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DLN: 93493187004051

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

OMB No 1545-0047

Open to Public Inspection

| A Fo | r the | 2009 ca | lendar yea | r, or tax year beginning | 9 09-01-2009 | and ending 08-31-20 | LO | _ | | |
|---|-----------|------------------------|-----------------------|--|---------------------|---|---------------------|-----------------------------|-------------|---------------------------------------|
| B Ch | eck ıf a | pplicable | Please | C Name of organization MINNESOTA SOYBEAN GR | ROWERS ASSOCI | ATION | | D Employer | identii | fication number |
| ☐ Add | tress ch | nange | use IRS label or | | | | | 51-0178 | | |
| ┌ Na | me cha | nge | print or type. See | Doing Business As | | | | E Telephone | | |
| ┌ Init | al retu | rn | Specific | Number and street (or P | O box if mail is | not delivered to street addr | ess) Room/suite | (507) 38 | | |
| Г те | mınate | d | Instruc- tions. | 151 ST ANDREWS COUR | T No 710 | | | G Gross recei | pts \$ 6, | 044,554 |
| ┌ Am | ended | return | | City or town, state or co | untry, and ZIP + | 4 | | 1 | | |
| Г Арі | olication | n pending | | MANKATO, MN 56001 | | | | | | |
| | | | F Nan | ı ne and address of prınc | ipal officer | | H(a) Ic th | ■ nis a group ret | urn fo | r |
| | | | JAMES | PALMER | | | | ates? | uiiiio | ⊤Yes ▼ No |
| | | | | ' ANDREWS COURT N ATO, MN 56001 | 0710 | | | | | F., F., |
| | | | | , | | | 1 ' ' | all affiliates incl | | Yes No eeinstructions) |
| I Ta | x-exen | npt status | ▽ 501(c) | (5) ◄ (insert no) | 1947(a)(1) or 「 | ₅₂₇ | | up exemption | | |
| J W | ebsite | e: ► WW | W MNSOY | BEAN ORG | | |] ` ´ | | | |
| K For | n of on | ganization | ✓ Corporat | ion Trust Association | Other ▶ | | L Year of fe | ormation 1962 | M Sta | ate of legal domicile |
| | | 1 | | , mase, massedation | , | | - 1 can or 1 | omidtion 1302 | MN | |
| Pa | rt I | | | | | | | | | |
| | 1 | | | e organization's missio FITABLE SOYBEAN FA | | nificant activities ONITORING GOVER | MENT POLI | CIES AND SU | PPOR | TING RESEARCH |
| 9 | | | | VELOPMENT ACTIVIT | | | | | | |
| ₩ | | | | | | | | | | |
| Governance | | | | | | | | | | |
| 5 | 2 | Checkt | hıs box 叶 | f the organization dis | scontinued its | operations or dispose | d of more than | 25% of its ne | et ass | ets |
| 2 6 | 3 | Number | of voting r | nembers of the governı | ng body (Part | :VI, line 1a) | | | з _ | 42 |
| Activities | 4 | Number | ofindepen | dent voting members o | of the governi | ng body (Part VI, line 1 | b) | • | 4 _ | 42 |
| Ĕ | 5 | Total nu | ımber of en | nployees (Part V , line 2 | 2a) | | | | 5 _ | 12 |
| ឆ្ន | 6 | Total nu | ımber of vo | lunteers (estimate if ne | ecessary) . | | | | 6 _ | 6 |
| | | _ | | | | column (C), line 12 | | | | 1,000 |
| | Ь | Net unr | elated busi | ness taxable income fr | om Form 990 | -1, line 34 | | | 7b ⊤ | -250 |
| | 8 | Control | hutians and | d grants (Part VIII line | a 1 h \ | | | or Year 9,064 | | Current Year 8,256 |
| ₽ | 9 | | | revenue (Part VIII, line | | | 4,526,151 | + | 5,858,287 | |
| Ravenue | 10 | _ | | ne (Part VIII, column (| | | 14,865 | + | 11,198 | |
| æ | 11 | | | art VIII, column (A), lı | | | 26,658 | + | 152,067 | |
| | 12 | | | | | art VIII, column (A), lır | ne | · | | · · · · · · · · · · · · · · · · · · · |
| | | | | <u> </u> | | | | 4,576,738 | 3 | 6,029,808 |
| | 13 | | | ar amounts paid (Part I | | | | | | 0 |
| | 14 | | | r for members (Part IX | | | _ | | | 0 |
| & | 15 | Salarie 10) | es, otner co | ompensation, employee | e benefits (Pa | rt IX, column (A), lines | 5- | 106,363 | 3 | 813,266 |
| Expenses | 16a | Profes | sional fund | raısıng fees (Part IX, c | olumn (A), lır | e 11e) | | | | 0 |
| ੜੇ | ь | Total fu | ndraising exp | enses (Part IX, column (D), | line 25) ▶ 0 | | | | | _ |
| | 17 | Other | expenses (| Part IX, column (A), lır | nes 11a-11d | , 11f-24f) | | 4,434,598 | 3 | 5,182,120 |
| | 18 | Totale | expenses A | Add lines 13–17 (must | t equal Part I | (, column (A), line 25) | | 4,540,961 | | 5,995,386 |
| | 19 | Reven | ue less exp | enses Subtract line 1 | 8 from line 12 | 2 | | 35,777 | ' | 34,422 |
| \$ 60 60 80 80 80 80 80 80 80 80 80 80 80 80 80 | | | | | | | _ | ng of Current Year | | End of Year |
| Net Assets or Fund Balances | 20 | Totala | assets (Par | t X, line 16) | | | | 1,285,990 | | 1,358,035 |
| A AB | 21 | | | Part X, line 26) | | | | 515,976 | + | 553,599 |
| 25 | 22 | | | d balances Subtract li | | | | 770,014 | + | 804,436 |
| Pai | rt II | Sign | ature Blo | ock | | | | · | 1 | |
| | | | | | | turn, including accompanying | | | | |
| | | and bell | er, it is true, o | correct, and complete Decia | aration of prepar | er (other than officer) is bas | ed on all informa | tion of which pre | parer n | as any knowledge |
| Sigr | 1 | **** | :** | | | | 2011 | -06-22 | | |
| Here | е | Signa | ature of office | er | | | Date | ! | | _ |
| | | | | KECUTIVE DIRECTOR | | | | | | |
| | | F Type | or print nam | е апи ние | 1 | Т | | 1 | | |
| _ | | Preparer' signature | | | | Date | Check if self- | Preparer's ide | | ı number |
| Paid | | | <u> </u> | | | | empolyed 🕨 🦵 | | | |
| | arer's | | nme (or yours | LARSONALLEN LLP | | | | EIN Þ | | |
| Use (| JIIIY | | and ZIP + 4 | 220 SOUTH SIXTH STR | EET SUITE 300 | | | | | |
| | | | | MINNEAPOLIS, MN 554 | | | | Phone no 🕨 | | |
| May | the IR | S discus | s this retu | rn with the preparer sho | own above? (s | see instructions) | | | ✓ | Yes No |

