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# 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)

OMB No 1545-0047

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

Open to Public Inspection

	A F	or the	2009 calendar year, or tax year beginning JUN 1, 2009 and ending	MAY 31, 2010	
	<b>B</b> c	heck if	Please C Name of organization	D Employer identific	ation number
		oplicable	use IRS		
		Addres	label of   MINNESOTA CROP PRODUCTION RETAILERS, INC		
		Name change	type Doing Business As	41-1	309957 ·
		Instal return	See Number and street (or P.O box if mail is not delivered to street address) Room/su	ite E Telephone number	
		Termin- ated	Specific 7500 FLYING CLOUD DRIVE 900	952-	253-6244
		Amend	City or town, state or country, and ZIP + 4	G Gross receipts \$	417,033.
		Applica tion	EDEN FRAIRIE, MN 33344	H(a) Is this a group re	turn
		pending	F Name and address of principal officer BILL BOND	for affiliates?	Yes X No
			7500 FLYING CLOUD DRIVE, EDEN PRAIRIE, MN	5 H(b) Are all affiliates inc	luded? Yes No
	I T	ax-exe	mpt status X 501(c) ( 6	If "No," attach a	list (see instructions)
			e: ► HTTP://WWW.MCPR-CCA.ORG/	H(c) Group exemption	
			organization: X Corporation Trust Association Other ▶ L Ye	ear of formation: 1976 N	State of legal domicile: MN
	Pa		Summary		
	o	1 5	Briefly describe the organization's mission or most significant activities: ${ t \underline{MCPR}} \;\; { t EXIS}$	STS TO PROMOT	E THE
	JIC.	]	PROPER USE, STORAGE AND APPLICATION OF CROP	PRODUCTION IN	PUTS IN AN
	ř	2 (	Check this box 🕨 📖 if the organization discontinued its operations or disposed of m	ore than 25% of its net as	
	Governance	1 8	Number of voting members of the governing body (Part VI, line 1a)	3	13
	න	4 1	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	es	5 7	Total number of employees (Part V, line 2a)	5	0
	Activities	6	Total number of volunteers (estimate if necessary)	6	0
	Act	7a ¯	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
		<u>d</u>	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
				Prior Year	Current Year
	ē	ļ	Contributions and grants (Part VIII, line 1h)	103,135.	113,845.
	Revenue		Program service revenue (Part VIII, line 2g)	307,921.	294,013.
	Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	8,352.	9,175.
	_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	410 400	417 022
		12	Tota reverue Fably/lipes 8 through 11 (must equal Part VIII, column (A), line 12)	419,408.	417,033.
		13 2	Part IX, column (A), lines 1-3) Senefits paid to or for members Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
		14 8	Senerifs bald to or for members (Part IX, column (A), line 4)		
	Expenses	19 [	balanes-former compensation, employee benefits (Part IX, column (A), lines 5-10)		
	en	liga i	ofessional fundraising fees (Part IX, column (A), line 11e)		
	Ä	4.	Total fundralsing, expenses (Part IX, column (D), line 25)  Other expenses (Part-IX-column (A), lines 11a-11d, 11f-24f)	403,099.	412,683.
		1	Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	403,099.	412,683.
			Revenue less expenses. Subtract line 18 from line 12	16,309.	4,350.
	rs es		Teveride less expenses. Oubtract line 10 from line 12	Beginning of Current Year	End of Year
	Net Assets or Fund Balances	20	Fotal assets (Part X, line 16)	289,687.	295,937.
2010	Ass	21	Fotal liabilities (Part X, line 26)	2,350.	4,250.
	Net	22	Net assets or fund palances. Subtract line 21 from line 20	287,337.	291,687.
0		art II	Signature Block		
ಲ			Under penalties of perjury, I declare that I days examined this return, including accompanying schedules and stateme and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowled	ge and belief, it is true, correct,
SEP		ĺ	and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	dge _ / /	
	Sıg	n	NI Ala > PI	9/1/1	0
	Her	1	pignature of officer , F	Bate	1
Z	1101	`	A Illiam E. Bond Execu	twe Dire	ctor
7			Type or print name and title		
SCANNED			Preparer's Date		er's identifying number structions)
S	Paid		signature Valunt a Olimbe 08/30/10		
		parer's	Firm's name (or yours if OBERLE, LTD.	EIN ►	
	USE	Only	self-employed), 101 BRIDGE ST., STE A		
			address, and ZIP+4 LE SUEUR, MN 56058-1801	Phone no ► 5	07-665-6414
	Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No
	0000		4-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions.	Form <b>990</b> (2009)

