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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)

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

Open to Public Inspection

OMB No 1545-0047

<u>A I</u>	or th	e 2012 calendar year, or tax year beginning $$ OCT $$ 1 $$ 2 $$ 0 $$ 1 $$ and	ending (SEP 30, 2013							
В	Check if applicab	C Name of organization		D Employer identific	cation number						
	Addre	ss South Dakota Crop Improvment associat	ION								
	Name chang			46-6	014972						
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number							
	Termi		136	•	688-4606						
	Amen	ded Church and TD and		G Gross receipts \$	1,307,495.						
	Applie	H(a) Is this a group re									
	pendi	F Name and address of principal officer NEAL FOSTER	·	for affiliates?	Yes X No						
	SAME AS C ABOVE H(b) Are all affiliates included? Yes No										
1	Tax-exempt status 501(c)(3) X 501(c) (5) (Insert no.) 4947(a)(1) or 527 If "No," attach a list (see instructions)										
J \	J Website: ► WWW.SDSTATE.EDU/PS/SDCIA H(c) Group exemption number ►										
K F	orm o	organization; X Corporation Trust Association Other	L Year	of formation: 1925 N	State of legal domicile: SD						
Pa	art I	Summary									
Ð	1	Briefly describe the organization's mission or most significant activities SEE	SCHEDU	JLE O							
Activities & Governance	İ										
ř	2	Check this box if the organization discontinued its operations or dispo	sed of more	e than 25% of its net as	sets						
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	11						
න න	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10						
es	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0						
<u>₹</u>	6	Total number of volunteers (estimate if necessary)		6	0						
Š.	l	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.						
• •	b	Net unrelated business taxable income from Form 990-T, line 34	1	7b	0.						
y- (Contributions and grants (Part VIII, line 1h)	d -	Prior Year	Current Year						
	8	The state of the s	[0]	0.	0.						
ĕ-	9	Program service revenue (Part VIII, line 2g)	?! _	396,498.	281,918.						
Rev	10	investment income (Part VIII, column (A), lines 3, (Cand Ad)	328,830.	73,740.							
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	649,945.	648,187.							
Expenses CANINE [Revenue]	12	Total revenue - add lines 8 through 11 (must equal Part @l.Column (A), line 12)		1,375,273.	1,003,845.						
Z	13	Grants and similar amounts paid (Part IX, column (A), lines 1:3)		101,246.	554,064.						
$\ddot{\circ}$	14	Benefits paid to or for members (Part IX, column (A), line 4)	_	0.	0.						
S)	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		108,794.	113,199.						
eus	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>,</u>	0.	0.						
Ϋ́	Ь	Total fundraising expenses (Part IX, column (D), line 25)	0.	027 006	665 140						
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		837,906.	667,142.						
	l	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	1,047,946.	1,334,405.						
<u>_ v</u>	19	Revenue less expenses Subtract line 18 from line 12		327,327.							
ts o		7.1. (0.1)	В	eginning of Current Year	End of Year						
Sala	20	Total assets (Part X, line 16)		3,507,305.	3,395,595.						
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		1,406,585. 2,100,720.	1,496,294.						
	22 art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		2,100,720	1,899,301.						
		lities of perjury, I declare that I have examined this return, including accompanying schedule	ac and states	nonte and to the best of m	v knowledge and belief it is						
		it, and complete. Declaration of a reparer other than officer) is based on all information of w			y kilowieuge aliu bellet, it is						
u u c	COITCE	I, and complete begalation propagation of w	men prepare	i nas any knowicage.							
Sia	_	Signature of officer		Date							
Sig:		NEAL FOSTER, EXECUTIVE DIRECTOR									
1101	•	Type or print name and title									
		Print/Type preparer's name Proparer's sympature		Date Check	PTIN						
Paid	ı	C. L. TELK, JR., CPA	4-	IL-16 73 If self-employ							
Prep		Firm's name GARDINER THOMSEN	<u> </u>	Firm's EIN	42-1186197						
Use Only Firm's address 10555 NEW YORK AVENUE, SUITE 200											
		DES MOINES, IA 50322	-	Phone no. 5	15-270-1446						
May	the I	RS discuss this return with the preparer shown above? (see instructions)	-	1	X Yes No						
	01 12-		ions.	· · · · · · · · · · · · · · · · · · ·	Form 990 (2012)						
		•									

