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DLN: 93493309014273

Form **990** 

Department of the Treasury Internal Revenue Service

## **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)

2012

OMB No 1545-0047

Open to Public Inspection

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

A Fo	r the 2	2012 cal	endar year, or tax year beginni	ng 10-01-2012 , 2012, and end	ding 09-30	-2013			
_		pplicable	C Name of organization NATIONAL SUNFLOWER ASSOCIATI	ON			D Employ	er id	lentification number
_	dress ch	_	Doing Business As				45-03	622	01
_	me chai	-							
_	tial retui		Number and street (or P O box if 2401 46TH AVE SE	mail is not delivered to street address)	) Room/suite	2	E Telepho	ne nu	ımber
_	minated			710 . 4			(701)	328-	-5100
_	ended i		City or town, state or country, and MANDAN, ND 58554	ZIP + 4					
App	JIICALIOII	pending	E Name and address of ar	ungunal officer					s \$ 2,665,005
			<b>F</b> Name and address of pr JOHN SANDBAKKEN	·			his a group iates?	retui	rn for ┌ Yes 🗸 No
			2401 46TH AVE SE SUITE MANDAN,ND 585544829			u(b) .			
			,						luded?
Ta	x-exem	npt status	「 501(c)(3)	(insert no )	527				
w	ebsite	e: ► ww	w sunflowernsa com			<b>H(c)</b> Gro	oup exempti	on n	umber <b>F</b>
<b>(</b> For	n of org	ganızatıon	Corporation Trust Associat	on Other ►	<u> </u>	<b>L</b> Year of	formation 198	32	M State of legal domicile ND
Pa	rt I	Sum	mary			•			
	1	,	3	ion or most significant activitie	s				
ט	<u> </u>	PROMO	TION OF SUNFLOWER						
ankellidilike	-								
<u> </u>	-	Chaal th	are how both of the average transfer	leanntinued the anamations of d	.anaaad af		250/ of the		
5	2 (	C neck tr	nis box 🞮 - if the organization o	liscontinued its operations or d	isposea or	more than	25% OF ITS	net a	assets
	3 1	Number	of voting members of the gover	ning body (Part VI, line 1a) .			.	3	19
- 0 D	4 1	Number	of independent voting members	of the governing body (Part VI	, line 1b)			4	19
MOUNINGS &	5 1	Total nu	mber of individuals employed ir	calendar year 2012 (Part V , lı	ne 2a) .			5	5
Ş	6 7	Total nu	mber of volunteers (estimate if	necessary)			[	6	
•	7a 1	Total un	related business revenue from	Part VIII, column (C), line 12			[	7a	169,630
	ь	Net unre	lated business taxable income	from Form 990-T, line 34 .			[	7b	
						Pr	ior Year		Current Year
_	8	Contri	butions and grants (Part VIII,	line 1 h)			2,553,6	93	2,304,794
를	9	Progra	am service revenue (Part VIII,	line 2g)		142,8	37	176,424	
Revenue	10	Invest	tment income (Part VIII, colum	ın (A), lınes 3, 4, and 7d) .		14,3	11	13,031	
立	11			), lines 5, 6d, 8c, 9c, 10c, and 1		159,74		44	170,624
	12			1 (must equal Part VIII, colum · · · · · · · · · ·			2,870,5	85	2,664,873
	13			t IX, column (A), lines 1–3).			374,6	-	338,197
	14	Benefi	ts paid to or for members (Part	IX, column (A), line 4)					0
46	15			vee benefits (Part IX, column (A	A), lines		200		222.222
₩ ₩		5-10)					289,3	57	238,888
Expenses	16a 			, column (A), line 11e)				+	0
页	b		ndraising expenses (Part IX, column (				2 1 2 2 6	26	1 005 004
	17			, lines 11a-11d, 11f-24e) .			2,132,6	_	1,885,094
	18			ust equal Part IX, column (A), l e 18 from line 12			2,796,6 73,9	-+	2,462,179
× 60	15	Keven	de less expenses Subtract line	:10 11011111111111111111111111111111111		+	ng of Curren	-	· · · · · · · · · · · · · · · · · · ·
net Assets (a Fend Balances							Year	_	End of Year
3.6	20		assets (Part X, line 16)				1,898,2	_	2,116,285
<u> </u>	21						150,7	-+	166,117
	22 1111		ssets or fund balances Subtrac	t line 21 from line 20			1,747,4	/4	1,950,168
				kamined this return, including a	ccomps	ing cabada	loc and stri	+o ~~ -	unto and to the heat of
ny k	nowled	dge and		mplete Declaration of preparer					
		****					2013-11-05		
Sign		Signa	ature of officer				Date		
ler	е		SANDBAKKEN Executive Director or print name and title						
		F	rınt/Type preparer's name	Preparer's signature	Da	te C	neck 🗸 ıf	PTIN	
Paid	b	5	Steven L Wonnenberg CPA			Se	elf-employed m's EIN		04255
	a pare		Firm's name ► STEVEN L WONNENBERG CPA						
	Onl		ırm's address ► PO BOX 7183			PI	none no (701)	223-	-4317
, <del></del>		٠,	BISMARCK, ND 5850	77183					