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO ASSURE PROFITABLE SOYBEAN FARMING BY MONITORING GOVERNMENT POLICIES AND SUPPORTING RESEARCH AND MARKET DEVELOPMENT ACTIVITIES

| 2 | Did the organization unde the prior Form 990 or 99 | | program services during the year | r which were not listed on | ┌ Yes ┌ No |
|----|---|------------------------|---|-------------------------------|------------|
| | If "Yes," describe these r | new services on Sched | ule O | | |
| 3 | Did the organization ceas | | significant changes in how it co | onducts, any program | ┌ Yes ┌ No |
| | If "Yes," describe these o | hanges on Schedule C |) | | |
| 4 | Section 501(c)(3) and 50 | 01(c)(4) organızatıons | each of the organization's three and section 4947(a)(1) trusts a evenue, if any, for each program | are required to report the an | |
| 4a | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | • | ERS ASSOCIATION PROMOT | ES THE SOYBEAN INDUSTRY THROUGH | , , | , |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4с | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4d | Other program services | (Describe in Schedul | e O) | | |
| | (Expenses \$ | • | g grants of \$ |) (Revenue \$ |) |
| 4e | Total program service ex | xpenses ► \$ | | | |
| | | | | | |

| Part IV | Checklist o | of Required | Schedules |
|---------|-------------|-------------|-----------|
| | CHCCKHSCC | ,, ixcaunca | Schoules |

| | | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | No |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | Yes | |
| 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 | | No |
| 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 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21, 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 | | No |
| 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 | | No |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | Yes | |
| | ◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. | | | |
| | ◆ 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 the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | Yes | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No | | | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | ĺ | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | Νο |
| 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 U S? If "Yes," complete Schedule F, Part II | 15 | | Νο |
| 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 U S ? If "Yes," complete Schedule F, Part III | 16 | | Νο |
| 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 | | Νο |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Yes | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | Νo |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|----------------|--------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | N o |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | N o |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 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 | Yes | |
| 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 questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a | | N o |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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? <i>If</i> "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| 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 | | No |
| 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 Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part | | | |
| | IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV | 28b | | Νο |
| 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 owner? If "Yes," complete Schedule L, Part IV | 28c | | N o |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | N o |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | N o |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | No |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| | | F | orm 990 | (2009) |

| Form | Form 990 (2009) | | | | | |
|------|--|--|-----|----|--|--|
| Pa | rt V 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 | | | | | |

| 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 | | | |
|-----|---|------------|-----|----------|
| | 1a 13 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | Yes | |
| 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)? | 4a | | No |
| ь | 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? | 5a | | Νo |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5с | | |
| 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 | | No |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | _ | | . |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | No |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | _ | | _ |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| ь | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| а | 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 | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |

151 ST ANDREWS COURT No 710

MANKATO, MN 56001 (507) 388-1635

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Se | ection A. Governing Body and Management | | | |
|-----|--|---------|-----------|------------|
| | Short in Cotton and Journal of the Cotton and Cotton an | | Yes | No |
| | | | | |
| | | | | |
| 1a | Enter the number of voting members of the governing body 42 | | | |
| b | Enter the number of voting members that are independent 1b 42 | | | |
| 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 | | Νο |
| 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 | | N o |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was | 4 | | |
| 5 | filed? Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | No No |
| 6 | Does the organization have members or stockholders? | 6 | Yes | 110 |
| | • | | 162 | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | Yes | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Νο |
| | ection B. Policies (This Section B requests information about policies not required by the Internal | | | |
| Re | evenue Code.) | | | |
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | Νο |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, 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 | Yes | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | Yes | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 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? | | | |
| 2 | The organization's CEO, Executive Director, or top management official | 15a | | No |
| | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line a or b, describe the process in Schedule O (See instructions) | 135 | 103 | |
| | | | | |
| 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 | | Νο |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation 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 | | |
| Se | ection C. Disclosure | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed▶ | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) | | | |
| | (3)s only) available for public inspection. Indicate how you make these available. Check all that apply | | | |
| 10 | Own website Another's website V Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the JAMES PALMER EXECUTIVE DIRECTOR | ie orga | inizatior | n ► |
| | PARTED TREMER EXECUTIVE DIRECTOR | | | |

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. 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, and current key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| Check this box if the organization did i | not compen | sate any | y curi | rent | or fo | rmer | ffice | r, dırector, trustee | or key employee | |
|--|-------------------------|-----------------------------------|---|------|--|------|-------|---|--|--|
| (A) Name and Title | (B) Average hours | Posi t | (C tion (hat a | ched | ckal) | I | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
| | per week | Individual trustee or director | from the organizations (W-2/1099-MISC) Highest compensated organizations (W-2/1099-MISC) Officer Trustee | | compensation from the organization and related organizations | | | | | |
| See add'l data | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

| For | m 990 (2009) | | | Page |
|-----|--|---------------|-------------|-----------|
| 1b | Total | 0 | | 32,43 |
| 2 | Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►1 | | | |
| | | | Yes | No |
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i> | 3 | | No |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | Yes | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | Tes | No |
| _ | Section B. Independent Contractors | | | |
| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization | | | |
| | (A) Name and business address (B) Description of services | | (C Compe | |
| 151 | SOYBEAN PROMOTION AND RESEARCH COUNCI ST ANDREWS COURT NKATO, MN 56001 | | | 3,480,664 |
| _ | | | | |
| _ | Tabel and a second a second and | \Rightarrow | | |
| 2 | Total number of independent contractors (including but not limited to those listed above) who received more than \$100.000 in compensation from the organization >0 | | | |

Form **990** (2009)

| Form 99 | | | | | | | Page 9 |
|--|---------------|--|---------------|----------------------|--|---|---|
| Part \ | /1111 | Statement of Revenue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| nts nts | 1a | Federated campaigns 1a | | | | | |
| Contributions, gifts, grants and other similar amounts | b | Membership dues 1b | | | | | |
| its, | c | Fundraising events 1c | | | | | |
| <u> </u> | d e | Related organizations 1d Government grants (contributions) 1e | | | | | |
| ons sin | f | All other contributions, gifts, grants, and | 8,256 | | | | |
| her i | - | similar amounts not included above Noncash contributions included in | | | | | |
| 를 등 당 등 | g | lines 1a-1f \$ | | | | | |
| S E | h | Total. Add lines 1a-1f | ▶ | 8,256 | | | |
| <u> </u> | | | Business Code | | | | |
| Program Serwce Revenue | 2a | CONTRACT WITH MSR&PC | 900,099 | 5,680,268 | 5,680,268 | | |
| | Ь | MEMBERSHIP DUES | 900,099 | 116,634 | 116,634 | | |
| ¥ Ce | C | CORPORATE SPONSORS | 900,099 | 55,350 | 54,350 | 1,000 | |
| Š | d | JOINT MARKETING | 900,099 | 6,035 | 6,035 | | |
| Ē | e f | All other program service revenue | | | | | |
| ت ح | ' | L | | | | | |
| <u></u> | g 3 | Total. Add lines 2a-2f | | 5,858,287 | | | |
| | 3 | Investment income (including dividends and other similar amounts) | . ⊢ | 11,198 | | | 11,198 |
| | 4 | Income from investment of tax-exempt bond pro | F | | | | |
| | 5 | Royalties | • [| 82,937 | | | 82,937 |
| | | (ı) Real | (II) Personal | | | | |
| | 6a b | Gross Rents Less rental | | | | | |
| | _ | expenses Rental income | | | | | |
| | c . | or (loss) | | | | | |
| | d | Net rental income or (loss) | (II) O ther | | | | |
| | 7a b | Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses | (ii) o chei | | | | |
| | c | Gain or (loss) | | | | | |
| | d | Net gain or (loss) | ▶ | | | | |
| Other Revenue | 8a | s of contributions reported on line 1c) | | | | | |
| Ğ. | | See Part IV, line 18 | 30,315 | | | | |
| i e | ь | Less direct expenses b | 14,746 | | | | |
| δ | С | Net income or (loss) from fundraising ev | ents ► | 15,569 | | | 15,569 |
| | 9a | Gross income from gaming activities See Part IV, line 19 | | | | | |
| | b | Less direct expenses b | | | | | |
| | 10a | Net income or (loss) from gaming activit Gross sales of inventory, less | ties | | | | |
| | IUa | returns and allowances . | | | | | |
| | b | Less cost of goods sold b | . | | | | |
| | С | Net income or (loss) from sales of inven Miscellaneous Revenue | Business Code | | | | |
| | 11a | ANNUAL MEETING | 900,099 | 34,910 | | | 34,910 |
| | ь | MISCELLANEOUS | 900,099 | 18,651 | | | 18,651 |
| | С | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | 53,561 | | | |
| | 12 | Total revenue. See Instructions | <u>. </u> | 6,029,808 | 5,857,287 | 1,000 | 163,265 |