	990 (2012) SOUTH DAKOTA CROP IMPROVMENT ASSOCIATION 46-6014972 Page 2 t III Statement of Program Service Accomplishments
ı aı	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
•	THE MISSION OF THE ASSOCIATION IS TO BE THE EFFECTIVE VOICE OF ACTION
	IN ALL ASPECTS OF PRODUCING AND MARKETING AGRICULTURAL CROPS,
	INCLUDING THE PROMOTION OF AGRICULTURAL RESEARCH AND EDUCATION OF
	MEMBERS WITH AN ULTIMATE MOTIVE TO FOSTER A MORE STABLE AGRICULTURE
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 1,334,405. Including grants of \$ 554,064.) (Revenue \$)
	SEED CERTIFICATION IS A PRIMARY FUNCTION OF THE ASSOCIATION. THE ASSOCIATION INSPECTS SEED PRODUCERS' FIELDS AND SEED PROCESSORS'
	ASSOCIATION INSPECTS SEED PRODUCERS' FIELDS AND SEED PROCESSORS' FACILITIES TO ENSURE THAT CERTIFIED SEED IS GROWN AND HANDLED PROPERLY.
	THE ASSOCIATION COLLECTS SALES FEES AND ROYALTIES WHEN CERTIFIED SEED
	IS SOLD IN THE STATE OF SOUTH DAKOTA. THE ASSOCIATION ALSO COLLECTS
	FROM AND REMITS THESE FEES AND ROYALTIES TO SIMILAR ORGANIZATIONS IN
	NEIGHBORING STATES TO SOUTH DAKOTA.
	110100100111100011100111
4b	(Code) (Expenses \$) (Revenue \$)
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O)
40	(Expenses \$ Including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,334,405.
	Form 990 (2012)

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			v
_	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	1 2		$\frac{\mathbf{x}}{\mathbf{x}}$
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		
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		X
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		X
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		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
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	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		İ	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
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	X	
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		<u> </u>
С	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1 11		
ıza	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
Ü	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	many and the state of the the test of the	14a		X X X
	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		X
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		X
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		_X_
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	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	Į		1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		İ	\ _
	complete Schedule G, Part III .	19	 	<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	_20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>

United States on Part IX, column (A), Ina 17 if "res," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), Ine 27 if "res," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, Ine 9.4, or 5 about compensation of the organization's current and former officers, directors, trustess, key employees, and highest compensated employees? If "res," complete Schedule I and the organization in answer Type to the 28 Schedule I and the organization in an analysis of the 28 Schedule I and the organization in an analysis of the 28 Schedule I I will be organization in an analysis of the 28 Schedule I I will be organization in an analysis of the 28 Schedule I I will be organization in an analysis of the 28 Schedule I I will be organization in an excess organization in an analysis of the 38 Section 50 (IGS) and 50 (IGQ) and 50 (IGQ) and 50 (IGQ) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "res," complete Schedule I, Part I I be the organization and that the transaction has not been reported on any of the organization with a disqualified person during the year? If "res," complete Schedule I, Part II will be the organization or the organization with a disqualified person during the year of the organization is any of the organization will be organization with a disqualified person during the year of the organization and any of the organization will be organization with a disqualified person during the year of the organization has not been reported on any of the organization will be organization will be organization will be organization to any of the organization is any organization and the organization has not been reported on any of the organization will be organization is any organization to the organization is any organization to the organization is any organization is any organization				Yes	No_
22 bd the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2º II 'Yes, "complete Schedule I, Part I and III bd 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," "organization answer "Yes" to Part VII. Section A. line 3, 4, or 5 about compensation of 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", po to line 25 44a	21				
column (A), line 27 if "Yes," complete Schedule I, Parts I and III 2		• • • • • • • • • • • • • • • • • • • •	21	X	
23 Did the organization answer "Yes" to Part VII, Section A, Ine 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? // "Yes," complete Schedule J V V V V V V V V V V V V V V V V V V	22			37	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 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 I, "I Mo", go to him 25 S Debutle K. If "No", go to him 25 S Debutle K. If "No", go to him 25 S Debutle K. If "No", go to him 25 S Debutle K. If "No", go to him 25 S Debutle K. If "No", go to him 25 S Debutle K. If "No", go to him 25 S Debutle K. If "No", go to him 25 S Debutle K. If "No", go to him 25 S Debutle K. If "No", go to him 25 S Debutle K. If "No", go to him 25 S Debutle K. If "No", go to him 25 S Debutle K. If "No", go to him 25 Debutle K. If "N			22	X	
Schedule J. A 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 \$1,2002° if "Yes," answer lines \$240 through 24d and complete Schedule K. If No." yo to line 25 Did the organization missua proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds. Did the organization amount are as an "on behalf of" issuer for bonds outstanding at any time during the year of defease any tax-exempt bonds. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? defease any tax-exempt bonds. Did the organization avare that it engaged in an excess benefit transaction with a disqualified person unit and prevail if Yes, "complete Schedule L, Part I" Is the organization aware that it engaged in an excess benefit transaction with a disqualified person unit and prevail if Yes, "complete Schedule L, Part I" Was a loan to or big a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person on a 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 II V instructions for applicable thing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV V. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV V. A family member of a current or former officer, director, trustee, or key empl	23				
24a Dut 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 b Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? 24b Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? 25c Dd the organization invest any proceeds of tax-exempt bonds eye on a temporary peniod exception? 25d Dd the organization and act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 25d Section 501(c)(a) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II b is the organization aware that te negaged an 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 II b Is the organization aparet that engaged an 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 II Did the organization apart that engaged an an excess to exempt the prior of the organization parties (see Schedule L, Part III Did the organization or party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, fursitee, or key employee? If "Yes," complete Schedule L, Part IV instructions or former officer, director, fursitee, or key employee? If "Yes," complete Schedule L, Part IV instructions, or former officer, director, fursitee, or key employee?				v	
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 b Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c b Did the organization acit as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 25d d Did the organization acit as an "on behalf of" issuer for bonds outstanding at any time during the year? 26d d Did the organization acit as an "on behalf of" issuer for bonds outstanding at any time during the year? 26d d Did the organization acit as an "on behalf of" issuer for bonds outstanding at any time during the year? 26d d Did the organization acit as an "on behalf of" issuer for bonds outstanding at any time during the year? 26d d Did the organization acit as an "on behalf of" issuer for bonds outstanding as any time during the year? 26d d Did the organization acit as an "on behalf of" issuer for bonds outstanding as any time during the year? 26d d Did the organization with a containing at any time during the year? 26d d Did the organization acit as an "on behalf of" issuer for bonds outstanding as any time during the year? 26d d Did the organization part of the year? 26d d Did the organization part year? 26d d Did the organization part year? 26d d Did the organization part year? 26d d Did the organization part year? 26d d Did the organization part year? 26d d Did the organization part year? 26d d Did the organization part year? 26d d Did the organization part year? 26d d Did the organization part year? 26d d Did the organization part year? 26d d Did the organization part year? 26d d Did the organization part year. 26d d Did the organization part year. 26d d Did the organization part year. 26d d Did the organization part year. 26d d Did the organization part year. 26d d Did the organization part year. 26d d Did the organization part year. 27d	04.	•	23		
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If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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, Iine 2 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, Iine 2 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 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	31	•			
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Note. All Form 990 filers are required to complete Schedule O	20		31	-	A
	J		38	x	
		100017 m. 7 S 555 mote and logarina to complete contents of			(2012)