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

✓ Yes 厂No

Forn	n 990 (2012)				Page					
Pai		ent of Program Service . Schedule O contains a response	Accomplishments e to any question in this Part III .							
1	Briefly describe	the organization's mission								
obje	ctives are carried	out through the Association's I	poration organized to foster the deve nvolvement in the Market Access Pr and other domestic sunflower promoti	ogram, the Foreign Market De						
_	Did the care was	h. a da uha l. a a		sh ware wet leated as						
2	the prior Form 9		orogram services during the year which		┌ Yes ┌ No					
	If "Yes," describ	e these new services on Sched	ule O							
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?									
	If "Yes," describ	e these changes on Schedule C								
4	expenses Secti		complishments for each of its three la janizations are required to report the n program service reported							
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)					
	THE MARKET ACCI		ENT PROGRAM ARE USED TO PROMOTE THE U	JSE, DEVELOPMENT & MARKETING O	F SUNFLOWER					
	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)					
	CONFECTION PRO	GRAM PROMOTES THE USE, MARKETIN	NG & DEVELOPMENT OF CONFECTIONARY SUI	NFLOWER						
4c	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)					

) (Revenue \$

Other program services (Describe in Schedule O )

Total program service expenses ▶

including grants of \$

4d

(Expenses \$

Part IV (	Check	list of	Required	<b>Schedules</b>
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f colored}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. 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	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II"	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

rai	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   12		100	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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)?	4a		No
ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			NO
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	<b>7</b> c		
a	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.	ٿ		110
		9a		No
	Did the organization make any taxable distributions under section 4966?			No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		Νo
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		.,,

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax  19			
	year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee			
	or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
	more members of the governing body?	7a		Νo
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No No
Sa			ie Cod	
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R			e.)
	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod Yes	e.) <b>No</b>
10a	Did the organization have local chapters, branches, or affiliates?			e.)
10a	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu		e.) <b>No</b>
10a b	Did the organization have local chapters, branches, or affiliates?	evenu 10a		e.) <b>No</b>
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	e.) <b>No</b>
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes	e.) <b>No</b>
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	e.) No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	e.) No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes	No No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	No No No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes	No No No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes	No No No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No No No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No No No No No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization have a written bolicy or procedure requiring the organization arrangement with a taxable entity during the year?  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No No No No No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No No No No No No No

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
  - Own website Another's website Vpon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►JOHN SANDBAKKEN EXEC DIREC 2401 46TH AVE SE SUITE 206 MANDAN, ND (701) 328-5100

# Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

	(5)			/ ^ `				(5)	<b>/</b> E\	(5)
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot	not box h ar or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	-oimer	MISC)	MISC)	organization and related organizations
(1) CLARK COLEMAN	0 00	х						608	0	0
Director	0 00	_ ^						008	9	<u> </u>
(2) MIKE WILLIAMS	0 00	V						0	0	0
Director	0 00	X						١	U	U
(3) RON SEIDEL Director	0 00	х						1,012	0	0
(4) ART RIDL	0 00									
1ST Vice Pres		х		Х				1,148	0	0
(5) JEFF OBERHOLTZER	0 00									
		х						540	0	0
Director (6) BRAD BONHORST	0 00									
		х						405	0	0
Director (7) DEAN SONNENBERG	0 00									
		х						270	0	0
Director (8) TOM YOUNG	0 00									
		x		х				877	0	0
Chairman (9) BEN VIG	0 00									
	0 00	х						405	0	0
Director (10) BILL CUBERT	0 00									
(10) BILL GILBERT	0 00	х						0	0	0
Director (ALC) PATRICIA GTOLIZ	0 00									
(11) PATRICK STOLZ	0 00	×						0	0	0
Director	0 00									
(12) ARNOLD WOODBURY	0 00	×						1,080	0	0
Director	0 00							ŕ		
(13) MIKE ODEGAARD	0 00	×						0	0	0
Director	0 00							ŭ		
(14) GUY CHRISTENSEN	0 00	×		×				0	0	0
Sec/Treasurer	0 00			Ĺ				ľ	0	
(15) KARL ESPING	0 00	×		x				675	0	0
2nd Vice Pres	0 00							673	0	0
(16) KEVIN CAPISTRAN	0 00	V		v				3 305		
President	0 00	X		×				2,295	0	0
(17) JOHN SWANSON	0 00	,						600		
Director	0 00	X						608	0	0
				•	_		_			Form <b>990</b> (2012)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

