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#### Form

#### **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)

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

A F	or the	2010 calendar year, or tax year beginning 09-01 , 2010, and en	ding	08-31 ,20 11
		oplicable C Name of organization ALLIED MILK PRODUCERS' CO-OP, INC.	<del> </del>	D Employer identification no.
	ddress o			25-1514202
$\overline{}$	ame cha		Room/suite	E Telephone number
$\overline{}$	itial retu	AGE DYOUGH DOAD	(814) 798-5322	
$\equiv$	eminate		976,565	
$\equiv$		WOOMPONTING DA 15006		G Gross receipts \$
$\equiv$	mended		1	G Gloss receipts 4
□ 4	ppiicauo	n pending F Name and address of principal officer	H(a) Is this a group affiliates?	return for Yes X No
			┥	= -
		pt status 501(c)(3)	H(b) Are all affiliat	es included? Yes No n a list (see instructions) ption number
		▶ N/A		
		ganization X Corporation Trust Association Other L Year of formation	M State of	legal domicile PA
Pâ		Summary		
	1	Briefly describe the organization's mission or most significant activities THE MILK MARKETIN		
Δ		SERVES TO EDUCATE THE PUBLIC RELATIVE TO THE NUTRITIONAL VALUE OF	MILK/MILK	PRODUCTS & TO
ç e		PROMOTE MILK AS ESSENTIAL TO HEALTHY LIVING.		
iy				
V e	2	Check this box ▶ if the organization discontinued its operations or disposed of more than 25%	of its net assets	
t n	3	Number of voting members of the governing body (Part VI, line 1a) · · · · · · · · · · · · · · · · · · ·	· • • • • <u>• • • </u>	3 6
i a e n	4	Number of independent voting members of the governing body (Part VI, line 1b) · · · · · · ·		4 6
3 C	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5 2
& e	6	Total number of volunteers (estimate if necessary) · · · · · · · · · · · · · · · · · · ·	· • • • • • · · [	6
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 · · · · · · · · · · · · · · · ·		7a 0
	ь	Net unrelated business taxable income from Form 990-T, line 34 · · · · · · · · · · · · · · · · · ·		7b 0
	<del>                                     </del>		Prior Year	Current Year
R	8	Contributions and grants (Part VIII, line 1h)	7100 1002	158,746
e V	9	Program service revenue (Part VIII, line 2g) · · · · · · · · · · · · · · · · · · ·	950,	<del></del>
е		Investment income (Part VIII, column (A), lines 3, 4, and 7d) · · · · · · · · · · · · · · · · ·		221 814
n u	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) · · · · · · · · ·		130 3,677
е	11		953,	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) · · · · · ·	955,	370,303
	13	Grants and similar amounts paid (Part IX, column @ Enest AVED	<del></del>	<del></del>
E	14	Benefits paid to or for members (Part IX, column (A), line 4)	20	20 602
X P	15	Salaries, other compensation, employee benefits (Part IX, column (A), line \$95-10)	39,	773 38,683
e	16a	Professional fundraising fees (Part IX, column (A), line 11e) 7 · 2·0·12 ·		U
n s	b	Total fundraising expenses (Part IX, column (0), line 25) 0 0	A CONTRACTOR	
e	17	Other expenses (Part IX, column (A), lines 11a-10 CIPADN IT	824,	<del></del>
25	18	Total expenses Add lines 13-17 (must equal Part IX; column (A) line 25)	864,	
7	19	Revenue less expenses Subtract line 18 from line 12 · · · · · · · · · · · · · · · · · ·	88,	956 57,927
Cililet		<u>_ B</u>	eginning of Current Ye	
CAsset or	<sup>5</sup> 20	Total assets (Part X, line 16)	559,	912 617,839
ZEund →201	21	Total liabilities (Part X, line 26)		0
	22	Net assets or fund balances Subtract line 21 from line 20 · · · · · · · · · · · · · · · · · ·	559,	912 617,839
(Pa	t(I)	Signature Block		
Linder	nenaltie	s of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my	knowledge	
	enet, it is	true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any kno	wiedge	
AN		Nama W. Mers		1-11-12
ζķig	n	Signature of officer		Date
Her		DAVID W. MUERS PRESIDENT		
	•	Type or print name and title		
		Print/Type preparer's name Preparer's signature Date	Check	if PTIN
Pai	4	W. KELLY CAMPAGNA, CPA	self-employed	
		The state of the s	Firm's EIN	
	parer	Turroname		4-472-5370
USE	Only	Ebensburg PA 15931		
Mav	the IR:	S discuss this return with the preparer shown above? (see instructions) · · · · · · · · · · · · · · · · · · ·		· · · · Yes X No
HILLY	****	- allegate that term that the brokers alleger areas (and mondalis)		

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

EEA

Pa		ram Service Accomplishments ntains a response to any question in this Part III
4	Briefly describe the organization's	
•		M. & EDUC. PROGRAM SERVES TO EDUCATE THE PUBLIC RELATIVE TO THE
		ILK/MILK PRODUCTS & TO PROMOTE MILK AS ESSENTIAL TO HEALTHY LIVING.
2	Did the organization undertake ai	ny significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ? If "Yes," describe these new serv	rces on Schedule O.
3	Did the organization cease condu	cting, or make significant changes in how it conducts, any program
	If "Yes," describe these changes	on Schedule O
4		nevements for each of the organization's three largest program services by expenses rganizations and section 4947(a)(1) trusts are required to report the amount of grants and
		penses, and revenue, if any, for each program service reported
4a	(Code ) (Expense	
	2	M. & EDUC. PROGRAM SERVES TO EDUCATE THE PUBLIC RELATIVE TO THE
	NUTRITIONAL VALUE OF M	ILK/MILK PRODUCTS & TO PROMOTE MILK AS ESSENTIAL TO HEALTHY LIVING.
	<del> </del>	
4b	(Code. ) (Expense	es \$ including grants of \$ ) (Revenue \$ )
	· · · · · · · · · · · · · · · · · · ·	
4c	(Code) (Expense	es \$ including grants of \$ ) (Revenue \$)
		<del></del>
4d	Other program services (Describ	e in Schedule O.)
	(Expenses \$	including grants of \$ ) (Revenue \$ )
4e	Total program service expense	s ▶ 839,606

Form 990 (2010) ALLIED MILK PRODUCERS' CO-OP, INC.