14a

14b

Х

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2012) SOUTH DAKOTA CROP IMPROVMENT ASSOCIATION 46-6014972 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 11							
	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 0.	`		`				
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10	_						
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		X				
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?							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6	X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a	X					
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		<u> </u>				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		-					
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b_	X					
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		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			ļ				
		·	Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b						
	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?	11a	X	<u> </u>				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	10-		X				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a						
	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	12b_						
С	In Schedule O how this was done	12c						
12	Did the organization have a written whistleblower policy?	13		Х				
13 14	Did the organization have a written document retention and destruction policy?	14	_	X				
15	Did the process for determining compensation of the following persons include a review and approval by independent	- ' -						
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ľ						
а	The organization's CEO, Executive Director, or top management official	15a		Х				
	Other officers or key employees of the organization	15b	<u> </u>	X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	ĺ	1	1				
_	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılal	ole	_				
	for public inspection. Indicate how you made these available Check all that apply.							
	Own website Another's website X Upon 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, a	nd fina	ncial					
	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	ation]	-					
	NEAL FOSTER - 605 688-4606							
	2380 RESEARCH PARKWAY, NO. 136, BROOKINGS, SD 57006							

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SOUTH DAKOTA CROP IMPROVMENT ASSOCIATION

46-6014972 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

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

- 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, and 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

(A)	(B)			Pos.				(D)	(E)	(F)
Name and Title	Average		not c	Position t check more than one				Reportable	Reportable	Estimated amount of
	hours per week	box, unless person is both an officer and a director/trustee)					n an tee)	compensation from	compensation from related	other
	(list any	tor						the	organizations	compensation
	hours for	dre				e		organization	(W-2/1099-MISC)	from the
	related	stee o	nstee			eusal		(W-2/1099-MISC)		organization
	organizations	al trus	nal tr		loyee	co an				and related
	below	Individual trustee or director	Institutional trustee	Officer	s emp	Highest compensated employee	Former			organizations
/1) I DOM VOEDDE	0.50	=	Ė	ō	포	호등	요			
(1) LEON KOEPPE	0.50	X		X				0.	0.	0
PRESIDENT (2) BRYAN JORGENSEN	0.50	21							0.	
(2) BRYAN JORGENSEN VICE - PRESIDENT	0.30	x		x		ļ		0.	0.	0
(3) LEE BROCKMUELLER	0.50					ļ				<u> </u>
DIRECTOR	0.30	X						0.	0.	0
(4) RON GIESE	0.50									_ _
DIRECTOR	3730	X						0.	0.	0
(5) BOB RANKIN	0.50									
DIRECTOR	3,00	х						0.	0.	0
(6) PAUL PATTERSON	0.50	1		1						
DIRECTOR		X						0.	0.	0
(7) LEO WARRINGTON	0.50									
DIRECTOR		X						0.	0.	0
(8) FLOYD HANSMEIER	0.50									
DIRECTOR		X			1		ļ	0.	0.	0
(9) DAVID FAUSKE	0.50									
DIRECTOR		X						0.	0.	0
(10) JIM CHILSON	0.50									
DIRECTOR		X						0.	0.	0
(11) NEAL FOSTER	40.00									
EXECUTIVE DIRECTOR/SEC/TREASURER		X		X				0.	0.	0
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Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D)
Revenue excluded from tax under sections 512, 513, or 514 (B) Related or (C) Unrelated (A) Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** 161,314. 161,314. 2 a SALES/INSPECTION/TESTI 541380 Program Service Revenue 79,500. 79,500. b LEASE (REAL PROPERTY) 531190 110000 11,848. 11,848. c REBATES 541380 11,368. 11,368. d OTHER 10,408. 541380 10,408. e OUTSIDE AGENCY REIMBUR 7.480. f All other program service revenue 543180 7,480. 281,918. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 47,390. 47,390. other similar amounts) Income from investment of tax-exempt bond proceeds 648,187. 648,187. Royalties (ı) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 330,000. assets other than inventory b Less cost or other basis 303,650. and sales expenses 26,350. c Gain or (loss) 26,350 26,350. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV. line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a b d All other revenue e Total. Add lines 11a-11d 003,845. 202,418 801,427 Total revenue. See instructions.