								<u> </u>	(D)	_	<del></del>		
	<b>(A)</b> Name and Title	(B) Average	(B) (C) Average Position (do not check							<b>(E)</b> Reportable	<u> </u>	<b>(F</b> Estim	-
	Nume and Title	hours per					x, unle		Reportable compensation	compensati		amount	
		week (list					n offic		from the	from relate		compen	
		any hours for related		l a dı			rustee	$\dot{-}$	organızatıon (W- 2/1099-	organizatior (W- 2/1099		from organiz	
		organizations	Individual trustee or director	=	Office	Κ <sub>Θ</sub> ,	Highest compensated employee	Former	(W- 2/1099- MISC)	(W-2/1099 MISC)	_	and re	
		below	[울종]	Institutional Truste	ᅙ	Ē.	등등	∄	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		organız	
		dotted line)	[중호	∄		emplo) ee	la A	*					
			= =	<u> </u>		Ş	Ϊŝ						
				∄		ŏ	<u>교</u>						
			<u>α</u> ,	<u>0</u>			ਲ   B						
				σ.			<u> </u>						
(18)	DON SCHOMMER	0 00	<b>1</b>								寸		
Direct	or	0 00	X						810		0		0
	SCOTT NELSON	0 00									$\dashv$		
Direct	or	0 00	X						0		0		0
	LEON ZIMBELMAN	0 00									一		
. ,			X						0		0		0
Direct	STEVE ARNHALT	0 00				+					$\dashv$		
			x						0		0		0
Direct	or JOHN SANDBAKKEN	0 00 40 00			-	+		$\vdash$			$\dashv$		
		X     91,782			0		11,238						
Execu	itive Dir	0 00		-	-	-					$\dashv$		
						╁	-	$\vdash$			$\dashv$		
											一		
					_	_					$\dashv$		
											ヿ		
				1		╁	-	$\vdash$			$\dashv$		
1b	Sub-Total			•	•		<b>►</b>						
C	Total from continuation sheets to Pa	rt VII, Section A					►						
d	Total (add lines 1b and 1c)						▶		102,515				11,238
2	Total number of individuals (including	but not limited to	those	liste	ed a	bov	e) who	rece	eived more than				
	\$100,000 of reportable compensatio	n from the organi:	zatıon	<b>-</b> 0									
										г		Yes	No
3	Did the organization list any <b>former</b> of on line 1a? <i>If</i> "Yes," complete Schedule								hest compensate	d employee			
											3		N o
4	For any individual listed on line 1a, is									om the			
	organization and related organization:	greater than \$1	50,00		re:	s, c	ompie	te Sc	neaule I tor such		4		NI a
_			-		•	·	٠,						N o
5	Did any person listed on line 1a receiver services rendered to the organization					•			•	naiviauai for	_		
	services remacrea to the organization	i, res, compre			, 0,	240	.,, pc, c	, , ,		r	5		No
	ection B. Independent Contrac	tore											
1	Complete this table for your five high		ındene	nder	nt co	ntra	actors	that	received more th	nan \$100 000	of		
-	compensation from the organization	•										tax year	
		(A)								(B)		(C	
DDOM		business address	CTANDLI	LECCI	2LOK	LADI	TU2414	10		on of services	$\dashv$	Comper	
	EDIA PUBLIC RELATIONS EGS BLOKLARI B3 BLO HUM SA LUCHANA 23-4MADRIDSP28010	IN NATICE LEGITION I	JI ANBU	LEGS I	)LUK	LAKI	103414	17	SUNFLOWER PR		+		156,320 548,855
	INGER 200 WELLINGTON STREET WEST STE 60	OTORONTOONTARIO	CAM5V 3	C7					SUNFLOWER PR		$\dashv$		131,216
	O MAP INSURGENTES SUR 1810MEXICO DFMX								SUNFLOWER PR		コ		256,042
	PROMOTIONS INTERNATIONAL LLC 10205 OAS								SUNFLOWER PR		$\dashv$		114,714
	Total number of independent contracto \$100,000 of compensation from the oi		not iim	ited t	.o tr	iose	iste	apo	ve) who received	more than			

