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Short Form

Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning January 1, 2013, and ending December 31, 2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Allamakee Dairy Herd Improvement Assn</u>		D Employer identification number <u>42-0686897</u>
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>DAIRY LAB SERVICES</u>		E Telephone number <u>563-568-3817</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>WAUKON IOWA 52172-7546</u>		F Group Exemption Number ▶ <u>501C-3556</u>

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ NA

J Tax-exempt status (check only one) – 501(c)(3) 501(c) (3556) (insert no) 4947(a)(1) or 527

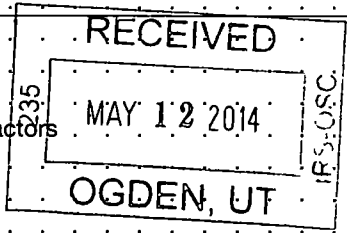
K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 186,709

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

SCANNED JUN 4 2014 J Revenue

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	<u>0</u>
	2 Program service revenue including government fees and contracts	2	<u>186,656</u>
	3 Membership dues and assessments	3	<u>0</u>
	4 Investment income	4	<u>53</u>
	5a Gross amount from sale of assets other than inventory	5a	<u>0</u>
	b Less: cost or other basis and sales expenses	5b	<u>0</u>
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<u>0</u>
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	<u>0</u>
b Gross income from fundraising events (not including \$ <u>0</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	<u>0</u>	
c Less: direct expenses from gaming and fundraising events	6c	<u>0</u>	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	<u>0</u>	
7a Gross sales of inventory, less returns and allowances	7a	<u>0</u>	
b Less: cost of goods sold	7b	<u>0</u>	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<u>0</u>	
8 Other revenue (describe in Schedule O)	8	<u>0</u>	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<u>186,709</u>	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	<u>0</u>
	11 Benefits paid to or for members	11	<u>0</u>
	12 Salaries, other compensation, and employee benefits	12	<u>98,971</u>
	13 Professional fees and other payments to independent contractors	13	<u>0</u>
	14 Occupancy, rent, utilities, and maintenance	14	<u>0</u>
	15 Printing, publications, postage, and shipping	15	<u>4,899</u>
	16 Other expenses (describe in Schedule O)	16	<u>85,882</u>
	17 Total expenses. Add lines 10 through 16	17	<u>189,752</u>
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>< 3043 ></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)	19	<u>24,219</u>
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	<u>0</u>
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>21,176</u>



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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	24,224	23,391
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	422	425
25 Total assets	26,646	23,816
26 Total liabilities (describe in Schedule O)	2,427	2,640
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	24,219	21,176

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? *taking & testing of milk samples for quality and quantity and then to other jobs*
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

28 <i>The purpose of this assn. is for the taking & testing of milk samples (testing is done in a state lab) the samples are from individual cows & herds for our 53 clients for better herd management</i> (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	189,752
29 _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30 _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31 Other program services (describe in Schedule O) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32 Total program service expenses (add lines 28a through 31a)	32	189,752

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<i>MATT Byars</i> 460 Orchid Dr. Danchester, IA 52140	1-2 hrs WK President	0	0	0
<i>Pat Reisinger</i> 1433 Knautson Rd Waterville, IA 52170	1/2 - 1 HR WK Secretary	0	0	0
<i>Carol Bahr</i> 2246 Bluebird Rd Waukon, IA 52172	5-8 HRs WK Treasurer	3072	0	0
<i>Brad Kernof</i> 1226 St. Hwy 9 Lansing, IA 52151	1/2 - 1 HR WK Director	0	0	0
<i>John Palmer</i> 821 Countryside Dr. Waukon, IA 52172	1/2 - 1 HR WK Director	0	0	0
<i>Jaw Klagen</i> 1147 Teglum Rd Waterville, IA 52170	1/2 - 1 HR WK Director	0	0	0
<i>Darrell Troendle</i> 1882 Elow Dr. Waterville, IA 52170	1/2 - 1 HR WK Director	0	0	0
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
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 O (see instructions)		<input checked="" type="checkbox"/>
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a <u>0</u>		
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a 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?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b <u>0</u>	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a <u>0</u>	
b Gross receipts, included on line 9, for public use of club facilities	39b <u>0</u>	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or 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		<input checked="" type="checkbox"/>
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 ▶ <u>0</u>		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0</u>		
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 8886-T		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ <u>Carol A. Behr, Treasurer</u> Telephone no. ▶ <u>563-568-3817</u> Located at ▶ <u>2246 Bluebird Rd Waukegan, IL</u> ZIP + 4 ▶ <u>52172-7546</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶		<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶		<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <u>0</u>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **46** Yes No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II **47** Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** Yes No

b If "Yes," was the related organization a section 527 organization? **49b** Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 0

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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.

Sign Here

Signature of officer: Carol A. Bahr Treasurer Date: 5-6-14

Type or print name and title: Carol A. Bahr Treasurer

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____

Firm's name: _____ Firm's EIN: _____

Firm's address: _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

Allamakee Dairy Herd Improvement

Employer identification number

42-0686897

Part I Line 16 Other Expenses

Dairy Lab Processing \$ 71,610.

Supplies \$ 1,114.

Insurance, Liability & W.comp \$ 1,099.

Meter repairs \$ 3,569.

Repairs / Computers \$ 48.

Equipment (hoses) \$ 226.

Lab \$ meter rent \$ 40.

Lab, meter calibration \$ 467.

Dairy Promo Board \$ 250.

Circle of friends - 4H ~~Don.~~ \$ 250.

Dairy Banquet tickets \$ 40.

Newspaper Advertising \$ 210.

Allamakee County Extension \$ 500.

Dairy Assn.
Meters Replaced / Lab \$ 4066.

Computer / printer replaced \$ 2049. (Cont. 1A)

Dairy Princess Expense \$ 200.

Meeting Expense \$ 144.

Total Expenses \$ 85,882

Part II - Line 24 - Accounts Receivable (due from clients) \$ 425.

Part II - Line 26 - Total liabilities - Payroll taxes due from

Dec. 2013 - Due^{and Pd} in January 2014 \$ 2640.-

Part V - Line 44d (No) Not a service this organization
offers