Sect	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respor		is Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				` -
	organizations in the United States. See Part IV, line 21	546,464.	546,464.	·	-
2	Grants and other assistance to individuals in			-	`
	the United States. See Part IV, line 22	7,600.	7,600.		
3	Grants and other assistance to governments,				, ,
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members			-	
5	Compensation of current officers, directors,				
	trustees, and key employees				ļ
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	442 400	442 400		
7	Other salaries and wages	113,199.	113,199.		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes				
11	Fees for services (non-employees)				
	Management	2,722.	2,722.		
	Legal Accounting	11,654.	11,654.	<u></u>	
	Lobbying	11,004.	11,004.		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	141,357.	141,357.	-	
12	Advertising and promotion	20,325.	20,325.		
13	Office expenses	41,301.	41,301.		
14	Information technology	<u> </u>			
15	Royalties	319,345.	319,345.		
16	Occupancy	3,741.	3,741.		
17	Travel	37,955.	37,955.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,731.	9,731.		
20	Interest .	27,110.	27,110.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,892.	19,892.		
23	Insurance	3,817.	3,817.		
24	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 0.)				
а	PVP APPLICATION DUES	14,432.	14,432.		
b	PROPERTY TAXES	6,980.	6,980.		
С	VEHICLE EXPENSES	6,780.	6,780.		
d					-
е	All other expenses	1 201 10=	4 204 42-		
25	Total functional expenses. Add lines 1 through 24e	1,334,405.	1,334,405.	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 Inf following SOP 98-2 (ASC 958-720) 0 12-10-12	L-,	<u> </u>	<u> </u>	Form 990 (2012)
23201	v 12-10-12				

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	-	Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	171,125.	2	236,387.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	79,896.	4	11,033.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete	,		•
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			,
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			,
		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
4ss	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	0.	9	4,475.
	10 a	Land, buildings, and equipment, cost or other			``,
		basis Complete Part VI of Schedule D 10a 1,582,528.	` .		,
	b	Less accumulated depreciation 10b 243,573.	1,324,244.	10c	1,338,955.
	11	Investments - publicly traded securities	1,926,024.	11	1,795,153.
	12	Investments - other securities See Part IV, line 11	6,016.	12	9,592.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,507,305.	16	3,395,595.
	17	Accounts payable and accrued expenses	104,282.	17	149,176.
	18	Grants payable	691,601.	18	805,592.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities .		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,	-		
iabi		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	610,702.	23	541,526.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,406,585.	26	1,496,294.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,		, , , , , , , , , , , , , , , , , , , ,
es		complete lines 27 through 29, and lines 33 and 34.	_		, , ,
anc anc	27	Unrestricted net assets	2,100,720.	27	1,899,301.
3ali	28	Temporarily restricted net assets		28	
של	29	Permanently restricted net assets		29	
Fū		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.	`		
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
~	33	Total net assets or fund balances	2,100,720.	33	1,899,301.
	34	Total liabilities and net assets/fund balances	3,507,305.	34	3,395,595.

	1990 (2012) SOUTH DAKOTA CROP IMPROVMENT ASSOCIATION	46-60	14972	Pag	<u>e 12</u>					
Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response to any question in this Part XI									
		1 1								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,003							
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,334 -330							
3	3 Revenue less expenses. Subtract line 2 from line 1									
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))) 4 2								
5	Net unrealized gains (losses) on investments	5	129	1,14	<u>11.</u>					
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.					
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,									
	column (B))	10	1,899) , 3(<u>)1.</u>					
Pa	t XII Financial Statements and Reporting									
	Check if Schedule O contains a response to any question in this Part XII				X					
				Yes	No					
1	Accounting method used to prepare the Form 990 Cash Accrual Other			Ì						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	· O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		1						
	separate basis, consolidated basis, or both									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?		2b	X						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,		1						
	consolidated basis, or both:									
	X Separate basis Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,								
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X						
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	iedule O								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audıt			_					
	Act and OMB Circular A-133?		3a		X					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audıt								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b							
			Form	990 (2012)					

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.

