

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Form **990** (2009)

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

		the Treasury The organization may have to use a copy of this return to satisfy state in	eporting requ	rements	Inspection
A	For th	e 2009 calendar year, or tax year beginning OCTOBER 1 , 2009, and endur	g SEPTEM	BER 30	, 20 10
В	- Check if a	policable Please C Name of organization MINNESOTA MILK PRODUCERS ASSO	CIATION	D Employ	er identification number
		change use IRS Doing Business As		41-146	9481
	lame ch	print or Number and street (or P O box if mail is not delivered to street address) Room/su	ite	E Telepho	ne number
	nitial ret	1100 MADEV DETVE		763-35	5-9697
$\overline{}$	Termina	Specific City or town, state or country, and ZID + 4			· · · · · · · · · · · · · · · · · · ·
$\overline{}$		d return BUFFALO, MN 55313		G Gross re	ceipts \$ 562,692
		F Name and address of principal officer PATRICK LUNEMANN	H(a) Is the	a oroup return	for affiliates? Yes No
		108 MARTY DRIVE BUFFALO MN 55313			ncluded? Tyes N/No
ī	Tax-exe	empt status			list (see instructions)
J	Websi	te: ▶www.mnmilk.org			nber ► N/A
		organization ☑ Corporation ☑ Trust ☑ Association ☑ Other ► L Year of formal			legal domicile MN
Pa	irt I	Summary			
	1	Briefly describe the organization's mission or most significant activities. TO MA	KE PUBL	C THE	VIEWS AND
_		OBJECTIVES OF DAIRY PRODUCERS IN MINNESOTA BY LOBBYIN			
nce		LEGISLATURES FOR LAWS THAT STABILIZE WHOLESALE MILK O			
rna	1	PERTAIN TO MILK PRODUCERS			
Governance		Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25%	of its net asse	ts	
. ବ୍ୟ ପ	l .			1 2 1	14
se S	1	Number of independent voting members of the governing body (Part VI, line 1)		1 - 1	14
ctivities	1	Total number of employees (Part V, line 2a)	•	5	7
, cti	1	Total number of volunteers (estimate if necessary)		. 6	0
_	1	Total gross unrelated business revenue from Part VIII, column (C), line 12.		7a	0
;		Net unrelated business taxable income from Form 990-T, line 34		. 7b	0
;—			Pnor \	'ear	Current Year
	8	Contributions and grants (Part VIII, line 1h)	4	34,734	372,648
Revenue	1	Program service revenue (Part VIII, line 2g)		0	0
, A	,	Investment income (Part VIII, column (A), lines 3.4 and 7d)	-	6,098	4,035
e ex		Other revenue (Part VIII, column (A) Tipes 57 6d, 8c 9c, 10c, and 11e)	1	09,653	133,259
	12	Total revenue—add lines 8 through () (must equal Had VIII, column (A), line 12)	5	50,485	509,942
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,000	8,200
		Benefits paid to or for members (Rant IX) column (A)) line 4)			0
es	15	Salaries, other compensation employee benefits (Part X, column (A), lines 5–10)	2	06,019	212,744
ens	16a	Professional fundraising fees (Part-IX-column (A)), line 11e)			0
Expenses	b	Total fundraising expenses (Par(IX Coulim (D), line 25)	いるでは、		HISTORY TO THE TOTAL AND THE
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3	81,171	301,014
	i	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25).	5	92,190	521,958
	19	Revenue less expenses Subtract line 18 from line 12	(41,705	(12,016
Assets or			Beginning of (urrent Year	End of Year
set	20	Total assets (Part X, line 16)	3	41,079	297,877
t As	21	Total liabilities (Part X, line 26)	1	07,960	76,774
Net A	22	Net assets or fund balances Subtract line 21 from line 20	2	33,119	221,103
Pa	art II	Signature Block	-1.		
Się He	_	Under penalties of perjury, I declare that I have examined this return, including accompanying sche and belief, it is true correct, and complete Declaration of preparer (other than officer) is based of Signature of officer Signature of officer Type or print name and title	n all information	ments, and to of which pr	o the best of my knowledge eparer has any knowledge
_		Nata I	Check if	Preparer's	dentifying number
		Preparers	elf	(see instruc	
Pai		B W. tech 10/29/2010	mployed ► L		
	parer's	Firm's name (or yours SCHMITZ & KETCHUM PA	EIN	▶ 11_	1771683
Use	Only	if self-employed), address and ZIP+4 SCHMITZ & REICHOFF FA			-251-7444

	Total program service expenses ► 474 181
4d	Other program services. (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
	······································
4C	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
A -	/Codo)/Evpopeos & including grants of &)/Deviceos &
	······································
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	IN AN EFFORT TO STABILIZE THE INDUSTRY
	PUBLIC EDUCATION-MAKE PUBLIC THE VIEWS AND OBJECTIVES OF DAIRY PRODUCERS IN MINNESOTA
4a	(Code) (Expenses \$ 474,181 including grants of \$) (Revenue \$)
4a	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
	services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	the prior Form 990 or 990-EZ?
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	PRODUCER PRICING AND/OR PERTAIN TO MILK PRODUCERS
	AT THE STATE AND FEDERAL LEGISLATURES FOR LAWS THAT STABILIZE WHOLESALE MILK OR
	TO MAKE PUBLIC THE VIEWS AND OBJECTIVES OF DAIRY PRODUCERS IN MINNESOTA BY LOBBYING

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	<u>i</u>	N/1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Χ_
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		N/2
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	Х	
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>x</u> _
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		х_
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		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		<u>x</u> _
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land buildings and equipment in Part X line 10? 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	Χ	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	3	14a		X
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	_	<u>x</u> _
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		х
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	Х	
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		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	l	Х