| Part IX Statement of Functional Expenses | | | | | | | |
|--|--|--------------------|---|-------------------------------------|-----------------------------------|--|--|
| _ | Section 501(c)(3) and 501(c)(4) organizations mu | | | (D) | | | |
| Do no | l other organizations must complete column (A) but are not required to out include amounts reported on lines 6b, b, and 10b of Part VIII. | (A) Total expenses | (B), (C), and (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | |
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | | | 3 | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | | | |
| 4 | Benefits paid to or for members | | | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 162,799 | | | | | |
| 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 | 475,045 | | | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 7,303 | | | | | |
| 9 | Other employee benefits | 124,766 | | | | | |
| 10 | Payroll taxes | 43,353 | | | | | |
| 11 | Fees for services (non-employees) | | | | _ | | |
| а | Management | | | | | | |
| b | Legal | 17,056 | | | | | |
| c | Accounting | 69,651 | | | | | |
| d | Lobbying | | | | | | |
| e | Professional fundraising See Part IV, line 17 | | | | | | |
| f | Investment management fees | | | | | | |
| g | Other | 144,574 | | | | | |
| 12 | Advertising and promotion | 553,310 | | | | | |
| 13 | Office expenses | 155,519 | | | | | |
| 14 | Information technology | 34,873 | | | | | |
| 15 | Royalties | | | | | | |
| 16 | Occupancy | 7,075 | | | | | |
| 17 | Travel | 210,800 | | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | | | |
| 19 | Conferences, conventions, and meetings | 44,458 | | | | | |
| 20 | Interest | | | | | | |
| 21 | Payments to affiliates | | | | | | |
| 22 | Depreciation, depletion, and amortization | | | | | | |
| 23 | Insurance | 20,502 | | | | | |
| 24 | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | | | |
| а | RSRCH & PROM CONTRACT | 3,480,664 | | | | | |
| ь | SPONSORSHIPS | 324,839 | | | | | |
| С | MISCELLANEOUS | 49,717 | | | | | |
| d | GIVEAWAYS | 39,530 | | | | | |
| e | DUES AND SUBSCRIPTIONS | 29,552 | | | | | |
| f | All other expenses | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 5,995,386 | | | | | |
| 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 | | | | | | |

| Pa | rt X | Balance Sheet | | | | |
|--------------|------|--|---------------|---------------------------------|-----|---------------------------|
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | 623,526 | 1 | 637,185 |
| | 2 | Savings and temporary cash investments | | | 2 | 180,357 |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 642,216 | 4 | 521,746 |
| | 5 | Receivables from current and former officers, directors, trustees, key emphighest compensated employees Complete Part II of | oloyees, and | | | |
| | | Schedule L | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 49 persons described in section 4958(c)(3)(B). Complete Part II of | 58(f)(1)) and | | | |
| | | Schedule L | | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | 7 | |
| SS | 8 | Inventories for sale or use | | | 8 | |
| ⋖ | 9 | Prepaid expenses and deferred charges | | 20,248 | 9 | 18,747 |
| | 10a | Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i> | | | | |
| | ь | Less accumulated depreciation 10b | | | 10c | |
| | 11 | Investments—publicly traded securities | | | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | | | 12 | |
| | 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) | | 1,285,990 | 16 | 1,358,035 |
| | 17 | Accounts payable and accrued expenses . | | 348,370 | 17 | 375,345 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 167,606 | 19 | 34,450 |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| je s | 21 | Escrow or custodial account liability $\ \textit{Complete Part IV of Schedule D}$ | | | 21 | |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | | |
| 217 | | persons Complete Part II of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | 0 | 25 | 143,804 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 515,976 | 26 | 553,599 |
| sea | | Organizations that follow SFAS 117, check here ► ✓ and complete lines through 29, and lines 33 and 34. | 27 | | | |
| สม | 27 | Unrestricted net assets | | 760,621 | 27 | 793,815 |
| Fund Balance | 28 | Temporarily restricted net assets | | 9,393 | 28 | 10,621 |
| F | 29 | Permanently restricted net assets | | | 29 | _ |
| 큔 | | Organizations that do not follow SFAS 117, check here ▶ ┌ and complete | : e | | | |
| 0r | | lines 30 through 34. | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| Net | 33 | Total net assets or fund balances | | 770,014 | 33 | 804,436 |
| _ | 34 | Total liabilities and net assets/fund balances | | 1,285,990 | 34 | 1,358,035 |

Part XI Financial Statements and Reporting

| | | | Yes | No |
|----|---|----|-----|----|
| 1 | Accounting method used to prepare the Form 990 | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | Νo |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| c | If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 2c | Yes | |
| 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 | | | |
| | ▼ Separate basis | | | |
| 3а | 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 | | No |
| 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 | | |

Form **990** (2009)