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

	SOUTH DAKOTA CROP	IMPROVMENT ASSOCIATION	ON 46-6014972
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	ımpermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cei	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	***	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	I I
	listed in the National Register .		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	((1)(4)(Β)(I) Yes No
_	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat	was assemble in its revenue and evenue	
9	include, if applicable, the text of the footnote to the organization		
		ation's imancial statements that describe	s the organization a accounting for
Pai	conservation easements t III Organizations Maintaining Collections o	of Art. Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
12	If the organization elected, as permitted under SFAS 116 (A		ement and balance sheet works of art.
ia	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri		, , , , , , , , , , , , , , , , , , , ,
h	If the organization elected, as permitted under SFAS 116 (A		nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items		· · · · · · · · · · · · · · · · · · ·
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financ	
-	the following amounts required to be reported under SFAS		
а	Revenues included in Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	> \$
	Assets included in Form 990, Part X		► \$ ► \$

Sche Par		AKOTA CROP						46-60			ge 2
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	tollowing that	are a s	ignificant	use of its o	collection	items	3
	(check all that apply)										
а	Public exhibition	C			hange progra	ms					
b	Scholarly research	•	• 📖	Other			 				
С	Preservation for future generations										
4	Provide a description of the organization's co							ose in Part	XIII		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or othe	er sımıla	r assets	_	_	_	
	to be sold to raise funds rather than to be ma						_		Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete ıf the	organizatio	n answered "	Yes" to	Form 990), Part IV, li	ne 9, or		
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	s or other as	sets no	t included				
	on Form 990, Part X?		•						Yes		No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able							
	ii roo, explain the allangement in rail rail								Amount		
_	Beginning balance						1c	-			
	Additions during the year						1d				
	Distributions during the year						1e				
e	Ending balance						1f				
0-	Did the organization include an amount on Fe	orm 000 Part Y line	212					L-··	Yes		No
	•			n has heen	provided in F	Part XIII			_ 105		1
	b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.										
_ <u> </u>	E V E E E E E E E E E E E E E E E E E E	(a) Current year		rior year	(c) Two year			years back	(e) Four	vears I	nack
4	Paginning of year halance	(a) Current year	(0)	nor year	(C) (WO year	3 Duck	(d) Tilled	yours buok	(e) i oui	yours	<u>Juon</u>
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses					<u></u>					
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs				 						
f	Administrative expenses										
g	End of year balance				L						
2	Provide the estimated percentage of the curr	rent year end baland		g, column (a	a)) held as						
а	· · · · · · · · · · · · · · · · · · ·										
b	Permanent endowment	%									
С	Temporarily restricted endowment ►	%									
	The percentages in lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the posse	ession of the organiz	zation tha	at are held a	and administe	red for	the organi	zation	Г	т	
	by·									Yes	No
	(i) unrelated organizations								3a(ı)		
	(ii) related organizations								3a(iı)		
b	If "Yes" to 3a(II), are the related organizations	s listed as required	on Sched	dule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	nent. See Form 99	0, Part X	, line 10							
-	Description of property	(a) Cost or	other	(b) Cost	t or other	(c) A	Accumulat	ed	(d) Book	c value	Э
		basis (invest	ment)	basis	(other)	de	epreciation	<u> </u>			
1a	Land			97	73,303.						<u>03.</u>
	Buildings			40	2,670.		63,5	55.	33	9,1	15.
	Leasehold improvements										
	_			20	6,555.		180,0	18.	2	6,5	37.
	Other										
_	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Par	t X, colui	nn (B), line	10(c))			>	1,33	8,9	55.
								Schedule			

