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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)	OMB No 1545-1150 2009
	► 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. ► <i>The organization may have to use a copy of this return to satisfy state reporting requirements.</i>	Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 12-01-2009 , and ending 11-30-2010				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization NORTHERN CANOLA GROWERS ASSOCIATION INC		D Employer identification number 45-0435502
☐ Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite 2718 GATEWAY AVE STE 301		E Telephone number (701) 223-4124
☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending		City or town, state or country, and ZIP + 4 BISMARCK, ND 585030585		F Group Exemption Number 

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	G Accounting method ☐ Cash ☒ Accrual Other (specify) ▶
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I Website: www.northerncanola.com	H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (check only one)— 501(c)(6) (insert no) 4947(a)(1) or 527	

K Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	444,780
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Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
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Revenue	1	Contributions, gifts, grants, and similar amounts received	1	400,000
	2	Program service revenue including government fees and contracts	2	6,775
	3	Membership dues and assessments	3	15,812
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming , check here  		
	a	Gross revenue (not including \$ _ of contributions reported on line 1)	6a	20,631
	b	Less direct expenses other than fundraising expenses	6b	19,224
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	1,407
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe  )	8	1,562
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 	9	425,556

Expenses	10	Grants and similar amounts paid (attach schedule) 	10	91,158
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	6,300
	13	Professional fees and other payments to independent contractors	13	4,150
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	12,519
	16	Other expenses (describe )	16	347,709
	17	Total expenses. Add lines 10 through 16 	17	461,836

Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-36,280
	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	252,752
	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	216,472

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	251,018	22	214,437	
23	Land and buildings		23		
24	Other assets (describe  _____)	1,734	24	2,035	
25	Total assets	252,752	25	216,472	
26	Total liabilities (describe  _____)	0	26	0	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	252,752	27	216,472	

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO DEVELOP MARKETS, EDUCATION AND RESEARCH PROGRAMS FOR CANOLA PRODUCTION			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 Informational meetings on providing education and production techniques, working with state and regional researchers to identify and undertake research for continued production of canola, 2 trade shows were conducted in the fiscal year 2010 (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐		28a	0
29			
(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 Total program service expenses (add lines 28a through 31a)		32	

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

Part V		Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity			33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes			34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T				
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?			35a	Yes
b	If "Yes," has it filed a tax return on Form 990-T for this year?			35b	Yes
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			36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶			37a	0
b	Did the organization file Form 1120-POL for this year?			37b	
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 period covered by this return?			38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			38b	
39	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on line 9			39a	
b	Gross receipts, included on line 9, for public use of club facilities			39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶				
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			40b	
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				
d	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 Form 8886-T			40e	No
41	List the states with which a copy of this return is filed ▶				
42a	The organization's books are in care of ▶ Barry Coleman Telephone no ▶ (701) 223-4124				
	2718 Gateway Ave 301				
	Located at ▶ Bismarck, ND ZIP + 4 ▶ 58503				
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)?			42b	No
	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 .				
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?			42c	No
	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			43	
	and enter the amount of tax-exempt interest received or accrued during the tax year				
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.			44	No
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 completed instead of Form 990-EZ.			45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(f) Total number of other employees paid over \$100,000

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here	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.			
	Signature of officer		Date	
Paid Preparer's Use Only	Preparer's signature		Date	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		Check if self-employed	EIN
				Phone no
May the IRS discuss this return with the preparer shown above? See instructions				

Additional Data

Software ID:

Software Version:

EIN: 45-0435502

Name: NORTHERN CANOLA GROWERS ASSOCIATION INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Ryan Pederson 2718 Gateway Ave Ste 301 Bismarck, ND 58503	President 3 85	2,100	0	0
Jon Wert 2718 Gateway Ave Ste 301 Bismarck, ND 58503	Vice President 0 58	300	0	0
Tom Borgen 2718 Gateway Ave Ste 301 Bismarck, ND 58503	Secretary/Treasurer 3 27	1,400	0	0
Kevin Waslaski 2718 Gateway Ave Ste 301 Bismarck, ND 58503	Director 3 27	1,200	0	0
Keith Peltier 2718 Gateway Ave Ste 301 Bismarck, ND 58503	Director 1 35	0	0	0
Bernie Bachman 2718 Gateway Ave Ste 301 Bismarck, ND 58503	Director 0 77	500	0	0
Kyle Rollness 2718 Gateway Ave Ste 301 Bismarck, ND 58503	Director 0 58	0	0	0
Wally Brandjord 2718 Gateway Ave Ste 301 Bismarck, ND 58503	Director 0 48	500	0	0
Greg Mitchell 2718 Gateway Ave Ste 301 Bismarck, ND 58503	Director 0 58	300	0	0
Eric Mack 2718 Gateway Ave Ste 301 Bismarck, ND 58503	Director 0 58	0	0	0
Brian Jenks 2718 Gateway Ave Ste 301 Bismarck, ND 58503	Director 0 58	0	0	0
Pat Murphy 2718 Gateway Ave Ste 301 Bismarck, ND 58503	Director 0 58	0	0	0
Barry Coleman 2718 Gateway Ave Ste 301 Bismarck, ND 58503	Executive Director 40 00	0	0	0

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
NORTHERN CANOLA GROWERS ASSOCIATION INC

Employer identification number
45-0435502

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Golf tournament (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	20,631		20,631
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	20,631		20,631
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	19,224		19,224
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3, column d, and line 10. ▶			
					1,407

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1, column d, and line 7 ▶			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

TY 2009 Explanation of Non UBI

Name: NORTHERN CANOLA GROWERS ASSOCIATION INC

EIN: 45-0435502

Explanation: Revenues are generated from producers for the sole purpose of education & development of markets for canola. Income is also received from membership dues for education & development of markets for canola.

TY 2009 Grants and Similar Amounts Paid Schedule

Name: NORTHERN CANOLA GROWERS ASSOCIATION INC

EIN: 45-0435502

Item No.	1
Class of Activity	Greenhouse Funding
Donee's Name	NDSU Development Foundation
Donee's Address	1241 N University Dr North FARGO, ND 58102
Amount (FMV)	40,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	Quality Surveys
Donee's Name	Northern Crops Institute
Donee's Address	PO Box 6050 Fargo, ND 58108
Amount (FMV)	12,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	Research
Donee's Name	NDSU
Donee's Address	PO Box 6050 FARGO, ND 58108
Amount (FMV)	38,478
Purpose of Payment to Affiliate	
Relationship	None
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	Research
Donee's Name	Various donations less than 5000
Donee's Address	
Amount (FMV)	680
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: NORTHERN CANOLA GROWERS ASSOCIATION INC

EIN: 45-0435502

Description	Beginning of Year Amount	End of Year Amount
Accounts Receivable	1,734	2,035

TY 2009 Other Expenses Schedule**Name:** NORTHERN CANOLA GROWERS ASSOCIATION INC**EIN:** 45-0435502

Description	Amount
PROFESSIONAL & STAFF SERVICES	220,950
ADVERTISING AND PROMOTION	52,479
MEMBERSHIPS	14,253
WEB SITE	2,219
INSURANCE	2,196
SPONSORSHIPS	2,125
PROFESSIONAL PUBLICATIONS	986
Travel	24,166
Conferences, Conventions, Meetings	28,335

TY 2009 Other Revenues Schedule

Name: NORTHERN CANOLA GROWERS ASSOCIATION INC

EIN: 45-0435502

Description	Amount
Interest Income	1,562

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: NORTHERN CANOLA GROWERS ASSOCIATION INC

EIN: 45-0435502

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.