Form 99								Page <b>9</b>
Part V	/++1	Statement o Check if Schedu	<b>f Revenue</b> ule O contains a respon	se to any question i	n this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
α£	1a	Federated camp	paigns 1a					
Gifts, Grants ilar Amounts	b	Membership du	es <b>1b</b>					
ية ق	c	Fundraising eve	ents <b>1c</b>					
ffs, F. A	d	Related organiz	ations 1d					
છ્∺	e	Government grants		2,007,239				
Sir	f			297,555				
iğ iğ	"	similar amounts no	ons, gifts, grants, and <b>1f</b> it included above					
를등	g	Noncash contribution 1a-1f \$	ons included in lines					
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add lines	s 1a-1f	🛌	2,304,794			
				Business Code				
inua	2a	SNP PROGRAM			34,668	34,668		
E.	b	Membership Dues	& Assessments		38,735	38,735		
Program Serwce Revenue	c	MEETINGS & SEMI	NARS		95,211	95,211		
	d	MAGAZINE SUBS/LI	STS		7,810	7,810		
Ē	е							
ୁପ୍ତ	f	All other progra	m service revenue					
Š	g	Total. Add lines	32a-2f		176,424			
	3		ome (ıncludıng dıvıdend		13,013			13,013
	4		ar amounts) tment of tax-exempt bond p	<u> </u>	0			,
	5				0			
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental incor	me or (loss)		0			
		Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of assets other		150				
		than inventory						
	Ь	Less cost or other basis and		132				
	c	sales expenses Gaın or (loss)		18				
	d	Net gain or (los	s)		18	18		
41	8a	Gross income f						
Other Revenue		events (not inc						
e A		of contributions See Part IV, lin	reported on line 1c)					
Ţ.		300 T 410 TV , IIII	a					
the	ь	Less direct ex	penses b					
0	С		loss) from fundraising e	events 🛌	0			
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19					
			a					
	ь		penses <b>b</b>					
	C		loss) from gaming activ	/ities≱⊷	0			
	10a	Gross sales of returns and allo						
			a					
			oods sold <b>b</b>					
	<b>├</b> -	Net income or (	loss) from sales of inve	Business Code	0			
	11a	MISCELLANEC		Dasmess code	50	50		
	ь	DIRECTORY S			944	944		
	С	ADVERTISING		541800	169,630		169,630	
	d	All other revenu						
	e	Total. Add lines	s 11a-11d		170,624			
	12	Total revenue.	See Instructions		2,664,873	177,436	169,630	13,013

	Statement of Functional Expenses				
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns All		·		
	Check if Schedule O contains a response to any question in this Pa	rt IX T			· · · · · · · · · · · · · · · · · · ·
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	338,197			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	118,276			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	87,323			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,497			
9	Other employee benefits	14,914			
.0	Payroll taxes	13,878			
.1	Fees for services (non-employees)				
а	Management	0			
b	Legal	3,362			
C	Accounting	2,560			
d	Lobbying	75,600			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
2	Advertising and promotion	0			
	Office expenses	4,951			
4	Information technology	1,208			
5	Royalties	0			
6	Occupancy	34,101			
7	Travel	53,061			
8	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
9	Conferences, conventions, and meetings	48,719			
0	Interest	0			
1	Payments to affiliates	0			
2	Depreciation, depletion, and amortization	6,913			
3	Insurance	4,183			
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	CONSULTANTS	52,603			
b	Printing and Publications	115,289			
c	FOREIGN MARKET DEVELOPMENT	172,950			
d	MARKET ACCESS PROGRAM	1,197,999			
e	All other expenses	111,595			
:5	Total functional expenses. Add lines 1 through 24e	2,462,179	0	0	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	ιχ	Check if Schedule O contains a response to any question in this F	art X							
					(A) Beginning of year		(B) End of year			
	1	Cash—non-interest-bearing			862,438		766,723			
	2	Savings and temporary cash investments			794,000		995,000			
	3	Pledges and grants receivable, net			197,833		298,422			
	4				27,254	_	34,958			
	-	Accounts receivable, net				4	34,936			
	5	Loans and other receivables from current and former officers, dir employees, and highest compensated employees Complete Part Schedule L	: II of			5	0			
Assets	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and co	Loans and other receivables from other disqualified persons (as defined under set $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employed and sponsoring organizations of section $501(c)(9)$ voluntary employees' benefic organizations (see instructions) Complete Part II of Schedule L							
8	,	Notes and loans receivable, net				6 7	0			
AS	7					8	0			
	8	Inventories for sale or use			3,239					
	9	Prepaid expenses and deferred charges		 I	3,239	9	3,236			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	91,514						
	b	Less accumulated depreciation	10b		13,452	10c	17,946			
	11	Investments—publicly traded securities				11	0			
	12	Investments—other securities See Part IV, line 11				12	0			
	13	Investments—program-related See Part IV, line 11			13	0				
	14	Intangible assets			14	0				
	15	Other assets See Part IV, line 11			15	0				
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,898,216	16	2,116,285			
	17	Accounts payable and accrued expenses			137,009	17	151,413			
	18	Grants payable				18				
	19	Deferred revenue			1,189	19	1,091			
	20	Tax-exempt bond liabilities		•		20				
φ.	21	Escrow or custodial account liability Complete Part IV of Sched	ule D			21				
Liabilitie	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualifie		tees,						
ap		persons Complete Part II of Schedule L				22				
$\exists$	23	Secured mortgages and notes payable to unrelated third parties				23				
	24	Unsecured notes and loans payable to unrelated third parties				24				
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part								
		D			12,544	25	13,613			
	26	Total liabilities. Add lines 17 through 25			150,742	26	166,117			
s es		Organizations that follow SFAS 117 (ASC 958), check here ► ↓ lines 27 through 29, and lines 33 and 34.	and c	omplete						
ä	27	Unrestricted net assets			1,446,688	27	1,649,097			
_ B	28	Temporarily restricted net assets		•	300,786	28	301,071			
<u>=</u>	29	Permanently restricted net assets		•		29				
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check her	e► ┌	and						
ō	30	complete lines 30 through 34.				30				
Assets		Capital stock or trust principal, or current funds				31				
Š	31	Paid-in or capital surplus, or land, building or equipment fund								
Α 4	32	Retained earnings, endowment, accumulated income, or other fur			1 747 474	32	1.050.460			
Net	33	Total net assets or fund balances			1,747,474	33	1,950,168			
	34	Total liabilities and net assets/fund balances			1,898,216	34	2,116,285			