	990 (2009) MINNESOTA CROP PRODUCTION RETAILERS, INC 41-1309957 Page 2
Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
•	TO PROVIDE INFORMATION TO ITS MEMBERS AND OTHERS ON THE SAFE HANDLING,
	APPLICATION, AND STORAGE OF AGRICULTURAL CHEMICALS. THIS ALSO
	INCLUDES THE OPERATION, MAINTENANCE AND USE OF EQUIPMENT THAT APPLIES,
	STORES AND TRANSPORTS THESE CHEMICALS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
	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 exempt purpose achievements for each of the organization's three largest program services by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 412,683. including grants of \$ ) (Revenue \$ )
	CONDUCTED WORKSHOPS, SEMINARS, AND PROGRAMS THROUGHOUT THE YEAR ON THE
	SAFE HANDLING OF AGRICULTURAL CHEMICALS. THIS INFORMATION IS AVAILABLE
	TO ITS MEMBERS WHO ATTEND THE SEMINARS AND ALSO IN NEWSLETTERS WRITTEN.
4b	(Code. ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4c	(Code. ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ►\$ 412,683.

Form **990** (2009)

	г		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		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		ļ	
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		<u>X</u>
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		<u>X</u> _
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, 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 term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11		<u>X</u>
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		i	
	Part VI	1		
•	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.			
•	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.			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•				
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	i		
12		12		x
404	Schedule D, Parts XI, XII, and XIII.  Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No	12		
12A	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, 10		
b	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	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			
10	or entity located outside the United States? If "Yes," complete Schedule F, Part II	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			
10	located outside the United States? If "Yes," complete Schedule F, Part III	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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		-	<u> </u>
,,,	1c and 8a? If "Yes," complete Schedule G, Part II	18		_x_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.5	complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990	(2009)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	1		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	İ		Ì
	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
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		X
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	1	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	<u> </u>
25a	Section 501(c)(3) 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 I	25a	<u> </u>	
b				]
	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		ļ
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			3,5
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			ŀ
_	instructions for applicable filing thresholds, conditions, and exceptions).	00-		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<del> </del>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<del>  ^-</del>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive more than \$25,000 in norreast contributions in the rest complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		V
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		A
31	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		1
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OZ		1
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity?	55		<del> </del> -
٠.	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<u> </u>	ļ —	
	If "Yes," complete Schedule R, Part V, line 2	35		x
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		
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_		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
			000	

MINNESOTA CROP PRODUCTION RETAILERS, INC 41-1309957 Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter ·0· if not applicable 0 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? За X b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a 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)? X 4a b If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5¢ 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a Х b 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). a 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? 7c d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 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 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter a 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 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a

b Gross income from other sources (Do not net amounts due or paid to other sources against

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

amounts due or received from them.)

12a

11b

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body  13		-	
b	Enter the number of voting members that are independent  15 13			
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		<u> </u>
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		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body? .	7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following.			
	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.)			
		·	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	١		
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	١		37
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	<u> </u>	X_
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		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		[	
	taxable entity during the year?	16a		X_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	1		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		L.,
Sec	ction 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 (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ancial	
	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion	<b>-</b>	
	ALAN LEPLEY - 952-253-6076			
	7500 FLYING CLOUD DRIVE SUITE 900, EDEN PRAIRIE, MN 55344		000	(2009)
		FORM	1 441 }	(Diline)