(a) Description of security or category (including name of security)) Financial derivatives) Closely-held equity interests) Other (A) (B) (C) (D) (E) (F) (G) (H) (I) Ital. (Col (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. See F (a) Description of investment type (1) (2) (3) (4) (5) (6)	(b) Book value Form 990, Part X, I (b) Book value	ine 13			of-year market value
Other (A) (B) (C) (D) (E) (F) (G) (H) (I) Ital. (Col (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. See F (a) Description of investment type (1) (2) (3) (4) (5)			d of valuation Co	st or end-	of-year market value
(A) (B) (C) (D) (E) (F) (G) (H) (I) (Stal. (Col (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. See F (a) Description of investment type (1) (2) (3) (4) (5)			d of valuation Co	st or end-	of-year market value
(A) (B) (C) (D) (E) (F) (G) (H) (I) (I) (I) (II) (III)		d of valuation Co	st or end-	of year market value	
(B) (C) (D) (E) (F) (G) (H) (I) Part VIII Investments - Program Related. See F (a) Description of investment type (1) (2) (3) (4) (5)			d of valuation Co	st or end-	of-year market value
(C) (D) (E) (F) (G) (H) (I) Stal. (Col (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. See F (a) Description of investment type (1) (2) (3) (4) (5)			d of valuation Co	st or end-	of-year market value
(D) (E) (F) (G) (H) (I) Ital. (Col (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. See F (a) Description of investment type (1) (2) (3) (4) (5)			d of valuation Co	st or end-	of-year market value
(E) (F) (G) (H) (I) Ital. (Col (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. See F (a) Description of investment type (1) (2) (3) (4) (5)			d of valuation Co	st or end-	of-year market value
(F) (G) (H) (I) Ital. (Col (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. See F (a) Description of investment type (1) (2) (3) (4) (5)			d of valuation Co	st or end-	of-year market value
(G) (H) (I) Ital. (Col (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. See F (a) Description of investment type (1) (2) (3) (4) (5)			d of valuation Co	st or end-	of-year market value
(H) (I) Ital. (Col (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. See F (a) Description of investment type (1) (2) (3) (4) (5)			d of valuation Co	st or end-	of-year market value
(I) Ital. (Col (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. See F (a) Description of investment type (1) (2) (3) (4) (5)			d of valuation Co	st or end-	of-year market value
otal. (Col (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. See F (a) Description of investment type (1) (2) (3) (4) (5)			d of valuation Co	st or end-	of-year market value
Part VIII Investments - Program Related. See F (a) Description of investment type (1) (2) (3) (4) (5)			d of valuation Co	st or end-	of-year market value
(a) Description of investment type (1) (2) (3) (4) (5)			d of valuation Co	st or end-	of-year market value
(2) (3) (4) (5)					
(2) (3) (4) (5)					
(3) (4) (5)					
(4) (5)					
(5)					· · · · · · · · · · · · · · · · · · ·
(7)					
(8)					
(9)					
(10)					
etal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		-		,	
Part IX Other Assets. See Form 990, Part X, line 15		•			
	scription				(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
otal. (Column (b) must equal Form 990, Part X, col (B) line 15					
Part X Other Liabilities. See Form 990, Part X, line	25.				
(a) Description of liability		(b) Book value			,
(1) Federal income taxes					
(2)					`
(3)					
(4)					,
(5)					
(6)					v
(7)			•	· · ·	
(8)					
(9)					•
(10)					
(11)					
otal. (Column (b) must equal Form 990, Part X, col (B) line 2	5)				
FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of		he organization's fin	ancial statement	s that rep	orts the organization's

	edule D (Form 990) 2012 SOUTH DAKOTA CROP IMPROVMENT rt XI Reconciliation of Revenue per Audited Financial Statement			6014972	Page 4			
1	Total revenue, gains, and other support per audited financial statements	is will hevenue per i	1	1,132,	986			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		\	1,172,	700.			
	Net unrealized gains on investments	2a 129,141.						
a h	Donated services and use of facilities	2b	ا ا					
	Recoveries of prior year grants	2c	1 .					
	Other (Describe in Part XIII)	2d	↑					
	Add lines 2a through 2d	20]	2e	129.	141.			
3	Subtract line 2e from line 1		3	1,003,				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1							
a	1 - 1 - 1 - 1 - 1 - 1 - 2 - 2 - 2 - 2 -	4a						
	Other (Describe in Part XIII)	4b	1					
	Add lines 4a and 4b		4c		0.			
5			5	1,003,	845.			
	rt XII Reconciliation of Expenses per Audited Financial Statemen	nts With Expenses per	Retu					
1	Total expenses and losses per audited financial statements		1	1,334,	405.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25							
а	Donated services and use of facilities	2a						
b	Prior year adjustments	2b]					
С		2c]					
d	Other (Describe in Part XIII.)	2d						
е	Add lines 2a through 2d		2e		0.			
3	Subtract line 2e from line 1		3	1,334,	405.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIII.)	4b						
С	Add lines 4a and 4b		4c		0.			
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	1,334,	405.			
Part XIII Supplemental Information								
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 V, line 4, Part								
K, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information								
PAI	RT X, LINE 2: THE ASSOCIATION IS A NON-PROF	<u>IT ORGANIZATION</u>	1 TH	AT HAS				
3EI	EN DETERMINED TO BE EXEMPT FROM FEDERAL INCO	OME TAX; THERE	ORE	, NO				
?R(PROVISION FOR INCOME TAXES HAS BEEN MADE IN THESE FINANCIAL STATEMENTS.							
CHI	HE ASSOCIATION IS REQUIRED TO FILE A FEDERAL INCOME TAX RETURN, FORM 990,							
<u>[N</u>	N ACCORDANCE WITH SECTION 501(C)(5) OF THE INTERNAL REVENUE CODE. THE							
	acceptance with the interpolation of the property and the second of the							
SE	ASSOCIATION EVALUATES UNCERTAIN TAX BENEFITS ARISING FROM TAX POSITIONS							
n ~ -	אסטאנים אסטיבישים אר שער מוכשו ווסטאן שעם זודעים דער מייטשארו אייטשארו אייטשארו אייטשארו אייטשארו אייטשארו אייטשארו							
ı'Al	AKEN OR EXPECTED TO BE TAKEN BASED UPON THE LIKELIHOOD OF BEING SUSTAINED							