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,6	564,873
2	Total expenses (must equal Part IX, column (A), line 25)	2		2.4	162,179
3	Revenue less expenses Subtract line 2 from line 1	3			202,694
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
_	Not unrealized mains (lance) on investments	4		1,7	747,474
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)	8			
,	Ctief changes in het assets of faile barances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,9	950,168
Par	t XII Financial Statements and Reporting	<u> </u>			
	Check if Schedule O contains a response to any question in this Part XII				. $\sqsubset$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	า			
3 <b>a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits explain why in Schedule O and describe any steps taken to undergo such audits.	equired	3b	Yes	

DLN: 93493309014273

#### OMB No 1545-0047

**SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

Inspection

Internal Revenue Service

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

► See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** NATIONAL SUNFLOWER ASSOCIATION 45-0362201 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l <b>.</b> )		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	0,000				
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000					
	Over \$17,000,000 \$1,000,000					
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ЮТ			1 0	ige <b>e</b>
	•	(a	1)		(b)	
activ	rach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying rity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c)	(5), o	rse	ectio	า
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		<u>_</u>	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		Νo
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		Νo
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I line 3, is answered "Yes."				t III-	Α,
1	Dues, assessments and similar amounts from members	1			241	L,97
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a			83	3,41
b	Carryover from last year	2b				
C	Total	2c				41,8
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			83	41,4
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Tayable amount of lobbying and political expenditures (see instructions)	5				

#### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

art II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Reference Explanation

DLN: 93493309014273

OMB No 1545-0047

Inspection

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** NATIONAL SUNFLOWER ASSOCIATION 45-0362201 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year 🟲 Number of states where property subject to conservation easement is located ▶\_\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and

#### Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

the organization's accounting for conservation easements

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- Revenues included in Form 990, Part VIII, line 1

D	Assets	ıncluded	ın Form	990,	Part X
---	--------	----------	---------	------	--------