# Part VII 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. Use Schedule J-2 if additional space is needed.
- 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. 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) Check this box if the organization did not co	(B)				<b>C)</b>			(D)	(E)	(F)
Name and Title '	Average	Position (check all that apply)			1		Reportable	Reportable	Estimated	
	hours				at apply)		compensation	compensation	amount of	
	per	ig.						from the	from related	other
	week	a a	۵.	l		ted		organization	organizations (W-2/1099-MISC)	compensation from the
		) stee	truste		ىيو	bensa		(W-2/1099-MISC)	(** 27 1000 111100)	organization
		ual tr	onal		l go	t com				and related
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
CRAIG MAURER	1 00									
CHAIR	1.00	X		X				0.	0.	0.
SEAN NESS										
VICE CHAIR	0.50	X		X	_	⊢		0.	0.	0.
DOUG POTTINGER		l		l					•	_
SECRETARY	0.50	X		X		ļ. <u>.                                   </u>		0.	0.	0.
DANNY BENSON	0 50									•
TREASURER	0.50	X		X	<del> </del>			0.	0.	0.
JEFF LIKE	0 50		1						0	0
DIRECTOR	0.50	Х		-		<u> </u>		0.	0.	0.
MICHAEL MINNEHAN	0 50	37						0.	0.	,
DIRECTOR	0.50	X	<b></b>		├-			U •	U •	0.
JEFF ARNOLD	0.50	x						0.	0.	0.
DIRECTOR JUSTIN SPIVEY	0.50	^	┢		├	<del> </del>			<u> </u>	
DIRECTOR	0.50	v	1					0.	0.	0.
DAN BRAKE	0.50	^	╁╌		$\vdash$			0.		•
CROP PROTECTION REPRESEN	0.50	×						0.	0.	0.
TOM DOLAN	0.50	1	$\vdash$		$\vdash$	${\dagger}$	_			
CROP PROTECTION REPRESEN	0.50	x						0.	0.	0.
BILL HOLADAY	0.50					┼				
PLANT FOOD REPRESENTATIV	0.50	x					ļ	0.	0.	0.
BRAD ENGLUND	0.00				$\vdash$					
PLANT FOOD REPRESENTATIV	0.50	x						0.	0.	0.
LARRY PEDELTY			1	<del>  -</del>	1	1				
PAST CHAIR	0.50	x						0.	0.	0.
	<del></del>									
						<u> </u>				
	L		1	1						

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2009)

\$100,000 in compensation from the organization

	990 ( rt <b>VII</b>		SOTA CRO	P PRODUC'	rion retai	LERS, INC	41-1309	957 Page <b>9</b>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts		Membership dues	1b	113,845.				
S,E	С	Fundraising events	1c					
Ħ,	d	Related organizations	1d					
E, E	е	Government grants (contribut	ions) 1e					
rior	f	All other contributions, gifts, gran	ts, and					
ig a		similar amounts not included above	ve 1f					
털	g	Noncash contributions included in lines	1a-1f \$					
<u> </u>	h	Total, Add lines 1a-1f		<b>&gt;</b>	113,845.			
				Business Code				
9	2 a		UCATION	611430	226,800.		,	
او څ	b			611430	38,408.	38,408.		
Program Service Revenue	С	EDUCATION WORKS	HOPS	611430	28,805.	28,805.	<del></del>	
€ a	d							
5 5	е							
۵	f	All other program service reve	enue					
	g			<b></b>	294,013.			
	3	Investment income (including	dividends, intere	est, and	0 175	0 175		
ł	_	other similar amounts)			9,175.	9,175.		
	4	Income from investment of tax	x-exempt bona p	proceeds				
	5	Royalties	(2 Dool	(i) Dansand				
	•	Orace Boots	(i) Real	(ii) Personal				
	6 a							
i	b	D1-1 (1)						
	q	Net rental income or (loss)		<u>'</u>				
		Gross amount from sales of	(i) Securities	(ii) Other	···			
	, .	assets other than inventory	(y cocamino	(1) 0 11 11				
	b	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)				-		
	d	Net gain or (loss)		<b></b>				
6	8 a	Gross income from fundraisin	g events (not					
ᇎ		ıncludıng \$	of					
ě		contributions reported on line	1c). See	ĺ				
ia l		Part IV, line 18	а					]
Other Revenue		Less direct expenses	b					[
		Net income or (loss) from fund		<b></b>				
	9 a	Gross income from gaming ad	ctivities See					
		Part IV, line 19	a					
		Less direct expenses	b	L				
		Net income or (loss) from gan						<del> </del>
	10 a	Gross sales of inventory, less and allowances						
	h	Less cost of goods sold	a b			1		
		: Net income or (loss) from sale		<b></b>				
		Miscellaneous Revenu		Business Code	-		-	
	11 a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		<b>&gt;</b>				<u> </u>
	I	Tatal account Con another tono			117 022	202 100	1 A	ı ^

