than	n 33 1/3% and	<b>▶</b> □
	line 18 is not more than 33 1/3%, check this box a						
20	Private foundation. If the organization did not che	eck a box on line	14, 19a, or 19b,	check this box a	na see mstructio	113	

Schedule A (Form	990 or 990-EZ) 2010	North Dakota (	Grain Dealers	Educational Foundat	ion	45-0358247	Page <b>4</b>
Part IV	Supplemental	Information.	omplete this	part to provide the	explanations required	by Part II, line	10,
	Part II. line 17a	or 17b; and Pa	rt III. line 12	Also complete this	part for any additional	information (S	See
	instructions)		,		,	`	
	motractions)						
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Line 1
Line 1
Line 1
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			Check (X) if					
	Class of activity	Grantee's name	a business	Address	Cıty	State	Zip code	Foreign Country
1	College Tuition	Derek Aho		3012 104th Street NW	Antler	QN	58711	,
2	College Tuition	Michael Bjertness		20 Elm Street	Hickson	9	58047	
က	College Tuition	Tyler Klugman		6308 670th Street	Wheaton	ZΣ	56296	
4	College Tuition	Allıson Kopesky		16601 2nd Street South	Lakeland	Z Z	55043	
2	College Tuition	Erik Lee		1053 142nd Avenue NE	Hatton	9	58240	
9	College Tuition	Justin Mack		27 Heritage Drive	Velva	Q.	58790	
7	College Tuition	Tracy Nelson		10919 53rd Street SE	Litchville	Q	58461	
8	College Tuition	Daniel Syvertson		8750 26th Avenue NE	Willow City	ND	58384	
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19								

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שור	5,625				0		0		
<u> </u>	Amount of				1	How book value	Fair market	Method used	•
J	cash grant	Relationship	Description of the property Purpose	Purpose of payment to affiliate	Book value	determined	value	to determine FMV	Date receiv
•	750							•	10/11/201
2	750								10/11/201
က	750								10/11/201
4	150								10/11/201
2	150								10/11/201
9	375								10/11/201
7	150								10/11/201
8	150								10/20/201
6									
10									

Part II. Line 24 (990-EZ) - Other Assets

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