Part	<b>111</b> Organizations Maintaining Co	<u>llections of Art</u>	<u>, His</u>	tori	<u>cal Tr</u>	<u>'easur</u>	es, or O	the	<u>r Similar Ass</u>	ets (co	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other recor	ds, ch	neck	any of t	he follo	wing that a	re a	significant use o	of its	
а	Public exhibition		d	Γ	Loan	or exch	ange progr	ams			
b	Scholarly research		e	Γ	Other	=					
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	w the	y furthe	r the or	ganızatıon	's ex	empt purpose ın		
5	During the year, did the organization solicit of	or receive donations	ofar	t, hıs	torıcal	treasur	es or other	sım	ılar		
	assets to be sold to raise funds rather than t								·	Yes	∏ No
Par	Part IV, line 9, or reported an an						answered	1 "Y	es" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	dıary	forc	ontribu	tions or	other ass	ets r		Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving t	:able		_				
							F		Amo	ount	
С	Beginning balance						<u> </u>	1c			
d	Additions during the year						<u> </u>	1d			
е	Distributions during the year						<b>—</b>	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?						Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has l	oeen pro	ovided in P	art X	(III		Γ
Pa	rt V Endowment Funds. Complete										
		(a)Current year	(b)	<b>)</b> Prior	year	<b>b (c)</b> Tw	o years back	(d) <sup>1</sup>	Three years back (	<b>e)</b> Four y	ears back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curi	ent year end baland	e (lın	ie 1g	, colum	n (a)) h	eld as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ►										
С	Temporarily restricted endowment ►										
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	that	are held	d and ad	lmınıstered	l for	the		
	organization by								[ ]- (i)	Yes	No
	(i) unrelated organizations							•	3a(i)		<del>                                     </del>
ь	(ii) related organizations							٠. ٠	3b	<u>'  </u>	<u> </u>
4	Describe in Part XIII the intended uses of th					•		•			
Par	t VI Land, Buildings, and Equipme					LO.					
	Description of property		·		a) Cost onsider		(b)Cost or obasis (oth		(c) Accumulated depreciation	(d) B	ook value
	Land			$\top$							
	Buildings		•								
	Leasehold improvements										
	Equipment										
е	Other						91	,514	73,56	8	17,946
	I. Add lines 1a through 1e <i>(Column (d) must e</i>			ımn (	B), line	10(c).)					17,946

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value	(c) Method of v	
(including name of security)		Cost or end-of-year	market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		12	
Part VIII Investments—Program Related. Set  (a) Description of investment type	(b) Book value	(c) Method of v	aluation
(a) Description of investment type	(b) book value	Cost or end-of-year	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, III			b) Dealerralus
(a) Descri	JUIOII		<b>b)</b> Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5.)		
Part X Other Liabilities. See Form 990, Part X	(, line 25.		
1 (a) Description of liability	(b) Book value		
Federal income taxes			
ACCRUED VACATION LEAVE	13,613		
	<u>.</u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	13,613		

A mounts included on line 1 but not on Form 990, Part VIII, line 12  a Net unrealized gains on investments	Feir	Reconciliation of Revenue per Audited Financial Statements with Revenue	регк	.eturn
A Net unrealized gains on investments	1	Total revenue, gains, and other support per audited financial statements	1	2,664,873
b Donated services and use of facilities	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
c       Recoveries of prior year grants       2c       4	а	Net unrealized gains on investments 2a		
d Other (Describe in Part XIII )	b	Donated services and use of facilities	1	
Add lines 2a through 2d	c	Recoveries of prior year grants	1	
3	d	Other (Describe in Part XIII )	1	
Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b . 4a b Other (Describe in Part XIII )	е	Add lines <b>2a</b> through <b>2d</b>	2e	
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a   4b   4b   4b   4c   4c   4c   4c   4c	3	Subtract line <b>2e</b> from line <b>1</b>	3	2,664,873
b Other (Describe in Part XIII )	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	b	Other (Describe in Part XIII )	1	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  1 Total expenses and losses per audited financial statements	С	Add lines <b>4a</b> and <b>4b</b>	4c	
1 Total expenses and losses per audited financial statements	5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	2,664,873
A mounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities	Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return
Donated services and use of facilities	1	Total expenses and losses per audited financial statements	1	2,462,179
b Prior year adjustments	2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
c Other losses	а	Donated services and use of facilities		
d Other (Describe in Part XIII )	b	Prior year adjustments		
e       Add lines 2a through 2d         2e         3       Subtract line 2e from line 1         3       2,46         4       A mounts included on Form 990, Part IX, line 25, but not on line 1:               a       Investment expenses not included on Form 990, Part VIII, line 7b	С	Other losses		
3 Subtract line 2e from line 1	d	Other (Describe in Part XIII )		
A mounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b 4a  b Other (Describe in Part XIII)	е	Add lines <b>2a</b> through <b>2d</b>	2e	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a  b Other (Describe in Part XIII )	3	Subtract line <b>2e</b> from line <b>1</b>	3	2,462,179
b Other (Describe in Part XIII )	4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
c Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	b	Other (Describe in Part XIII )		
Part XIII Supplemental Information	С	Add lines <b>4a</b> and <b>4b</b>	4c	
	5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 )	5	2,462,179
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,	Part	t XIII Supplemental Information		
	Com	uplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	art IV	, lines 1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

**SCHEDULE F** 

Department of the Treasury

(Form 990)