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
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		<u>X_</u>
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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	!	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	l	<u>X</u> _
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N/A
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		N/A
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		Х
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		X
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		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
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		X
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		Х
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		N/A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note . All Form 990 filers are required to complete Schedule O	38	Х	Δ_

Par	t 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		2.7	
	U.S. Information Returns. Enter -0- if not applicable	1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		N/A
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	130		44.7
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7	13.0	1	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	feels, at
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	┼	N/E
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		X
b	If "Yes," enter the name of the foreign country ► N/A			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	4.5		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	├	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5c		ļ ,, ,,
60	Prohibited Tax Shelter Transaction?	—	X	N/F
OA	organization solicit any contributions that were not tax deductible?	Ju	 ^ -	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X _	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		
	and services provided to the payor?	7a 7b	┼	X / 7
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	76	 	N/F
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Χ
	in res, indicate the number of rollins 5252 filed during the year			
_	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g	+	X N/F
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	/ <u>9</u>	\dagger	IN/F
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	أنسون	N/F
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		1
۵.	• • • • • • • • • • • • • • • • • • • •			N/F
9 a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		N/F
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		N/F
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	<u> </u>		2
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/F	<u>.</u>		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	<u>, </u>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	4		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			N/I
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b N/A			

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	, 4 , 4 %	1. 's'	14.74
b	Enter the number of voting members that are independent		2.5	3
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1	-	2,62
	any other officer, director, trustee, or key employee?	2		Х
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	Х	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		1	
	of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		200	
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		,	
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	<u> </u>	<u>X</u>
	tion B. Policies (This Section B requests information about policies not required by the Int	ernal		
Rev	enue Code.)		,	,
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	ļ	<u>X</u>
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	N/A	.
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	16.27.1.13
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			基記
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			1
	rise to conflicts?	12b	X	ļ
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13	X	-
14	Does the organization have a written document retention and destruction policy?	14	X 2548	ABUL WA
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?			1307
	The organization's CEO, Executive Director, or top management official	15a	Х	NI / D
þ	Other officers or key employees of the organization	15b	2016	N/A
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	214 the organization invocating continuous about to, or participate in a joint continuous areas governors.	16a		X
	with a taxable entity during the year?	TO A	200	A
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		N/A
Sec	tion C. Disclosure	1.00	J	111/11
17				
18	List the states with which a copy of this Form 990 is required to be filed ► MINNESOTA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	·)(3)c	only	
.0	available for public inspection. Indicate how you make these available. Check all that apply	, ₍₍ ())3	Jiny)	
	☐ Own website ☐ Another's website ☒ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
19	policy, and financial statements available to the public.	J. 1111	.ci col	
20	State the name, physical address, and telephone number of the person who possesses the books and reco	orde d	of the	
20	organization. ► LIZ ROTHERMEL 108 MARTY DR BUFFALO MN 55313 763-355-9697			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	s box if the organization did not compensate any current officer, director, or trustee (A) (B) (C) (D) (E)							(E)	(F)	
Name and Title	Average	Position (check all that apply)						Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
GEORGE BAKEBERG	_	ĺ	ĺ	İ					-	
DIRECTOR	2	Х					L	1,875	0	(
GENE BISEK		ļ								
<u>DI</u> RECTOR	2	X						200	0	(
GREG BLAINE		ļ		ļ	1					
DIRECTOR	2	Х		Ĺ.,				1,100	0	(
JOE BORGERDING										
DIRECTOR	2	X				<u> </u>		2,625	0	(
DAVID BUCK										
DIRECTOR	2	X		ļ	<u> </u>			2,100	0	
SHELLY DEPESTEL										-
DIRECTOR	2	X		l				950	0	(
ARLON FRITSCHE										
DIRECTOR	2	Х	-			L		1,050	0	
DENNIS RITTER]							
DIRECTOR	2	Х						1,925	0	(
BILL ROWEKAMP										
DIRECTOR	2	Х				Ĺ		1,375	0	(
MICHAEL WHITE										
DIRECTOR	2	Х				L		2,275	0	(
PATRICK LUNEMANN	•									-
PRESIDENT	6			X	ĺ		ĺ	7,000	0	(
GREG JANS	-						1			
VICE PRESIDENT	4			X				3,010	0	(
MARIANNE PETERSON								1		
SECRETARY	4	1		Х			1	2,275	0	(
BRUCE STONE							Γ			
TREASURER	4	1		X				1,150	0	(
ROBERT LEFEBVRE		T				Γ				
EXECUTIVE DIRECTOR	40				X		Į	70,934	0	
					Γ.			1		
	1)	1	1	1	1]	J.	Į į	

Part VII Section A. Officers, Directors, 1 (A)	(B)	T						(D)	(E)	(F)
Name and title	Average	Positi	on (d	check	all	hat ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
					ļ					
		-								
						_				
						ļ <u></u> _				
<u>1b Total</u>	<u> </u>	<u> </u>					>	99,844) (
Total number of individuals (including but reportable compensation from the organization)	ızation ►					0			<u></u>	Yes No
3 Did the organization list any former off employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	vid	ıal				3 X
For any individual listed on line 1a, is the the organization and related organization individual.										4 X
5 Did any person listed on line 1a received services rendered to the organization?	re or accrue If "Yes," com	com plete	pen <i>Scl</i>	satı nedi	on 1	from :	any such	unrelated organic	anization for	5 X
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization	compensate	d ind	epe	nde	nt c	ontra	ctors	s that received	more than \$10	00,000 of
(A) Name and business	address							(B) Description of s	ervices	(C) Compensation
N/A							-			
							-			
	<u> </u>									
Total number of independent contractors more than \$100,000 in compensation fr					to t	hose	liste	d above) who r	eceived	