Schedule D (Form 990) 2012

UPON EXAMINATION BY APPLICABLE TAX AUTHORITIES. IF THE ASSOCIATION

Schedule D (Form 990) 2012 SOUTH DAKOTA CROP IMPROVMENT ASSOCIATION 46-6014972 Page 5 Part XIII Supplemental Information (continued)
DETERMINES THAT A TAX POSITION IS MORE LIKELY THAN NOT OF BEING SUSTAINED,
IT RECOGNIZES THE LARGEST AMOUNT OF BENEFIT ARISING THAT IS GREATER THAN
50% LIKELY OF BEING REALIZED UPON SETTLEMENT IN THE FINANCIAL STATEMENTS.
ANY TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT DO NOT PASS THE MORE
LIKELY THAN NOT TEST, THE ASSOCIATION ESTABLISHES RESERVES OFFSETTING THE
BENEFITS RELATED TO SUCH POSITIONS. INTEREST AND PENALTIES, IF ANY, ARE
INCLUDED IN THE CURRENT PERIOD PROVISION FOR INCOME TAXES IN THE
ASSOCIATION'S STATEMENT OF ACTIVITIES AND ARE INCLUDED AS A CURRENT
LIABILITY IN THE STATEMENT OF FINANCIAL POSITION.

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

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

Open to Public OMB No 1545-0047 Inspection

► Attach to Form 990.

» X GRAD ASSISTANSHIP THROUGH CONATED FUNDS TOWARDS THE ACILITY FUND AND THE OAT THROUGH THE DEPARTMENT OF Employer identification number THE ORGANIZATION DONATED LABORATORY DEPARTMENT AT 46-6014972 SERMINATOR) TO THE SEED SPONSOR OF THE WINTER NEW LAB EQUIPMENT (SEED THE DEPARTMENT OF PLANT HEAD HOUSE/GREENSHOUSE WHEAT BREADING PROGRAM PLANT SCIENCES AT SDSU REEDING SCHOLAR FUND. (h) Purpose of grant or assistance SCIENCES AT SDSU. Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance AB EQUIPMENT (f) Method of valuation (book, FMV, appraisal, other) BOOK BOOK BOOK 12,586, (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States SOUTH DAKOTA CROP IMPROVMENT ASSOCIATION recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. ી 488,991, 17,968, (d) Amount of 15,000 cash grant (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 46-6000364 46-6000364 46-6000364 46-0273801 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization THE DEPARTMENT OF PLANT SCIENCES THE DEPARTMENT OF PLANT SCIENCES AT SDSU - AGRICULTURAL HALL BOX AT SDSU - AGRICULTURAL HALL BOX 2207A - BROOKINGS SD 57007 2207A - BROOKINGS, SD 57007 815 MEDARY AVENUE BOX 525 or government SEED LABORATORY AT SDSU 2380 RESEARCH PARKWAY BROOKINGS, SD 57007 BROOKINGS, SD 57007 Name of the organization SDSU FOUNDATION Part I Part II

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

က

Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012) (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) SDSU (H) PURPOSE OF GRANT OR ASSISTANCE: THE ORGANIZATION DONATED NEW LAB GRANTS ARE APPLIED FOR THROUGH THE PLANT SCIENCE DEPARTMENT AND THE GRANTS ARE NORMALLY FOR WHEN THE EQUIPMENT IS PURCHASED FOR THE AWARED AMOUNT, EQUIPMENT (SEED GERMINATOR) TO THE SEED LABORATORY DEPARTMENT AT (d) Amount of non-cash assistance SDSU SEED LABORATORY AT (c) Amount of cash grant (b) Number of recipients THE THE BOARD OF DIRECTORS. NAME OF ORGANIZATION OR GOVERNMENT: COLUMN (H): (a) Type of grant or assistance LINE 1, α LINE AWARDED BY EQUIPMENT. PART II, 232102 12-18-12 PART I THE

Page 2

46-6014972

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.

SOUTH DAKOTA CROP IMPROVMENT ASSOCIATION

Schedule I (Form 990) (2012)

Part III

Schedule I (Form 990) SOUTH DAKOTA CROP IMPROVMENT ASSOCIATION 46-6014972 Page 2 Part IV Supplemental Information
RECEIPT IS GIVEN TO THE DEPARTMENTAL BOOKKEEPER AND THEN THE
ORGANIZATION PAYS FOR THE GRANT. IF THE AMOUNT OF THE RECEIPT IS OVER
THE GRANTED AMOUNT THEN THE DIFFERENCE IS TAKEN FROM THAT PROJECT'S
ACCOUNT. RECIPIENTS GIVE PERIODIC UPDATES AND ARE NORMALLY TRUSTED TO
USE THE MONEY AS REQUESTED.

SCHEDULÈ J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SOUTH DAKOTA CROP IMPROVMENT ASSOCIATION

46-6014972

Employer identification number

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	l i		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		L
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			Ī
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			Ī
	establish compensation of the CEO/Executive Director, but explain in Part III.			,
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4				
	organization or a related organization		1	7.7
	Receive a severance payment or change-of-control payment?	4a		X
_	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	-	X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			ł
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of.			İ
а	The organization?	6a		
b	Any related organization?	6b	ļ	
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		!