DLN: 93493309014273

OMB No 1545-0047

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public

ntema	al Revenue Service					Inspection
	ne of the organization	TION			Employer ident	ification number
IΑΤ	IONAL SUNFLOWER ASSOCIA	IION			45-0362201	
Pa	General Information "Yes" to Form 990, P	on on Activiti art IV, line 14b	es Outside t	<b>he United States.</b> C	omplete if the organiz	ation answered
1	For grantmakers. Does the			is to substantiate the	amount of the grants (	or
	assistance, the grantees' e					
	the grants or assistance? .					┌ Yes ┌ No
2	<b>For grantmakers.</b> Describe the United States.	ın Part V the oı	rganızatıon's p	rocedures for monitor	ing the use of grant fu	nds outside
3	Activites per Region (The follo	owing Part I, line	3 table can be d	uplicated if additional sp	ace is needed )	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in region
	EUROPE	0		PROMOTION OF	PROMOTION IN TURKEY	153,651
	NORTH AMERICA	0	0	SUNFLOWER	PROMOTION OF SUNFLOWER IN MEXICO	525,086
	EUROPE	0	0		PROMOTION OF SUNFLOWER IN SPAIN	536,429
	NORTH AMERICA	0	0	SUNFLOWER	PROMOTION OF SUNFLOWER IN CANADA	136,633

3a Sub-total

to Part I

**b** Total from continuation sheets

c Totals (add lines 3a and 3b)

1,351,799

1,351,799

<b>art II Grants</b> Part IV	s and Other Ass ', line 15, for any	sistance to Orgar recipient who rece	<b>lizations or Entiti</b> lived more than \$5,	es Outside the Ur 000. Part II can be	nited States. Comp duplicated if addition	olete if the organiza onal space is needed	tion answered "Yes <sup>.</sup> J.	" to Form 990,
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othe
Enter total n tax-exempt	umber of recipie by the IRS, or fo	nt organizations list or which the grantee	ted above that are see or counsel has pro	recognized as chari ovided a section 50:	ties by the foreign c 1(c)(3) equivalency	ountry, recognized letter •	as 	
Enter total n	umber of other o	organizations or en	tities		<u>.</u> .			

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							appraisal, other)

#### Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	⊽	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	<u> </u>	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	<u> ~</u>	Νo

Schedule F (Form 990) 2012

Part V	Supplementa	al Information
Part v	Supplementa	ai intormatio

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation

Schedule I (Form 990)

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

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

► Attach to Form 990

OMB No 1545-0047

2012

DLN: 93493309014273

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization
NATIONAL SUNFLOWER ASSOCIATION

Employer identification number

45-0362201

Part I General Inform	nation on Grants	and Assistance					
<ul><li>Does the organization main the selection criteria used</li><li>Describe in Part IV the or</li></ul>	d to award the grants	orassistance?					✓ Yes ✓
Part II Grants and Oth Form 990, Part I	ner Assistance to V, line 21, for any	o Governments and received	Organizations in ed more than \$5,000	the United States D. Part II can be du	s. Complete if the or plicated if additional	ganization answere space is needed.	d "Yes" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	<b>(e)</b> A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) USDAARS BUILDING D SUITE 310 FORT COLLINS,CO 80526	72-0564834		58,039	0			MILDEW
(2) TEXAS AGRILIFE EXTENSION SERV 2147 TAMU COLLEGE STATION, TX 77843	74-6000537		5,600	0			PHOMOPSIS
(3) SOUTH DAKOTA STATE UNIVERSITY BOX 2201 ADMIN 103 BROOKINGS,SD 57007	46-6000364		20,500	0			ROW RESEARCH, SALT TOLLERANCE
(4) NORTH DAKOTA STATE UNIVERSITY DEPT 3130 PO BOX 6050 FARGO,ND 58108	45-6002439		193,587	0			SUNFLOWER CROP SURVEY, RUST/DISEASE
(5) KANSAS STATE UNIVERSITY ANDERSON HALL ROOM 10 MANHATTAN,KS 66506	48-0771751		23,216	0			LIMITED IRRIGATION OF SUNFLOWER
(6) GOLDEN PLAINS INC 40335 COUNTY ROAD GG AKRON,CO 80720	74-2316488		7,500	0			NITROGEN MANAGEMENT IN SUNFLOWER
(7) COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY FORT COLLINGS, CO 80523	84-6000545		19,186				DRYLAND CROP ROTATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

<b>(a)</b> ⊤y∣	pe of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Part IV	Supplemental Informa	ition.	1	1	1	