Part	VIII	Statement of Rev	enue/		}			
	#9				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ons, gifts, grants similar amounts		Federated campaigns Membership dues	1a	372,648			A STATE OF THE STA	
s, g			1c					
gifts, Iar an		Related organizations	1d					1
imi		Government grants (contrib	outions). 1e					
itioi er s		All other contributions, gifts, gr						
tribution		and similar amounts not include	led above 1f			美国 (1)		10° 5 ~ 7 ~ 7 ~ 31
Contributions, and other sim		Noncash contributions included	l in lines 1a-1f \$			Signate St.		
	h	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	<u> </u>	372,648		<u></u>	
Program Service Revenue			ļ	Business Code	Ar of the state of	1747	* · · · · · · · · · · · · · · · · · · ·	en il ved i = ===
eve	2a							
<u>ئ</u> 22	b							
ξ	С					1		
Š	d	•••••						
Jan	e f	All other program service						
ě	,	Total. Add lines 2a–2f				हम्हर्द् र ्ट्		5 g . 7 25 . 3 5
	9				.0	المام التمد		, , , , , , , , , , , , , , , , , , ,
	3	Investment income (incl other similar amounts)		🕨	4,155			4,155
	4	Income from investment of	f tax-exempt bond	proceeds				
	5	Royalties		<u>-</u>	1 2 2	1,3,1,2,1,3,1,3,1,3,1,3,1,3,1,3,1,3,1,3,	,	
			(ı) Real	(ii) Personal		. Bust	14 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Satzen Si
	t	Gross Rents						1
		Less: rental expenses	0			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		Rental income or (loss) Net rental income or (loss)			0	- As a second		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	l	`	(i) Securities	(II) Other	3 5 2 5 5 5 5		1	
	/a	Gross amount from sales of assets other than inventory	(1) 000011000	120				
		Less cost or other basis		120		1 3 - Au 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	5	and sales expenses .		240		3 10 3		
	ء ا	Gain or (loss)	0	(120	٠ ، ٦	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	d	Net gain or (loss)		>	(120)	(120		
une	8a	Gross income from events (not including \$	fundraising			12.7		30
, Ke		of contributions reported						
8		See Part IV, line 18.		181,189				
Other Reven	b	Less direct expenses	b	52,630	7 .			
ō		Net income or (loss) fro	om fundraising e		128,559	128,559		
	9a	Gross income from gam				3,		
	h	See Part IV, line 19 Less direct expenses.			 			,
		Net income or (loss) from		ities >	0	<u> </u>		
		Gross sales of inve	_					
		returns and allowances	a					
		Less: cost of goods sol			-			
	С	Net income or (loss) from			0	2 2.2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Miscellaneous Rev		Business Code	Jahren Marie Lander	1 700		1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		OTHER		900099	4,700	4,700	0	1
	b				 	 		
	C	Alb _ Alb			 			
	d .	All other revenue			4,700	1 11 11 11	 . 	
	I	Total Revenue See up		🟲			-	
	12	Total Revenue. See in	structions	<u> </u>	509,942	133,139	0	4,155

Part IX Statement of Functional Expenses

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

	All other organizations must complete colu	ımn (A) but are no	t required to comp	lete columns (B),	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	8,200	8,200		
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			3	
5	Compensation of current officers, directors, trustees, and key employees	70,934	63,841	7,093	
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	121,803	109,623	12,180	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,572	4,115	457	
9	Other employee benefits	15 425	12 001	1 544	
10 11	Payroll taxes	15,435	13,891	1,544	
	Fees for services (non-employees). Management				
	Legal				
	Accounting	3,340		3,340	
d		32,500	32,500		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
	Other	150	14 617	150	
12	Advertising and promotion	14,992 5,149	14,617 4,634	375 515	
13 14	Office expenses	16,571	14,914	1,657	
15	Royalties	20/0/2		17007	
16	Occupancy	12,453	11,208	1,245	
17	Travel	108,952	98,057	10,895	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		···		
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates	5,013	4,512	501	
22 23	Depreciation, depletion, and amortization	6,563	5,907	656	
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	DIRECTORS' EXPENSES	30,310	27,279	3,031	
b	PROJECT EXPENSES	1,334	1,334		
C	POSTAGE	8,436	7,592	844	
d	PRINTING	20,965	18,868	2,097	
e f	TELEPHONE All other expenses SCHEDULE O	6,311 27,975	5,680 27,409	631 566	
25	Total functional expenses. Add lines 1 through 24f	521,958	474,181	47,777	
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	63,033	1	10,845
Í	2	Savings and temporary cash investments	256,688	2	260,844
	3	Pledges and grants receivable, net	1 1	3	
	4	Accounts receivable, net	0	4	3,880
	5	Receivables from current and former officers, directors, trustees, key			
	J	employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	7,823	9	5,302
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	The state of the s		
	b	Less: accumulated depreciation 10b 31,153	13,535	10c	17,006
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	15	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)	341,079	16	297,877
	17	Accounts payable and accrued expenses	13,145	17	1,169
	18	Grants payable		18	
	19	Deferred revenue	94,815	19	75,605
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	107,960	26	76,774
seo		Organizations that follow SFAS 117, check here ▶			
<u>a</u>	27	Unrestricted net assets	233,119	27	221,103
å	28	Temporanly restricted net assets		28	
Б	29	Permanently restricted net assets '		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund	1	31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
let	33	Total net assets or fund balances		33	221,103
	34	Total liabilities and net assets/fund balances		I.	297,877
					Form 990 (2009)

Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other	1.00	3 1	+
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			اق ماتر از ماتر از ماتر
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2ç	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in	1		
	Schedule O	1	3. 15. 3. 15.	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		語 :	207 11
	issued on a consolidated basis, separate basis, or both	2 mil		(S)
		40.	1.36	
3a	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		Χ
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		N/F

Form **990** (2009)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

If the	organizat	ion answered "Yes	that have NOT filed Form 5768 (election," to Form 990, Part IV, line 5 (Proxy		(h)) Complete Part II-B D	o not complete Part II-A
			anizations Complete Part III			· · · · · · · · · · · · · · · · · · ·
	ne of organi				1	er identification number
			ERS ASSOCIATION		41-146	
Par	t I-A	Complete if the	organization is exempt unde	r section 501(c	c) or is a section 527	organization.
1 2 3	Political	•	e organization's direct and indirect		· · · · · > \$	
Par	t I-B	Complete if the	organization is exempt unde	er section 501(c)(3).	
	Enter the org Was a c If "Yes," t I-C Enter the activities Enter the	e amount of any e ganization incurred orrection made? describe in Part IV Complete if the e amount directly	e organization is exempt under expended by the filing organization	managers under n 4720 for this ye er section 501(n for section 527	c), except section 5 exempt function ations for section	Yes No
3 4 5	Did the fine the were made contribute	iling organization names, addresses de For each organi ons received that v	renditures Add lines 1 and 2 En	r (EIN) of all section the filing organ to a separate politic	on 527 political organizatorization's funds. Also ente	ions to which payments er the amount of political
) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2009

P	art II-A Complete if the organize under section 501(h)).	ation is exemp	t under section	n 501(c)(3) and	filed Form 5768	(election
Ā	Check ▶ ☐ if the filing organization	on belongs to ar	affiliated group).		
В	Check ► ☐ if the filing organization	on checked box	A and "limited of	control" provision	is apply.	
	Limits on L (The term "expenditures	obbying Expend ' means amount		ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1	a Total lobbying expenditures to influe	nce public opinior	grass roots lob	bying)		<u> </u>
	b Total lobbying expenditures to influe	· ·		•		
	c Total lobbying expenditures (add line	es 1a and 1b)				····
	d Other exempt purpose expenditures					
	e Total exempt purpose expenditures	(add lines 1c and	1d)			·
	f Lobbying nontaxable amount. Enter columns	the amount from	the following table	e in both		
	If the amount on line 1e, column (a) or (b) Not over \$500,000	1	nontaxable amoui nount on line 1e	nt is:		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000) \$175,000 plus	10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,00	00 \$225,000 plus	5% of the excess of	over \$1,500,000		
_	Over \$17,000,000	\$1,000,000				
	g Grassroots nontaxable amount (ente	er 25% of line 1f)				-
	h Subtract line 1g from line 1a If zero		·			
	i Subtract line 1f from line 1c. If zero j If there is an amount other than zero section 4911 tax for this year?	on either line 1h				☐ Yes ☐ No
	(Some organizations that columns belo	w. See the instru	501(ii) election outlines	io not have to co 2a through 2f or	page 4.)	five
_	Lobb	ing Expenditure	s During 4-Year	Averaging Perio	<u>d</u>	
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2	2a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
_	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					
					Schedule C (For	n 990 or 990-EZ) 2009

		(a)		(b)	
		Yes	No	A	mount
	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				
	Volunteers?			ાવાડું'.ુ. . વારા ક	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			Y	
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?	<u> </u>	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ld}}}$		
	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. Add lines 1c through 1ı				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912		15.		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	- 45°	A STA		4. 11 × 4. 11 × 1
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section 5	24(0)	<u></u> _		
Faru	501(c)(6).	J 1(C)	(5), 0	r seci	lion
	ου τ(υ)(υ).			····	Yes No
	NA/200 0.16 A6 24 211. (200/ 00 20 20 2) dues 20 20 20 20 20 20 20 20 20 20 20 20 20			1	763 140 X
	Were substantially all (90% or more) dues received nondeductible by members?			2	X
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		•	3	X
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III "Yes."				
1	Dues, assessments and similar amounts from members		1		372,648
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid).	ical		•	
а	Current year		2a		32,500
	Carryover from last year				
b	Total		2b		(
	Total		2c		
С	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2c 3		
c 3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	the	2c 3		
с 3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	the ring	2c 3		74,530
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	the ring	2c 3		32,500 74,530 N/A

 Schedule C (Fo 	rm 990 or 990-EZ) 200	Page 4
		Information (continued)
I dit iv	ouppicinental	mormation (commed)