DLN: 93493187004051

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

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

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

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

| Se Se If th | ection 501(c)(3) organizations that | t have filed Form 5768 (election unde t have NOT filed Form 5768 (election s," to Form 990, Part IV, Line 5 (P zations Complete Part III | under section 501 | (h)) Complete Part II-B Do r | not complete Part II-A |
|-------------|---|---|--|--|--|
| Na | me of the organization NNESOTA SOYBEAN GROWERS ASSOCIAT | · | | Employer ider 51-0178016 | ntification number |
| Par | t I-A Complete if the or | ganization is exempt under | section 501(| | |
| | • | | | _ | |
| 1 | | ganızatıon's dırect and ındırect polit | icai campaign act | IVITIES IN PART IV | |
| 2 | Political expenditures | | | • | \$ 8,187 |
| 3 | Volunteer hours | | | | 240 |
| Par | t I-B Complete if the or | ganization is exempt under | section 501(| c)(3). | |
| 1 | Enter the amount of any excise | e tax incurred by the organization ur | nder section 4955 | > | \$ |
| 2 | Enter the amount of any excise | e tax incurred by organization mana | gers under sectio | n 4955 🕨 | \$ |
| 3 | If the organization incurred a s | ection 4955 tax, did it file Form 47 | 20 for this year? | | ┌ Yes ┌ No |
| 4a | Was a correction made? | | | | ┌ Yes |
| ь | If "Yes," describe in Part IV | | | | |
| Par | t I-C Complete if the or | ganization is exempt under | section 501(| c) except section 50 | 1(c)(3). |
| 1 | Enter the amount directly expe | ended by the filing organization for s | ection 527 exemp | ot function activities 🕨 | \$ |
| 2 | Enter the amount of the filing o exempt funtion activities | rganızatıon's funds contributed to o | ther organizations | s for section 527 ► | \$ |
| 3 | Total exempt function expendi | tures Add lines 1 and 2 Enter here | and on Form 112 | 0-POL, line 17b | . |
| 4 | Did the filing organization file F | | | , | Yes No |
| 5 | State the names, addresses ar were made For each organizat contributions received that we | nd employer identification number (E ion listed, enter the amount paid fro re promptly and directly delivered to littee (PAC) If additional space is r | m the filing organi o a separate politi | ization's funds Also enter t cal organization, such as a | s to which payments the amount of political |
| | (a) Name | (b) Address | (c) EIN | (d) A mount paid from filing organization's funds If none, enter -0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0- |
| | | | | | |
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| | | | | | |

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

f Grassroots lobbying expenditures

| Pa | rt II-A Complete if the organization under section 501(h)). | is exempt under | section 501(c |)(3) and file | d Form 5768 | (election |
|----------|--|--|------------------------------------|-----------------------------|--|-----------------------------------|
| | Check If the filing organization belongs to a Check If the filing organization checked box | | d" provisions apply | , | | |
| <u> </u> | Limits on Lobbying E (The term "expenditures" means ar | Expenditures | | | (a) Filing Organization's Totals | (b) Affiliated Group Totals |
| 1a | Total lobbying expenditures to influence public o | ppinion (grass roots lob | ıbyıng) | | | |
| b | Total lobbying expenditures to influence a legisla | ative body (direct lobby | yıng) | | | |
| c | Total lobbying expenditures (add lines 1a and 18 | b) | | | | |
| d | Other exempt purpose expenditures | | | | | |
| e | Total exempt purpose expenditures (add lines 1 | c and 1d) | | | | |
| f | Lobbying nontaxable amount Enter the amount f | from the following table | ın both | | | |
| | If the amount on line 1e, column (a) or (b) is: Not over \$500,000 | The lobbying nontaxa 20% of the amount on lir | | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the | e excess over \$500,00 | 0 | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the | e excess over \$1,000,0 | 000 | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the | excess over \$1,500,00 | 00 | | |
| | Over \$17,000,000 | \$1,000,000 | | | | |
| | | • | | | | |
| g | Grassroots nontaxable amount (enter 25% of lin | ne 1 f) | | | | |
| h | Subtract line 1g from line 1a If zero or less, enter | er -0- | | | | |
| i | Subtract line 1f from line 1c If zero or less, ente | er - 0 - | | | | |
| j | If there is an amount other than zero on either line section 4911 tax for this year? | ne 1h or line 1ı, did the | organization file F | orm 4720 repoi | rtıng | ┌ Yes ┌ No |
| | (Some organizations that made a columns below. See the | he instructions fo | ection do not l r lines 2a thro | nave to com ugh 2f on pa | | ne five |
| | Lobbying Exp | enditures During | 4-Year Averag | ing Period | I | ı |
| | Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total |
| 2a | Lobbying non-taxable amount | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c | Total lobbying expenditures | | | | | |
| d | Grassroots non-taxable amount | | | | | |

| | · · · · · · · · · · · · · · · · · · · | g |
|-----------|---------------------------------------|---|
| Part II-B | Complete if the organization | is exempt under section 501(c)(3) and has NOT filed Form 5768 |
| | (election under section 501) | h)). |

| | (creation under section sez(ii)) | | | |
|----|--|-----|----|---------|
| | | (a | 1) | (b) |
| | | Yes | No | A mount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| а | Volunteers? | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c | Media advertisements? | | | |
| d | Mailings to members, legislators, or the public? | | | |
| е | Publications, or published or broadcast statements? | | | |
| f | Grants to other organizations for lobbying purposes? | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i | Other activities? If "Yes," describe in Part IV | | | |
| j | Total lines 1c through 1i | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| Ь | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| а | If the filing organization incurred a section 4912 tay, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | Yes | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | | Νo |
| 3 | Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3 | | Νo |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

| 2 | Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
|---|--|----|--|
| а | Current year | 2a | |
| ь | Carryover from last year | 2b | |
| c | Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i

Also, complete this part for any additional information

Dues, assessments and similar amounts from members

| Ident if ier | Return Reference | Explanation |
|------------------|--|----------------------------|
| Part I-A, Line 1 | Organizations Direct and Indirect Political Campaign Activities | Lobbyist and Pac donations |

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

DLN: 93493187004051

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

| F Atta | ich to rothi 990. F See separate histructions. | Inspection |
|---|---|---|
| me of the organization NNESOTA SOYBEAN GROWERS ASSOCIATION | | Employer identification number |
| | | 51-0178016 |
| | nor Advised Funds or Other Similar | r Funds or Accounts. Complete if the |
| organization answered "Yes" to F | (a) Donor advised funds | (b) Funds and other accounts |
| Total number at end of year | (a) Bellet davised lands | (2) i unus unu cener accounts |
| Aggregate contributions to (during year) | | |
| Aggregate grants from (during year) | | |
| Aggregate value at end of year | | |
| Did the organization inform all donors and do | nor advisors in writing that the assets held in to the organization's exclusive legal control? | |
| Did the organization inform all grantees, dono | ors, and donor advisors in writing that grant fu the benefit of the donor or donor advisor, or fo | nds may be |
| rt III Conservation Easements. Cor | nplete if the organization answered "Yes | s" to Form 990, Part IV, line 7. |
| Purpose(s) of conservation easements held be Preservation of land for public use (e.g., Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held easement on the last day of the tax year | recreation or pleasure) Preservation o | f an historically importantly land area f a certified historic structure form of a conservation |
| easement on the last day of the tax year | | Held at the End of the Year |
| Total number of conservation easements | | 2a |
| Total acreage restricted by conservation eas | ements | 2b |
| Number of conservation easements on a cert | | 2c |
| Number of conservation easements included | • • | 2d |
| | , transferred, released, extinguished, or termin | |
| | onservation easement is located - egarding the periodic monitoring, inspection, head to be seen the control of | |
| Staff and volunteer hours devoted to monitor | ing, inspecting and enforcing conservation ea | sements during the year ► |
| A mount of expenses incurred in monitoring, i | nspecting, and enforcing conservation easem | ents during the year ► \$ |
| Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? | on line 2(d) above satisfy the requirements of | section Yes No |
| | ports conservation easements in its revenue text of the footnote to the organization's finan n easements | |
| | llections of Art, Historical Treasure wered "Yes" to Form 990, Part IV, line 8 | |
| art, historical treasures, or other similar asse | er SFAS 116, not to report in its revenue state ets held for public exhibition, education or res to its financial statements that describes thes | earch in furtherance of public service, |
| If the organization elected, as permitted unde historical treasures, or other similar assets b provide the following amounts relating to thes | neld for public exhibition, education, or research | • |
| (i) Revenues included in Form 990, Part VII | I, line 1 | ▶ \$ |
| (ii) Assets included in Form 990, Part X | | ► \$ |
| · · | art, historical treasures, or other similar asset der SFAS 116 relating to these items | |
| Revenues included in Form 990, Part VIII, li | ne 1 | ► \$ |
| , | | · - |