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Schedule J (Form 990) 2012

SOUTH DAKOTA CROP IMPROVMENT ASSOCIATION 46-6014972

Page 2

Schedule J (Form 990) 2012

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
				other deferred	benefits	(D)-(D)(B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			
(1)	(0						
(E)	(1						
i)	()						
<u> </u>							
(1)	()						
	(ii)						
1)	(1)						
10)	(ii)						
9)	(9)						
<u>[Gi</u>	(ii)		_				
i)	(0)						
	(11)						
1)	3						
<u> </u>	(E)						
J	0				*****		
3 - S	(ii)		_				
I)	0						
	(E)						
y	9						
5	(E)						
1)	(
(1)	(ii)						
1)	Θ		-				
j)	(ii)		-				
1)	(i)						
1)	(11)						
	(i)						
j)	(ii)						
)	€						
)	(ii)						
	(0)						
<u> </u>	(ii)						
						Sched	Schedule J (Form 990) 2012

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

Employer identification number

Schedule O (Form 990 or 990-EZ) (2012)

SOUTH DAKOTA CROP IMPROVMENT ASSOCIATION 46-8014972
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MAINTAIN AND MAKE AVAILABLE TO THE PUBLIC SOURCES OF HIGH QUALITY SEED
VARIETIES AND PROPAGATION MATERIALS AFTER DEVELOPMENT.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FOR THE STATE OF SOUTH DAKOTA.
FORM 990, PART VI, SECTION A, LINE 6: REGULAR MEMBERS - ANY PERSON OR
ENTITY QUALIFYING AS A FARM OPERATOR, SEED GROWER, CONTRACT GROWER,
SEEDSMAN, OR PROSPECTIVE SEED GROWER, OR ANYONE OTHERWISE INTERESTED IN
PROMOTING THE PURPOSES OF THE CORPORATION, SHALL BE ELIGIBLE FOR MEMBERSHIP
WITH VOTING RIGHTS.
FORM 990, PART VI, SECTION A, LINE 7A: SIX REGIONAL DIRECTORS SHALL BE
ELECTED BY AND FROM THE REGULAR MEMBERS OF THE CORPORATION, TWO FROM EACH
OF THE THREE CIA REGIONS ESTABLISHED IN THE STATE OF SOUTH DAKOTA.
FORM 990, PART VI, SECTION B, LINE 11: IT HAS NOT BEEN THE PRACTICE OF THE
ORGANIZATION'S BOARD TO REVIEW A DRAFT OF THE RETURN BEFORE IT IS FILED. A
DRAFT OF THE RETURN IS REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR TO ITS
FILING.
FORM 990, PART VI, SECTION B, LINE 12C: WHILE THE ORGANIZATION DOES NOT
HAVE A FORMAL CONFLICT OF INTEREST POLICY, THE BYLAWS STATE THAT THE
ORGANIZATION SHALL NOT ENTER INTO ANY CONTRACT OR TRANSACTION WITH (A) ONE
OR MORE OF ITS DIRECTORS. (B) A DIRECTOR OF A RELATED ORGANIZATION, OR (C)

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Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization SOUTH DAKOTA CROP IMPROVMENT ASSOCIATION	Employer identification number 46-6014972
AN ORGANIZATION IN OR OF WHICH A DIRECTOR IS A DIRECTOR,	OFFICER, OR LEGAL
REPRESENTATIVE OR HAS A MATERIAL FINANCIAL INTEREST; UNL	ESS THE MATERIAL
FACTS AS TO THE CONTRACT OR TRANSACTION AND AS TO THE DI	RECTR'S INTEREST
ARE FULLY DISCLOSED OR KNOWN TO THE BOARD OF DIRECTORS,	AND THE BOARD OF
DIRECTORS AUTHORIZES, APPROVES, OR RATIFIES THE CONTRACT	OR TRANSACTION IN
GOOD FAITH BY THE AFFIRMATIVE VOTE OR A MAJORITY OF THE	DIRECTORS (WITHOUT
COUNTING THE INTERESTED DIRECTOR), AT A MEETING AT WHICH	THERE IS A QUORUM
WITHOUT COUNTING THE INTERESTED DIRECTOR.	
FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS A	RE AVAILABLE BY
CONTACTING ANYONE IN THE OFFICE OR A BOARD MEMBER.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
MONSANTO SERVICE FEES:	
PROGRAM SERVICE EXPENSES	112,376.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	112,376.
CONTRACT LABOR AND SERVICES:	
PROGRAM SERVICE EXPENSES	28,981.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	28,981.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	141,357.
PART XII, LINE 2C	
THE RESPONSIBILITY OF OVERSIGHT FOR THE AUDIT BY THE AUI	
232212 01-04-13 25	hedule O (Form 990 or 990-E Z) (2012)