•••••		

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

MIN	NESOTA MILK PRODUCERS ASSOCIA	TION	4	1-1469481
Par	Organizations Maintaining Doi the organization answered "Yes"			s or Accounts. Complete if
		(a) Donor advised fund	 	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year) .			
4	Aggregate value at end of year			
5	Did the organization inform all donors and	donor advisors in writing that	the assets held in a	donor advised
J	funds are the organization's property, subjection	ect to the organization's exclu	isive legal control?	Yes No
6	Did the organization inform all grantees, do used only for charitable purposes and not purpose conferring impermissible private b	for the benefit of the donor of	wnting that grant fur r donor advisor, or f	or any other
Par	t II Conservation Easements. Com	plete if the organization ans	wered "Yes" to For	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements hel Preservation of land for public use (e g Protection of natural habitat	d by the organization (check , recreation or pleasure)	all that apply). Preservation of a	
2	Preservation of open space Complete lines 2a through 2d if the organiz easement on the last day of the tax year	ation held a qualified conserv	ation contribution in	
				Held at the End of the Tax Year
а	Total number of conservation easements	<i></i>		2a
b	Total acreage restricted by conservation e	asements		2b
С	Number of conservation easements on a conservation	certified historic structure inclu	uded in (a)	2c
d	Number of conservation easements includ	ed in (c) acquired after 8/17/0	06	2d
3	Number of conservation easements modified the tax year ▶	ed, transferred, released, ext	inguished, or termin	ated by the organization during
4	Number of states where property subject t	o conservation easement is l	ocated >	
5	Does the organization have a written police violations, and enforcement of the conservations.		itoring, inspection, h	1 1 1 1
6	Staff and volunteer hours devoted to mone	toring, inspecting, and enforc	ing conservation ear	sements during the year
7	Amount of expenses incurred in monitoring \$ \infty \$ \]	g, inspecting, and enforcing o	conservation easeme	ents during the year
8	Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)	?		L Yes L No
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conservations.	the text of the footnote to the	ents in its revenue a organization's finan	and expense statement, and cial statements that describes
Par	Organizations Maintaining Col Complete if the organization ans	lections of Art, Historical		er Similar Assets.
1a	If the organization elected, as permitted unart, historical treasures, or other similar assignments, in Part XIV, the text of the footnotes	sets held for public exhibition,	education, or resear	ch in furtherance of public service,
b	If the organization elected, as permitted unhistorical treasures, or other similar asset provide the following amounts relating to the second of the second	s held for public exhibition, e hese items	ducation, or researc	h in furtherance of public service,
	(i) Revenues included in Form 990, Part			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held work following amounts required to be reported			ets for financial gain, provide the
а	Revenues included in Form 990, Part VIII			
b	Assets included in Form 990, Part X .			• \$

Par	III Organizations Maintaining C	ollections	of Art, Hi	storic	cal Treasures	s, or O	ther Similar A	ssets (continued)
3	Using the organization's acquisition, accelection items (check all that apply)	ession, and o	other recor	ds, ch	neck any of the	e follow	ing that are a s	ignificant use of its
а	Public exhibition		d		Loan or excha			
b	Scholarly research		е		Other			
С	Preservation for future generations							
4	Provide a description of the organization' Part XIV	s collections	and expla	ıın ho	w they further	the org	anızatıon's exer	npt purpose in
5	During the year, did the organization solicit assets to be sold to raise funds rather than	or receive do to be mainta	nations of ined as pa	art, hi rt of th	storical treasur ne organization'	es, or o	ther similar tion?	Yes No
Par	Escrow and Custodial Arran IV, line 9, or reported an amou					answer 	ed "Yes" to For	m 990, Part
								Yes No
b	If "Yes," explain the arrangement in Part $$	XIV and com	nplete the	follow	ring table.		1	
						4-	+	mount
С	Beginning balance					. 1c		
d	Additions during the year					. 1d		
е	Distributions during the year					. <u>1e</u>	-	
f	Ending balance					. <u>lf</u>	_l	
2a b		XIV					· · · · ·	☐ Yes ☐ No
Par	t V Endowment Funds. Comple							
	(a)	Current year	(b) Pno	r year	(c) Two year			k (e) Four years back
1a	Beginning of year balance		ļ		2.55 II. C. 25 E H			
h	Contributions		ļ		V. 100 A			
С	Net investment earnings, gains, and losses			-				
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f g	Administrative expenses End of year balance							
2	Provide the estimated percentage of the	vear end ba	lance held	l as				
а	Board designated or quasi-endowment							
b	Permanent endowment ▶		·					
С	Term endowment ▶ %							
3a	Are there endowment funds not in the posoganization by.	session of th	ne organiza	ation t	hat are held ar	nd admi	nistered for the	Yes No
	(1)aalalalala aanamaatta a							3a(i)
	400 1.4 A C							3a(ii)
b	If "Yes" to 3a(ii), are the related organization	ations listed a	as required	d on S	Schedule R?			3b
_4	Describe in Part XIV the intended uses of							
Par	t VI Investments—Land, Buildi	ngs, and E	quipmen	t.See	Form 990, F	Part X,	line 10	
	Description of investment	(a) Cost or o (investr			Cost or other pasis (other)	(c) / de	Accumulated epreciation	(d) Book value
12	Land					學學		
b	Buildings							
	Leasehold improvements				4,040		1,564	2,476
d	Equipment				44,119		29,589	14,530
	Other							
	I. Add lines 1a through 1e (Column (d) mus	t equal Form	990, Part X	(, colu	mn (B), line 10(′c)).		17,006

Part VII	Investments—Other Securities	See Form 990, Part X	, line 12	
	Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation arket value
Financial de	erivatives			
Closely-held	d equity interests			
	•••••			
		ļ		
				<u></u>
••				
		- 		
		· 		
Total. (Column	(b) must equal Form 990, Part X, col (B) line 12)			
Part VIII		d. See Form 990. Part >		ATELLS
	a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	uation arket value
	1 1	1.70		
	······································			
Total (Calumn	(h) must a wal Form 000 Part V and (P) land (2)			
Part IX	(b) must equal Form 990, Part X, col (B) line 13) ► Other Assets. See Form 990, Part X	art Y line 15		
I all IA	Other Assets. See Form 990, 17	(a) Description		(b) Book value
		(1)		(1,7)
T-1-1 (0-1	(f)	1 (0) 1 45)		
Part X	umn (b) must equal Form 990, Part X, col Other Liabilities. See Form 990		<u> </u>	
1.	(a) Description of liability	(b) Amount		
	come taxes	(b) Amount		
- edelar inc	come taxes			
		 		