b Assets included in Form 990, Part X

| Part | ••• Organizations Maintaining Co | llections of Art | <u>, His</u> | tori | <u>cai ii</u> | easur | es, or (| <u>Jtnei</u> | r Similar <i>i</i> | Assets | (contini | ued) |
|----------|---|-----------------------|----------------|----------|------------------------|----------------------|-----------------------|--------------|-------------------------|---------|------------------|------|
| | Using the organization's accession and othe items (check all that apply) | r records, check any | y of th | e foll | owing | that are | a sıgnıfıc | ant us | se of its coll | ection | | |
| а | Public exhibition | | d | Γ | Loan | orexcha | ange prog | rams | | | | |
| ь | Scholarly research | | e | Γ | Other | | | | | | | |
| c | Preservation for future generations | | | | | | | | | | | |
| | Provide a description of the organization's co Part XIV | ollections and expla | ın hov | v the | / furthe | er the org | ganızatıo | n's ex | empt purpos | e ın | | |
| | During the year, did the organization solicit of assets to be sold to raise funds rather than t | | | | | | | | ılar | Г Ye | s \lceil r | No |
| Part | Part IV, line 9, or reported an an | | | | | | answere | ed "Ye | es" to Form | າ 990, | | |
| | Is the organization an agent, trustee, custod included on Form 990, Part X? | ıan or other ınterme | diary | for c | ontribu | tions or | other as | sets n | ot | ΓYe | s | No |
| b | If "Yes," explain the arrangement in Part XI\ | / and complete the | follow | ing ta | able | | ı | | | A | | |
| _ | | | | | | | | 1. | | A mount | | — |
| c d | Beginning balance | | | | | | | 1c 1d | | | | |
| | Additions during the year | | | | | | | 1e | | | | |
| _ | Distributions during the year | | | | | | | 1f | | | | |
| | Ending balance | orm 000 Bart V I | . 212 | | | | l | Τ1 | | Гүе | s Г | |
| | Did the organization include an amount on Fo | | e 21' | | | | | | | , re | > [| 10 |
| ь Par | If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete i | | n anc | WOr | d "Vo | s" to Fo | orm gan | Dart | TV line 1 | n | | |
| FGI | Endowment Funds. Complete | (a)Current Year | | Prior \ | | | Years Back | | hree Years Bad | | ur Years E | |
| 1a | Beginning of year balance | ., | | | | | | 1 | | | | |
| b | Contributions | | | | | | | | | | | |
| c | Investment earnings or losses | | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | | |
| | Other expenditures for facilities and programs | | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | | |
| 2 | Provide the estimated percentage of the yea | r end balance held a | s | | | | | | | | | |
| а | Board designated or quasi-endowment 🕨 | | | | | | | | | | | |
| ь | Permanent endowment 🕨 | | | | | | | | | | | |
| c | Term endowment ► | | | | | | | | | | | |
| 3a | Are there endowment funds not in the posses organization by | ssion of the organiza | atıon t | that a | re held | d and ad | mınıstere | d for t | :he | Y | es No | _ |
| | (i) unrelated organizations | | | | | | | | [3 | Ba(i) | | _ |
| | (ii) related organizations | | | | | | | | 3 | a(ii) | | _ |
| | If "Yes" to 3a(II), are the related organizatio | | | | | | | • | | 3b | | _ |
| | Describe in Part XIV the intended uses of th | | | | | 00 0 | + V l | 10 | | | | |
| Part | VI Investments—Land, Buildings | o, and Equipme | 11 t. 5 | | | | I ' | | | T | | |
| | Description of investment | | | | a) Cost (sis (inve | or other estment) | (b)Cost o basis (o | | (c) Accumu depreciat | 17 | d) Book v | alue |
| | and | | • | | | | | | | | | |
| | Guildings | | - | | | | | | | | | |
| | easehold improvements | | • | | | | | | | | | |
| | quipment | | • | - | | | | | | | | |
| | Other | | | | | | | | | | | |
| | | 000 - | / | | 401 | | | | | | | 0 |

| Part VII Investments—Other Securities. Securities. | e Form 990, Part X, line 12 | |
|---|--|--|
| (a) Description of security or category (including name of security) | (b)Book value | (c) Method of valuation Cost or end-of-year market value |
| | | Cost of end-of-year market value |
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other | | |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | * | |
| Part VIII Investments—Program Related. S | <u>ee Form 990, Part X, line 1</u> | 3. |
| (a) Description of investment type | (b) Book value | (c) Method of valuation |
| (a) Description of investment type | (B) Book value | Cost or end-of-year market value |
| | | |
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| | | |
| Total (Column (h) should agual Form 000, Part V, sel (P) Inc. 12) | b | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | | |
| Part IX Other Assets. See Form 990, Part X, | line 15. | (h) Book value |
| | line 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | line 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | line 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | line 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | line 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | line 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | line 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | line 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | line 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | line 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | line 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | line 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | line 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | line 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | line 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | line 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, | line 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, (a) Description | line 15. | |
| Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) lines | line 15. ription | (b) Book value |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part | line 15. ription | |
| Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) lines | line 15. ription | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability | Ine 15. ription 2.15.) X, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes | 2.15.) | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes UNEARNED DUES - CURRENT | 15.) X, line 25. (b) A mount 81,120 | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes UNEARNED DUES - CURRENT | 2.15.) | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes UNEARNED DUES - CURRENT | 15.) X, line 25. (b) A mount 81,120 | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes UNEARNED DUES - CURRENT | 15.) X, line 25. (b) A mount 81,120 | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes UNEARNED DUES - CURRENT | 15.) X, line 25. (b) A mount 81,120 | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes | 15.) X, line 25. (b) A mount 81,120 | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes UNEARNED DUES - CURRENT | 15.) X, line 25. (b) A mount 81,120 | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes UNEARNED DUES - CURRENT | 15.) X, line 25. (b) A mount 81,120 | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes UNEARNED DUES - CURRENT | 15.) X, line 25. (b) A mount 81,120 | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes UNEARNED DUES - CURRENT | 15.) X, line 25. (b) A mount 81,120 | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes UNEARNED DUES - CURRENT | 15.) X, line 25. (b) A mount 81,120 | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes UNEARNED DUES - CURRENT | 15.) X, line 25. (b) A mount 81,120 | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes UNEARNED DUES - CURRENT | 15.) X, line 25. (b) A mount 81,120 | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes UNEARNED DUES - CURRENT | 15.) X, line 25. (b) A mount 81,120 | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes UNEARNED DUES - CURRENT | 15.) X, line 25. (b) A mount 81,120 | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes UNEARNED DUES - CURRENT | 15.) X, line 25. (b) A mount 81,120 | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes UNEARNED DUES - CURRENT | Section Sect | |

| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 6,029,808 |
|-----|--|--------------|-----------|
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 5,995,386 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 34,422 |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 34,422 |
| Par | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue | er Retur | n |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 5,877,365 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) 2d 14,746 | | |
| e | Add lines 2a through 2d | 2e | 14,746 |
| 3 | Subtract line 2e from line 1 | 3 | 5,862,619 |
| 4 | A mounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIV) | | |
| c | Add lines 4a and 4b | 4c | 167,189 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 6,029,808 |
| Par | XIII Reconciliation of Expenses per Audited Financial Statements With Expenses | per Reti | |
| 1 | Total expenses and losses per audited financial statements | ₁ | 5,843,029 |
| 2 | statements | + | |
| a | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| c | Other losses | | |
| d | Other (Describe in Part XIV) | | |
| e | Add lines 2a through 2d | 2e | 14,746 |
| 3 | Subtract line 2e from line 1 | 3 | 5,828,283 |
| 4 | A mounts 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 | | |
| ь | Other (Describe in Part XIV) | | |
| c | Add lines 4a and 4b | 4c | 167,103 |
| _ | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 5,995,386 |
| 5 | rotal expenses Add lines 3 and 4c. (This should equal Form 390, Fait 1, line 10) | , , , | 5,555,500 |

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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 X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

| Ident if ier | Return Reference | Explanation |
|---|------------------|---|
| Part XII, Line 2d - Other Adjustments | | GOLF SPECIAL EVENT EXPENSES 14746 |
| Part XII, Line 4b - Other Adjustments | | ADMINISTRATIVE FEES FOR MN SOYBEAN RESEARCH AND PROMOTION COUNCIL 167103 CHANGE IN TEMPORARILY RESTRICTED NET INCOME 86 |
| Part XIII, Line 2d - Other Adjustments | | GOLF SPECIAL EVENT EXPENSES 14746 |
| Part XIII, Line 4b - Other Adjustments | | ADMINISTRATIVE FEES FOR MN SOYBEAN RESEARCH AND PROMOTION COUNCIL 167103 |

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

DLN: 93493187004051

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Internal Revenue Service Name of the organization Employer identification number MINNESOTA SOYBEAN GROWERS ASSOCIATION Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and e-mail solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Dıd fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual (iv) Gross receipts (or retained by) custody or (ii) Activity (or retained by) or entity (fundraiser) fundraiser listed in control of from activity organization contributions? col (i) No Yes

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

| | | | (a) Event #1 | (b) Event #2 | (c) O ther Events | (Add col | | |
|--------------|-----------------------|--|-----------------------------|--|-------------------------|-----------|-------------------|-------|
| | | | GOLF EVENT (event type) | (event type) | (total number) | co | (c)) | |
| 星 | 1 (| Gross receipts | 30,315 | 5 | | | 30 | 7,31 |
| Reveilue | _ | ess Charitable | | | | | | |
| _ | 3 | Gross income (line 1 minus line 2) | 30,315 | 5 | | | 3(| 0,31 |
| | 4 | Cash prizes | 1,609 | | | | = | 1,609 |
| | 5 N | Non-cash prizes | | | | | | |
| l Se | 6 F | Rent/facility costs | | | | | | |
| Expenses | 7 F | Food and beverages | 6,281 | | | | (| 5,28 |
| ای | 8 E | Entertainment | 6,826 | 5 | | | (| 5,82 |
| ≦ | 9 (| Other direct expenses . | | | | | | |
| 1 | 10 🗆 | Direct expense summary Add lir | ies 4 through 9 in column | (d) | | | 14 | 4,716 |
| | | Net income summary Combine li | _ | | | | 1 ' | 5,599 |
| Part | Ш | Gaming. Complete if the o \$15,000 on Form 990-EZ, li | | "Yes" to Form 990, Pa | rt IV, line 19, or repo | orted mor | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) O ther gaming | (Add col | al gam (a) thi | |
| | 1 Gr | oss revenue | | | | | | |
| <u>မှ</u> | 2 Ca | ash prizes | | | | | | |
| expenses | 3 No | on-cash prizes | | | | | | |
| _ | 4 Re | ent/facility costs | | | | | | |
| চ চাত্র | 5 Ot | ther direct expenses | | | | | | |
| | c \/ c | plunteer labor | Г Yes%_ | ┌ Yes%_ | ┌ Yes % | | | |
| | 6 0 | Juniteer labor | □ No | □ No | □ No | | | |
| | 7 Di | rect expense summary Add line | s 2 through 5 ın column (| d) | | | | |
| | 8 N e | et gaming income summary. Com | nbine lines 1, column d, ai | nd line 7 | | | | |
| | | | | | | · | Yes | No |
| | | the state(s) in which the organiz | | | | . 9a | | |
| | | organization licensed to operate | -gaming activities in eacl | | | · 9a | | |
| а | Is the | organization licensed to operate ," Explain | gaming activities in eacl | | | | 1 1 | |
| а | Is the | | gaming activities in eacl | | | | | |
| a b | Is the If "No, | | | | the tax year? | 10a | | |
| a b 0a | Is the If "No, Were a | ," Explain | | | the tax year? | 10a | | |
| a b 0a | Is the If "No, Were a | ," Explain any of the organization's gaming | | | the tax year? | 10a | | |

| | | Yes | No |
|-----------|--|----------|----|
| 13 | Indicate the percentage of gaming activity operated in | | |
| а | The organization's facility | | |
| b | An outside facility | | |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records | | |
| | | | |
| | Name 🟲 | | |
| | | | |
| | | | |
| | Address - | | |
| | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming | | |
| | revenue? | , | |
| b | If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the | + | |
| | amount of gaming revenue retained by the third party 🟲 \$ | | |
| c | If "Yes," enter name and address | | |
| | | | |
| | Name 🟲 | | |
| | | | |
| | | | |
| | Address • | | |
| 16 | | | |
| 16 | Gaming manager information | | |
| | | | |
| | Name 🟲 | | |
| | Name F | | |
| | Gaming manager compensation 🕨 \$ | | |
| | | | |
| | Description of services provided - | | |
| | Director/officer Employee Independent contractor | | |
| | I Director/officer I Employee I Independent contractor | | |
| .7 | Mandatory distributions | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | <u> </u> | |
| b | Enter the amount of distributions required under state law distributed to other exempt organizations or spent | | |
| | in the organization's own exempt activities during the tax year ▶ \$ | 1 | |