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information									
Identifier	Return Reference	Explanation							
Additional Supplemental Information		The National Sunflower Association (NSA) provides grants to public researchers to stimulate new or additional work that may result in lower production costs, increased quality and higher yields. The list below specifies areas of interest' outlined by the NSA research committee. This is not an exclusive list and all production areas of research will be considered by the committee. All applications will be reviewed by the NSA research committee in middle January and the NSA board of directors will make final funding decisions in late February or early March. Research Areas of Interest. (These are not listed in order of priority) Production Issues 1 Irrigation timing and other issues related to irrigation of sunflower with emphasis on limited irrigation 2 Blackbirds. Innovative and new approaches to reduce damage 3 Factors related to achieving an adequate plant stand. This could include planter calibration and other planter issues, seeding depth, soil temperature/moisture, seedling vigor, seed biology, insects/diseases and other 4 Rotation studies with other crops before or after sunflower looking at a broad range of aspects from yield, soil water use, disease and insect interactions, nitrogen utilization and more Preference for farmer field studies 5 Fungicide application for control of diseases and enhance yield. Issues of timing and tank mixing with insecticides/herbicides are of interest. There is a strong preference for using labeled fungicides and the efficacy of adjuvants. Preference for the control of Phomopsis 6. Double cropping sunflower after winter wheat 7 Fertility management for irrigated sunflowers. Studies relating to timing and quantity of nitrogen applications for fertigation of irrigated sunflowers. Studies relating to timing and quantity of nitrogen applications for fertigation of irrigated sunflowers. Studies relating to timing and quantity of nitrogen applications for fertigation of irrigated sunflowers. Studies relating to minimal and desiccants. Insects 1 Long-Horned Beetle (Dectes). Intere							

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SCHEDULE O

As Filed Data -

DLN: 93493309014273

OMB No 1545-0047

Open to Public Inspection

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Name of the organization NATIONAL SUNFLOWER ASSOCIATION

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

45-0362201

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	AVAILABLE TO PUBLIC UPON REQUEST
Form 990, Part VI, Line 11b	Form 990, Part VI, Line 11b Form 990 Review Process	A DRAFT COPY OF THE FORM 990 IS SENT TO EACH BOARD MEMBER FOR THEIR REVIEW & INPUT
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 DOMESTIC OIL PROGRAM PROMOTES THE USE, MARKETING & DEVELOPMENT OF OIL SUNFLOWER OTHER PROGRAM SERVICES 5 HIGH PLAINS ACTIVITIES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493309014273

2012

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

45-0362201

# **SCHEDULE R** (Form 990)

**Related Organizations and Unrelated Partnerships** ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL SUNFLOWER ASSOCIATION

► Attach to Form 990. ► See separate instructions.

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (If applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	Dı	<b>(f)</b> rect controlling entity		
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	ations (Complete If e tax year.)	the organization a	nswered "Yes'	' to Form 990, F	Part IV,	line 34 because it	: had or	ne
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code se	ction (e) Public charity (if section 50	r status 1(c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co	ontrolle tity?
	FUNDRAISING FOR LOBBYING	ND	527			N/A	Yes	No No
MANDAN, ND 585544829 45-0462303						N/A		
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		 Cat No 5013		ı		Schedule R (Form	n 990) 2	 2012

(a) Name, address, and EIN o related organization	f	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	the organi the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domıcıle (state or foreign country)		( <b>d)</b> Direct controlli entity	(e) Type of entro (C corp, S corp, or trust)		otal Share e of	(g) e of end- year ssets		<b>(h)</b> ercentage wnership	Section (b) conti	(13)	
		,,			,						Yes		No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No				
<b>1</b> Du	ring the tax year, did the orgranization engage in any of the following transactions with one or more rela	ated organizations li	sted in Parts II-IV?								
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No				
b	Gift, grant, or capital contribution to related organization(s)				1b		No				
C	Gift, grant, or capital contribution from related organization(s)				1c		No				
d											
e Loans or loan guarantees by related organization(s)											
	Dividends from related organization(s)				1f		No				
g	Sale of assets to related organization(s)				1g		No				
h	Purchase of assets from related organization(s)				1h		No_				
i	xchange of assets with related organization(s)				1i		No_				
j	ease of facilities, equipment, or other assets to related organization(s)				1j		No				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k 1l		No				
I	l Performance of services or membership or fundraising solicitations for related organization(s)										
m	m Performance of services or membership or fundraising solicitations by related organization(s)										
n S	haring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No				
0	Sharing of paid employees with related organization(s)				10		No				
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No				
q	Reimbursement paid by related organization(s) for expenses				1q		No				
r	Other transfer of cash or property to related organization(s)				1r		No				
s	Other transfer of cash or property from related organization(s)				1s		No				
2	f the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including co	overed relationships	and transaction thresholds							
	(a)	(b)	(c)	(d)							
	Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amo	ount in	ivolved					

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				`	,		_	
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Additional Data Return to Form

**Software ID:** 12000229

**Software Version:** 2012v2.0

**EIN:** 45-0362201

Name: NATIONAL SUNFLOWER ASSOCIATION

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