				
	——————————————————————————————————————			
~		**************************************		
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25) ▶			

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	tater	nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	509,942
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	521,958
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	(12,016)
4	Net unrealized gains (losses) on investments	4	<u> </u>
5	Donated services and use of facilities	5	
6	Investment expenses	6	<u> </u>
7	Prior period adjustments	8	
8	Other (Describe in Part XIV.)	9	
9	Total adjustments (net) Add lines 4 through 8	10	/12 016
10 Pat	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		(12,016) r Return
1	Total revenue, gains, and other support per audited financial statements	1	562,692
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)	0	
e	Add lines 2a through 2d	20	€ 52,750
3	Subtract line 2e from line 1	3	509,942
4	Amounts 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		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4	<u> </u>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements With Expen	ses	
1	Total expenses and losses per audited financial statements	930	574,708
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		2. 1.48
b	Prior year adjustments		
C	Other losses	0 2	
đ	Other (Describe III Fart XIV)	2	e 52,750
_	Add lines 2a through 2d	· -	
3	Subtract line 2e from line 1		321,330
4			
a h	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4	c 0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		521,958
Pa	rt XIV Supplemental Information		
Con	uplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	nd 4;	Part IV, lines 1b
	2b, Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d a	and 4	b Also complete
this	part to provide any additional information		
D.7.E	m vet tene o/l) papm vett tene o/l)		
PAF	T XII LINE 2(d), PART XIII LINE 2(d)		•••••
	IRECT EVENT EXPENSES 52,630		•••••
I	OSS ON SALE OF COPIER 120		
	TOTAL 52,750	·	

Schedule D (Fo	om 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
. 		
		• • • • • • • • • • • • • • • • • • • •
		• • • • • • • • • • • • • • • • • • • •

· SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding

Fundraising or Gaming Activities

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

MINNESOTA MILK PRODUCERS	ASSOCIATIO	N			41-1469481	
Part I Fundraising Activitie Form 990-EZ filers are	s.Complete if	f the organ			o Form 990, Part	IV, line 17
 Indicate whether the organization Mail solicitations Internet and email solicitation Phone solicitations In-person solicitations Did the organization have a writte or key employees listed in Form If "Yes," list the ten highest paid to be compensated at least \$5,0 	en or oral agree 990, Part VII) o I individuals or	e	Solicitation Solicitation Special from the solicitation Special from the solicitation solicitati	on of non-government on of government fundraising events all (including office with professional)	nent grants grants rs, directors, trustee fundraising services	? Yes No
(i) Name of Individual or entity (fundraiser)	(ii) Activity		draiser have control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No	-		
		+				
	_					
						
			_			
			1			
Total			<u> </u>			-
3 List all states in which the organ registration or licensing	nization is regis	stered or lic	censed to	solicit funds or h	as been notified it	is exempt from
			·			
			·		• • • • • • • • • • • • • • • • • • • •	
		·				