DLN: 93493187004051

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Compensation Information

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

| LITIN | WILSOTA SOTBLAN GROWERS ASSOCIATION | | 51-0178016 | | | |
|-------|--|--|------------------------|----|-----|----|
| Pa | art I Questions Regarding Compensation | | | | | |
| | | | _ | | Yes | Νo |
| 1a | Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to pro | | | | | |
| | First-class or charter travel | Housing allowance or residence for | personal use | | | |
| | Travel for companions | Payments for business use of perso | nal residence | | | |
| | Tax idemnification and gross-up payments | Health or social club dues or initiat | | | | |
| | Discretionary spending account | Personal services (e g , maid, chau | feur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the organiza reimbursement orprovision of all the expenses described a | , | ' | 1b | | |
| 2 | Did the organization require substantiation prior to reimbu officers, directors, trustees, and the CEO/Executive Direc | | | 2 | | |
| 3 | Indicate which, if any, of the following the organization use organization's CEO/Executive Director Check all that ap | • | : | | | |
| | Compensation committee | Written employment contract | | | | |
| | Independent compensation consultant | Compensation survey or study | | | | |
| | Form 990 of other organizations | Approval by the board or compensa | tion committee | | | |
| 4 | During the year, did any person listed in Form 990, Part V or a related organization | II, Section A, line 1a with respect to t | he filing organization | | | |
| а | Receive a severance payment or change-of-control payme | ent? | | 4a | | Νo |
| b | Participate in, or receive payment from, a supplemental no | onqualified retirement plan? | | 4b | | Νo |
| c | Participate in, or receive payment from, an equity-based o | compensation arrangement? | | 4с | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and provide | the applicable amounts for each item i | n Part III | | | |
| _ | Only 501(c)(3) and 501(c)(4) organizations only must con | | | | | |
| 5 | For persons listed in form 990, Part VII, Section A, line 1 compensation contingent on the revenues of | a, did the organization pay or accrue a | ny | | | |
| 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 1 compensation contingent on the net earnings of | a, did the organization pay or accrue a | ny | | | |
| а | The organization? | | | 6a | | |
| b | Any related organization? | | | 6b | | |
| | If "Yes," to line 6a or 6b, describe in Part III | | | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1 payments not described in lines 5 and 6? If "Yes," descri | | n-fixed | 7 | | |
| 8 | Were any amounts reported in Form 990, Part VII, paid or subject to the initial contract exception described in Regs in Part III | | | 8 | | |
| 9 | If "Yes" to line 8, did the organization also follow the rebu | ttable presumption procedure describe | d in Regulations | | | |

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name | | (B) Breakdown of | W-2 and/or 1099-MI | | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|--------------|-------------|--------------------------|---|---|--------------------------------|----------------|----------------------|---|
| | | (i) Base compensation | (ii) Bonus & (iii) Other reportable compensation compensation | | other deferred compensation | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ |
| JAMES PALMER | (I) (II) | 130,361 0 | 0 | | 28,524 0 | 3,914 | 162,799 0 | 0 0 |
| | , , | | | J | | <u> </u> | | |
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Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

|] | Ident if ier | Ret urn Ref erence | Explanation |
|---|--------------|-----------------------|-------------|
|] | Ident if ier | Reference | Explanation |

Schedule J (Form 990) 2009

Software ID: **Software Version:**

EIN: 51-0178016

Name: MINNESOTA SOYBEAN GROWERS ASSOCIATION

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

DLN: 93493187004051

OMB No 1545-0047 2009

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

Name of the organization
MINNESOTA SOYBEAN GROWERS ASSOCIATION

Employer identification number

51-0178016

| ldentifier | Return Reference | Explanation |
|---|---------------------|--|
| Form 990, Part VI, Section A, line 6 | | ANY PERSON IN MINNESOTA WHO WANTS TO BECOME A MEMBER OF THE ASSOCIATION MUST MEET THE QUALIFICATIONS SET FORTH IN THE GOVERNING DOCUMENTS |

| ldentifier | Return Reference | Explanation |
|--|---------------------|---|
| Form 990, Part VI, Section A, Iine 7a | | THE ASSOCIATION'S BOARD OF DIRECTORS CONSISTS OF ONE DIRECTOR FROM EACH OF THE ORGANIZED COUNTY ASSOCIATIONS AN ORGANIZED COUNTY MAY CHOOSE NOT TO SEND A REPRESENTATIVE, BUT IS ANNUALLY NOTIFIED OF ELIGIBILITY THESE DIRECTORS ARE SELECTED BY THE ORGANIZED COUNTY ASSOCIATIONS IF A COUNTY'S DIRECTOR CANNOT ATTEND, THE COUNTY SHALL SEND AN ALTERNATE FROM THE COUNTY'S BOARD WHO WILL HAVE FULL VOTING POWER MSGA'S ASA NATIONAL DIRECTORS SERVE AS MEMBERS OF THE ASSOCIATIONS BOARD OF DIRECTORS WITH FULL VOTING POWER A VOLUNTEER SOYA PROMOTER SERVES ON THE ASSOCIATION'S BOARD OF DIRECTORS WITH FULL VOTING POWER |

| ldentifier | Return Reference | Explanation |
|--|---------------------|--|
| Form 990, Part VI, Section A, line 7b | | AMENDMENTS TO THE ASSOCIATION'S GOVERNING DOCUMENTS MUST BE APPROVED BY A MAJORITY VOTE OF THE MEMBERS IN GOOD STANDING AT A PROPERLY CALLED AND DULY NOTICED MEETING OF THE MEMBERS |

| ldentifier | Return Reference | Explanation |
|--|---------------------|---|
| Form 990, Part VI, Section B, line 11 | | BOARD MEMBERS HAVE A CHANCE TO REVIEW THE FORM 990 DURING A BOARD MEETING BEFORE FILING STAFF IN CHARGE OF COMPLETING THE FORM 990 ARE AVAILABLE TO DISCUSS THE RETURNS AND ANSWER ANY QUESTIONS THE BOARD MAY HAVE |

| ldentifier | Return Reference | Explanation |
|---|---------------------|---|
| Form 990, Part VI, Section B, line 12c | | Directors are asked to sign a Conflict of Interest form each June. They are required to abstain from voting on any issue that is perceived as a conflict, and it is recorded in the official board minutes. |

| ldentifier | Return Reference | Explanation |
|--|---------------------|---|
| Form 990, Part VI, Section B, line 15b | | THE EXECUTIVE COMMITTEE MEETS ANNUALLY TO REVIEW AND APPROVE COMPENSATION FOR THE EXECUTIVE DIRECTOR THE BOARD ALSO HAS OBTAINED SALARY SURVEYS FOR A COMPARABLE POSITION TO THE EXECUTIVE DIRECTOR AND THAT INFORMATION IS USED IN PART TO DETERMINE COMPENSATION The Executive Director presents options to the board of directors to determine the compensation for the organization's officers. They then meet in an executive session to discuss and finalize the decision for compensation. |

| ldentifier | Return Reference | Explanation |
|--|---------------------|---|
| Form 990, Part VI, Section C, line 19 | | THE ORGANIZATION DOES NOT MAKE AVAILABLE TO THE PUBLIC THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR THE FINANCIAL STATEMENTS |

| ldentifier | Return Reference | Explanation |
|-----------------------|--------------------------------|--|
| FORM 990, PART VII | EXPLANATION OF HOURS WORKED | JAMES PALMER, EXECUTIVE DIRECTOR, WAS COMPENSATED IN FULL BY MINNESOTA SOYBEAN GROWERS ASSOCIAION (MSGA) FOR HIS HOURS WORKED BETWEEN MSGA AND ITS RELATED ORGANIZATION, MINNESOTA SOYBEAN RESEARCH AND PROMOTION COUNCIL (MSR&PC) THE HOURS WORKED BY JAMES PALMER WERE ALLOCATED AS FOLLOWS MSGA 6 HOURS MSR&PC 34 HOURS |