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl				
Do r 7b, 8	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	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in	ļ			
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,	ļ			
	organizations, and individuals outside the US				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				****
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)			-	
7	Other salaries and wages			-	
8	Pension plan contributions (include section 401(k)				
9	and section 403(b) employer contributions)  Other employee benefits			+-	
9 10	Payroll taxes				
11	Fees for services (non-employees)		•		
	Management	229,200.			
b	Legal			-	
c	Accounting	495.			
d	Lobbying	2,782.			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion			<u> </u>	
13	Office expenses	11,324.	····		
14	Information technology .	1,491.			
15	Royalties			<del>                                     </del>	
16	Occupancy .			<del>                                     </del>	
17	Travel	6,367.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1,673.		-	-
19	Conferences, conventions, and meetings	1,0/3.		+	-
20	Interest Permants to affiliates			<del> </del>	
21	Payments to affiliates  Depreciation, depletion, and amortization				
22	Insurance	452.		_	
23 24	Other expenses. Itemize expenses not covered				
24	above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	PROGRAM, SEMINAR AND SH	137,061.			
b	DIDI TOMEONO	7,871.			
c	TELEPHONE	6,510.			
d	PRINTING AND CODING DVD	2,751.			
е	POSTAGE	1,896.			
f		2,810.			
<u>25</u>	Total functional expenses Add lines 1 through 24f	412,683.			
26	Joint costs Check here ▶ ☐ if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	<u>                                     </u>		I	

Organizations that do not follow SFAS 117, check here > X and

complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

295,937. Form 990 (2009)

291,687.

291,687.

0.

30

31

32

33

0.

287,337.

287,337.

289,687

30

31

32

33

34

Form	990 (2009) MINNESOTA CROP PRODUCTION RETAILERS, INC 41-1309	957	Pag	ge <b>12</b>
Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			
	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	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both.			
	X Separate basis Consolidated basis Both consolidated and separate basis		:	
За	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?	3a		X
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	3b		

3b | Form **990** (2009)

#### SCHEDULE O

(Form 990)

### **Supplemental Information to Form 990**

Department of the Treasury

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number 41 – 1309957

MINNESOTA CROP PRODUCTION RETAILERS, INC 41-1309957
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ENVIRONMENTALLY SAFE AND AGRONOMICALLY SOUND MANNER; AND TO SUPPORT
REGULATORY AND LEGISLATIVE INITIATIVES WHICH BENEFIT RETAILERS,
MANUFACTURERS, DISTRIBUTORS AND CUSTOM APPLICATORS OF CROP PRODUCTION
INPUTS.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PROVIDED TO THE
BOARD MEMBERS FOR THEIR REVIEW EITHER BY HARD COPY OR BY ELECRONIC MEANS
BEFORE THE DOCUMENT IS FILED WITH THE IRS.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS, FINANCIAL STATEMENTS AND FORM 990 MAY BE VIEWED AT THE
ORGANIZATIONS OFFICE. COPIES MAY BE OBTAINED FOR A NOMINAL FEE BY
CONTACTING THE ORGANIZATION.