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			DAIRY EXPO	SUMMER TOUR	DAIRY MGMT WORKSHO	P (add col (a) through
			(event type)	(event type)	(lotal number)	col (c))
ine						
Revenue	1	Gross receipts	135,137	26,663	7,785	169,58
&	2	Less Charitable			-	
	_	contributions				
	3	Gross income (line 1				
\dashv		minus line 2)	135,137	2 <u>6,</u> 663	7,785	169,58
İ		O 10 12				
	4	Cash prizes	100000000000000000000000000000000000000			
	5	Noncash prizes				
	•	Honodan prizes , , , .		· · · · · · · · · · · · · · · · · · ·		
SS	6	Rent/facility costs	14,982			14,98
nse		,				
ğ	7	Food and beverages				
ω l						
Direct Expenses	8	Entertainment]
۵	_	0" 1	27 640			37,64
İ	9	Other direct expenses	37,040			37,04
	10	Direct expense summary Ac	dd lines 4 through 9 in co	olumn (d)		52,630
- 1	11	Net income summary Comb	oine line 3, column (d), a	nd line 10		116,95
_		Gaming, Complete if	the organization ansv	refed "Yes" to Form (000, Part IV, line 10,	or reported more
Ŀ						F
- C.		than \$15,000 on Form	990-EZ, line 6a		T	T
— <u> </u>		than \$15,000 on Form	a 990-EZ, line 6a	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (Add
		than \$15,000 on Form	990-EZ, line 6a		T	1
	1	than \$15,000 on Form	990-EZ, line 6a	(b) Pull tabs/instant	T	(d) Total gaming (Add
		than \$15,000 on Form	990-EZ, line 6a	(b) Pull tabs/instant	T	(d) Total gaming (Add
Revenue		than \$15,000 on Form	990-EZ, line 6a	(b) Pull tabs/instant	T	(d) Total gaming (Add
Revenue	1	than \$15,000 on Form	990-EZ, line 6a	(b) Pull tabs/instant	T	(d) Total gaming (Add
Revenue	1	than \$15,000 on Form	990-EZ, line 6a	(b) Pull tabs/instant	T	(d) Total gaming (Add
Revenue	1 2 3	than \$15,000 on Form Gross revenue Cash prizes Noncash prizes	990-EZ, line 6a	(b) Pull tabs/instant	T	(d) Total gaming (Add
ect Expenses Revenue	1 2 3	than \$15,000 on Form Gross revenue Cash prizes	990-EZ, line 6a	(b) Pull tabs/instant	T	(d) Total gaming (Add
ect Expenses Revenue	1 2 3 4	than \$15,000 on Form Gross revenue Cash prizes Noncash prizes Rent/facility costs	990-EZ, line 6a	(b) Pull tabs/instant	T	(d) Total gaming (Add
ect Expenses Revenue	1 2 3	than \$15,000 on Form Gross revenue Cash prizes Noncash prizes	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
ect Expenses Revenue	1 2 3 4 5	than \$15,000 on Form Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses .	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
ect Expenses Revenue	1 2 3 4	than \$15,000 on Form Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
ect Expenses Revenue	1 2 3 4 5	than \$15,000 on Form Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses .	1 990-EZ, line 6a (a) Bingo ☐ Yes% ☐ No	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
ect Expenses Revenue	1 2 3 4 5 6 7	than \$15,000 on Form Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor Direct expense summary A	Yes% dd lines 2 through 5 in c	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
ect Expenses Revenue	1 2 3 4 5	than \$15,000 on Form Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor	Yes% dd lines 2 through 5 in c	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Direct Expenses Revenue	1 2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary A Net gaming income summar	Yes % No dd lines 2 through 5 in cory Combine line 1, colur	(b) Pull tabs/instant bingo/progressive bingo Yes% No Dlumn (d)	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
6 Direct Expenses Revenue	1 2 3 4 5 6 7 8 Er	than \$15,000 on Form Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor Direct expense summary A Net gaming income summar	yes% Display Combine line 1, colurorganization operates g	(b) Pull tabs/instant bingo/progressive bingo Yes% No blumn (d)	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
b c Direct Expenses Revenue	1 2 3 4 5 6 7 8 Er is	than \$15,000 on Form Gross revenue	yes% Display Combine line 1, colurorganization operates g	(b) Pull tabs/instant bingo/progressive bingo Yes% No blumn (d)	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
6 Direct Expenses Revenue	1 2 3 4 5 6 7 8 Er is	than \$15,000 on Form Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor Direct expense summary A Net gaming income summar enter the state(s) in which the the organization licensed to "No," explain	Yes % No dd lines 2 through 5 in convergence gaming activities	(b) Pull tabs/instant bingo/progressive bingo Yes% No blumn (d)	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
b 6 Direct Expenses Revenue	1 2 3 4 5 6 7 8 Er is	than \$15,000 on Form Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor Direct expense summary A Net gaming income summar enter the state(s) in which the the organization licensed to "No," explain	yes% Display Combine line 1, colurorganization operates g	(b) Pull tabs/instant bingo/progressive bingo Yes% No blumn (d)	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
g b c Direct Expenses Revenue	1 2 3 4 5 6 7 8 Er Is If	than \$15,000 on Form Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor Direct expense summary A Net gaming income summar enter the state(s) in which the the organization licensed to "No," explain	Yes% No dd lines 2 through 5 in cory Combine line 1, colur organization operates goperate gaming activitie	(b) Pull tabs/instant bingo/progressive bingo Yes% No blumn (d)	(c) Other gaming Yes % No	(d) Total gaming (Add col (a) through col (c)) (Yes No.
d a b Orrect Expenses Revenue	1 2 3 4 5 6 7 8 Er Is If	than \$15,000 on Form Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary A Net gaming income summar inter the state(s) in which the the organization licensed to "No," explain	Yes% No dd lines 2 through 5 in cory Combine line 1, colur organization operates goperate gaming activitie	(b) Pull tabs/instant bingo/progressive bingo Yes% No blumn (d)	(c) Other gaming Yes % No	(d) Total gaming (Add col (a) through col (c)) (Yes No.
d a d a G Berenses Revenue	1 2 3 4 5 6 7 8 Er Is If	than \$15,000 on Form Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor Direct expense summary A Net gaming income summar ter the state(s) in which the the organization licensed to a to a companion of the organization's	Yes% No dd lines 2 through 5 in cory Combine line 1, colur organization operates goperate gaming activitie	(b) Pull tabs/instant bingo/progressive bingo Yes% No blumn (d)	(c) Other gaming Yes % No	(d) Total gaming (Add col (a) through col (c)) (Yes No.
d a d a G Berenses Revenue	1 2 3 4 5 6 7 8 Er Is If	than \$15,000 on Form Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor Direct expense summary A Net gaming income summar ter the state(s) in which the the organization licensed to a to a companion of the organization's	yes % Yes % No No No No Yes % No No Yes % Yes % No Yes % No Yes % Yes % No Yes % No Yes % Yes % Yes % No Yes % Yes	(b) Pull tabs/instant bingo/progressive bingo Yes% No Polumn (d)	(c) Other gaming Yes % No	(d) Total gaming (Add col (a) through col (c)) (Yes No.

13 a b 14	Indicate the percentage of gaming activity operated in: The organization's facility	13a 13b pecial event	% s books			
	Name ▶					
	Does the organization have a contract with a third party from whom the organization revenue?			15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$		and the			£ 4
С	If "Yes," enter name and address of the third party:					
	Name ▶					
	Address ▶					
16	Gaming manager information					
	Name ▶					
	Gaming manager compensation ▶ \$					
	Description of services provided ▶					
	☐ Director/officer ☐ Employee ☐ Independent contracto	r				
17	Mandatory distributions				-1	3
а	Is the organization required under state law to make charitable distributions from the retain the state gaming license?			17a		
b 						

SCHEDULE I (Form 990)

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

20**09**

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes" to Form 990, Part IV, lines 21 or 22.

► Attach to Form '990.