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DLN: 93493187004051

OMB No 1545-0047 2009

> Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

| Identification of Disregarded Entities (Complete if to a second state of the second st | | nswered "Yes" on (c) Legal domicile (state | | 51-0178016 V, line 33.) | |
|--|-----------------------------------|---|----------------------------|---|--|
| | | | | V, line 33.) | |
| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) | 4.10 | | |
| | (b) Primary activity | or foreign country) | (d) Total income E | (e) nd-of-year assets | (f) Direct controlling entity |
| | | | | | |
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| Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the tax | ns (Complete if the year.) | ne organization an: | swered "Yes" on | Form 990, Part I | V, line 34 because it had one |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity stati (if section 501(c)(3 | us Direct controlling 3)) entity |
| INESOTA SOYBEAN RESEARCH AND PROMOTION COUNCIL | | | | | |
| ST ANDREWS COURT NKATO, MN 56001 | YBEAN RESEARCH | MN | N/A | | N/A |
| | | | | | |
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| Privacy Act and Panerwork Reduction Act Notice see the Instructions for | Form 000 | Cat No 50135 | | | Schedule R (Form 990) 2009 |

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end asset | | (h Disprop allocat | ortionate | Code amount II Sched | (i) V—UBI n box 20 of ule K-1 n 1065) | (j Gener mana partr | al or Iging |
|--|--------------------------------|---|-------------------------------------|--|---------------------------------------|---|----------------|--------------------------|------------|--------------------------------------|---|-------------------------------------|----------------|
| | | | | | | | | Yes | No | | | Yes | No |
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| | | | | s a Corporation of treated as a corpo | | | | nswer | ed "Y | es" on F | orm 990, P | art IV, | |
| | cause it had one t | | ciacca organización. | | | | (f) |) | Ī | (a) | (h) | | |
| (a) Name, address, and EIN o | f related organization | (b) Primary ad | ctivity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | Share of incor | f total | Sh end- | (g) nare of -of-year issets | (h) Percentag ownership | | |
| | | | | | | | | | | | | | |
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| Part ' | Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, | line 34, 35, or 36.) | | | |
|----------------|---|--|------------|---------------|-------|
| No | te. Complete line 1 if any entity is listed in Parts II, III or IV | | | Yes | No |
| 1 Durir | g the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-I | V? | | | |
| a Re | ceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | | 1a | | No |
| b G | ft, grant, or capital contribution to other organization(s) | | 1b | | No |
| c Gı | ft, grant, or capital contribution from other organization(s) | | 1 c | | No |
| d Lo | ans or loan guarantees to or for other organization(s) | | 1d | | No |
| e Lo | ans or loan guarantees by other organization(s) | | 1e | | No |
| f Sa | le of assets to other organization(s) | | 1f | | No |
| | irchase of assets from other organization(s) | | 1g | | No |
| | change of assets | | 1h | | No |
| | ase of facilities, equipment, or other assets to other organization(s) | | 1 i | | No |
| j Le | ase of facilities, equipment, or other assets from other organization(s) | | 1j | | No |
| - | erformance of services or membership or fundraising solicitations for other organization(s) | | 1k | Yes | |
| | rformance of services or membership or fundraising solicitations by other organization(s) | | 11 | | No |
| | aring of facilities, equipment, mailing lists, or other assets | | 1m | Yes | |
| | paring of paid employees | | 1n | | No |
| o Re | elmbursement paid to other organization for expenses | | 10 | | No |
| p Re | embursement paid by other organization for expenses | | 1р | Yes | |
| q 0 | ther transfer of cash or property to other organization(s) | | 1 q | | No |
| r Ot | her transfer of cash or property from other organization(s) | | 1 r | | No |
| | the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationshi | ips and transaction thres | holds | | |
| | (a) Name of other organization | (b) Transaction type(a-r) | | c) involve | ed |
| | SOTA soybean research and promotion council | | | 5,68 | 0,268 |
| (1) See A | Iditional Data Table | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| | | | | | |
| (5) | | | | | |
| (6) | | | | | |

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | organizatio | | (e) Share of end-of-year assets | | r) ortionate tions? | (g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (h Gene mana part | agın tner? |
|--|--------------------------------|--|-------------|----|---|-----|---------------------------|---|----------------------------|---------------|
| | | | Yes | No | | Yes | No | | Yes | N |
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Software ID: Software Version:

EIN: 51-0178016

Name: MINNESOTA SOYBEAN GROWERS ASSOCIATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| Compensated Employees, and Independent Contractors | | | | | | | | | | | | |
|--|-------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|--|--|--|
| (A) Name and Title | (B) Average hours | Posi t | tion (hat a | che | | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other | | |
| | per week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations | | |
| BILL ZURN PRESIDENT | 4 00 | Х | | х | | | | 0 | 0 | 0 | | |
| KURT KRUEGER VICE PRESIDENT | 2 00 | Х | | х | | | | 0 | 0 | 0 | | |
| WILLIAM GORDON TREASURER | 2 00 | Х | | х | | | | 0 | 0 | 0 | | |
| BRUCE SCHMOLL SECRETARY | 2 00 | Х | | х | | | | 0 | 0 | 0 | | |
| LANCE PETERSON PAST PRESIDENT | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| MARK BROWN DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| STEVE BRUSVEN DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| RON BUNJER DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| JOE CONNELLY DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| HAROLD DRACKLEY DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| MEL FICK DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| PAUL FREEMAN DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| THERESA GILLIE DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 | | |
| GEORGE GOBLISH DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| ED HEGLAND DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| CHRISTOPHER HILL DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| BRAD HOVEL DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| STEVE HULKE DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| GARY JOACHIM DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| PETER JOHNSON DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| JEAN KNAKMUHS DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| JIM KUKOWSKI DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| BRAD LEIDING DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| LARRY MAHONEY DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| LARRY MUFF DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| Compensated Employees, and Independent Contractors | | | | | | | | | | | | |
|--|-------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|--|--|--|
| (A) Name and Title | (B) Average hours | | (C tion (hat a | che | | II | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other | | |
| | per week | individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations | | |
| ROBERT NELSON DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| BRUCE NELSON DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| KEITH NELSON DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| BARB OVERLIE DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| JONATHAN POSUSTA DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| JOHN SCHMITZ DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| JEFF SCHRADER DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| KEITH SCHRADER DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| JOEL SCHREURS DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| ELLIOTT SOLHEIM DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| CAL SPONK DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| LA WRENCE SUKALSKI DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| DOUG TOREEN DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| COLE TREBESCH DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| ROBERT WAYNE DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| MATT WIDBOOM DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| BOB WORTH DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 | | |
| JAMES PALMER EXECUTIVE DIRECTOR | 6 00 | | | x | | | | 130,361 | 0 | 32,438 | | |

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

| Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|------------------------------------|---|--------------------------------|
| RSRCH & PROM CONTRACT | 3,480,664 | | | |
| SPONSORSHIPS | 324,839 | | | |
| MISCELLANEOUS | 49,717 | | | |
| GIVEAWAYS | 39,530 | | | |
| DUES AND SUBSCRIPTIONS | 29,552 | | | |