Open to Public Inspection

•	Employer identification number	
MINNESOTA MILK PRODUCERS ASSOCIATION	41-1469481	
Part I General Information on Grants and Assistance		
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organizations. 	Yes 🗆	
Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received Part IV and Schedule I-1 (Form 990) if additional space is needed	eived more than \$5,000 Use	
	(g) Description of on-cash assistance (h) Purpose of grain or assistance	
2 Enter total number of section 501(c)(3) and government organizations		
or Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	► Schedule I (Form 990)	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of nor -cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
HOLARSHIPS	23	8,200	0	N/A	N/A
			<u> </u>		
	:				
IV Supplemental Information. Co	omplete this part to pro	ovide the information	n recuired in Part I	, line 2, and any other	additional information
ASSOCIATION DISBURSES SCHOLA	RSHIP FUNDS BASE	O ON SCHOOL TRA	NSCRIPTS RECEI	VED FROM THE RECI	PIENTS OF THE SCHOLARSH
ASSOCIATION DISBURSES SCHOLA	RSHIP FUNDS BASE	O ON SCHOOL TRA	NSCRIPTS RECEI	VED FROM THE RECI	PIENTS OF THE SCHOLARSHI
ASSOCIATION DISBURSES SCHOLA	RSHIP FUNDS BASE	D ON SCHOOL TRA	NSCRIPTS RECEI	VED FROM THE RECI	PIENTS OF THE SCHOLARSHI
ASSOCIATION DISBURSES SCHOLA	ARSHIP FUNDS BASE	D ON SCHOOL TRA	NSCRIPTS RECEI	VED FROM THE RECI	PIENTS OF THE SCHOLARSHI
ASSOCIATION DISBURSES SCHOLA	RSHIP FUNDS BASE	D ON SCHOOL TRA	NSCRIPTS RECEI	VED FROM THE RECI	PIENTS OF THE SCHOLARSH
ASSOCIATION DISBURSES SCHOLA	RSHIP FUNDS BASE	D ON SCHOOL TRA	NSCRIPTS RECEI	VED FROM THE RECI	PIENTS OF THE SCHOLARSH

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Inspection

Name of the organization MINNESOTA MILK PRODUCERS ASSOCIATION	Employer identification number 41-1469481
	141 1400401
PART VI LINE 3	
THE ASSOCIATION RECEIVES FUNDS FROM THE MINNESOTA DEPARTMENT O	F AGRICULTURE FOR ITS EQA/
LEQA PROGRAM WHICH SERVES TO ASSIST DAIRY PRODUCERS WITH ENVIR	ONMENTAL QUALITY ASSURANCE.
THE ASSOCIATION CONTRACTS WITH AG RESOURCE STRATEGIES FOR THE	MANAGEMENT OF THIS PROGRAM.
PART VI LINES 6, 7a, AND 7b	
THE ASSOCIATION HAS MEMBERS WHO VOTE FOR DIRECTORS SERVING ON	THE BOARD OF DIRECTORS AND
WHO VOTE ON DECISIONS OF THIS GOVERNING BODY, AS DEEMED APPROP	RIATE BY THIS BODY.
PART VI LINE 12c	
THE ASSOCIATION REQUIRES EACH CONTINUING DIRECTOR, OFFICER AND	STAFF MEMBER TO SIGN A
CONFLICT OF INTEREST STATEMENT ANNUALLY. NEW DIRECTORS, OFFIC	ERS AND STAFF MEMBERS ARE
REQUIRED TO SIGN THIS DISCLOSURE UPON BEING ELECTED/APPOINTED	OR HIRED. THE DISCLOSURE
STATEMENT INCLUDES A STATEMENT REQUIRING THESE PERSONS TO DISC	LOSE ANY POTENTIAL
CONFLICTS THEY BECOME AWARE OF TO THE PRESIDENT ON AN ONGOING	BASIS, AS THEY BECOME
AWARE OF THEM.	
······	
PART VI LINE 15a	
THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS RECOMMENDED TO T	THE BOARD OF DIRECTORS BY
THE EXECUTIVE COMMITTEE OF THE BOARD. NO PERSONS WITH CONFLIC	CTS OF INTEREST WITH RESPECT
TO THE COMPENSATION ARRANGEMENT ARE INVOLVED IN THE REVIEW AND	APPROVAL OF COMPENSATION.
FINAL APPROVAL IS GIVEN BY THE BOARD OF DIRECTORS. THE COMPEN	NSATION OF THE EXECUTIVE
DIRECTOR IS REVIEWED AND APPROVED ANNUALLY, USING DATA AS TO C	COMPARABLE COMPENSATION
FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POS	SITIONS AT SIMILARLY
SITUATED ORGANIZATIONS, TAKING INTO CONSIDERATION THE BUDGET O	CONTRAINTS OF THE ASSOCIATIO

Scaedule O (Form 990) 2009				Page 2
Name of the organization			Employer identification numbe	
MINNESOTA MILK PRODUCERS ASSO	CIATION		41-1469481	
PART VI LINE 11A		•••••		
THE 990 IS REVIEWED BY THE BO	ARD OF DIRECTORS	AT A MEETING OF	THE DIRECTORS AND	•••••
APPROVED FOR FILING BY THE DI	RECTORS PRIOR TO	FILING.		•••••
PART VI LINE 19				
THE ASSOCIATION MAKES ITS GOV	ERNING DOCUMENTS,	, CONFLICT OF INT	EREST POLICY, AND	
FINANCIAL STATEMENTS AVAILABL	E TO THE PUBLIC (UPON REQUEST.		
PART IX LINE 24f				•••••
	TOTAL	PROGRAM N	MGMNT/GEN	
CONTRIBUTIONS/SPONSORSHIPS	23,070	23,070	0	
DUES AND SUBSCRIPTIONS	2,790	2,511	279	
REGISTRATION	1,828	1,828	0	
MISCELLANEOUS	287	0	287	
TOTAL	27,975	27,409	566	
				•••••
				•••••
				••••••
	•••••	·		