Page 2

25-1514202

Part 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_		_X_
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		1	
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,	_		v
	or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	•		٠,,
_	complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·	6		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		٠,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II • • • • • • • • • • • • • • • • • •	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			١,,
	complete Schedule D, Part III · · · · · · · · · · · · · · · · ·	8		X
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,"			١
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			۱
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	,		
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI • • • • • • • • • • • • • • • • • •	44-		.,
		11a		X
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	446		,,
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII • • • • • • • • • • • • • • • • • •	11b		X
С		44.		,,
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444		<sub>V</sub>
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e		11e	<del> </del> -	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		.,
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X · · · · · · · · · · · · · · · · · ·	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII • • • • • • • • • • • • • • • • •	120	<sub>V</sub> -	
_	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a	X	-
D	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional · · · · · · · · · · · · · · · · · · ·	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	140		
U	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	170	<del>                                     </del>	^
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV • • • • • • • • • • • • • • • • • •	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			^
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV··············	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			^
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	_ · ·	<b> </b>	<del>  ^</del>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II · · · · · · · · · · · · · · · · · ·	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<del></del>	<u> </u>	<del> </del>
	If "Yes," complete Schedule G, Part III · · · · · · · · · · · · · · · · ·	19		Х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H · · · · · · · · · · · · · · · · · ·	20a	<del> </del>	X
zoa b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some		<del> </del>	<del>  *</del>
-	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Pa	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		<u> X</u>
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		<u>X</u>
24a	5			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			3.5
_	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		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	3 3	0=-		
L	with a disqualified person during the year? If "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			
	рпог 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 · · · · · · · · · · · · · · · · · ·	054		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b	_	
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20	-	Х
21	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		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		CO CO	X
20	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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
•	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			Λ
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part	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)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2 · · · · · · · · · · · · · · · · · ·			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? if "Yes," complete Schedule R,			
	Part VI · · · · · · · · · · · · · · · · · ·	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V · · · · · · · · · · · · · · · · · ·	• • •	• • •	<u>• 🔃</u>
	,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable • • • • • • • • • • • • • • • • • • •			
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			ļ
	gaming (gambling) winnings to prize winners? • • • • • • • • • • • • • • • • • • •	1c	<u>X</u>	
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 · · · · · · 2a 2			ــــا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<b></b>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O · · · · · · · · · · · · · · · · · ·	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? • • • • • • • • • • • • • • • • • • •	4.		.,
_	·	4a		X
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? • • • • • • • • • • • • • • • • • • •	5a		
эа b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? • • • • • • • • • • • • • • • • • • •	5a 5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? • • • • • • • • • • • • • • • • • • •	5c		
с 6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		<b> </b>
va	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		
~	gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? • • • • • • • • • • • • • • • • • • •	7b		<del></del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year • • • • • • • • • • • • • 7d			
е	Did the organization 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		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? •••	7g		X
h	If the organization received a contribution of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1,1		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	Ξ.,		
	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		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		ļ,
0	Section 501(c)(7) organizations. Enter	, , , , , , , , , , , , , , , , , , ,	٠,	
a	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·	, <del>-</del> ,	_*	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • • 10b	<i>'</i> ,		
1	Section 501(c)(12) organizations. Enter	- ^.		
a	Gross income from members or shareholders	:	,	-
b	Gross income from other sources (Do not net amounts due or paid to other sources against		,"4	/÷ .
0-	amounts due or received from them ) · · · · · · · · · · · · · · · · · ·	40-		
l2a h	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of Form 1041? • • • • • • • • • • • • • • • • • • •	12a		
b 12		•		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		$\vdash$
а	Is the organization licensed to issue qualified health plans in more than one state?	ısa		ļ <sub>1</sub>
h	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans · · · · · · · · · · · · · · · · · · ·	,	:	
С	Enter the amount of reserves on hand · · · · · · · · · · · · · · · · · · ·			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O · · · · · · · · · · · ·	14b		
				1

<u>'Par</u>	TVI 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			
	Schèdule O See instructions			_
	Check If Schedule O contains a response to any question in this Part VI	• • •	• • •	· X
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year · · · · · · · · · 1a 6			
b	Enter the number of voting members included in line 1a, above, who are independent · · · · · · · · · 1b 6			
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		Χ_
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		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? • • • • • •	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u> </u>
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	İ	Х
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			.
а	The governing body? • • • • • • • • • • • • • • • • • • •	8a	X	
b	Each committee with authority to act on behalf of the governing body? • • • • • • • • • • • • • • • • • • •	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	- 00		
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O · · · · · · · · · · · · · · · · · ·	9		v
800	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	-		<u>X</u>
<u>Jec</u>	LIOIT B. FOIICIES (Time descript in equation in the initial internation about position not required by the internation description		Yes	——
10a	Does the organization have local chapters, branches, or affiliates? • • • • • • • • • • • • • • • • • • •	10a	163	X
	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		
112	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	.05		
	form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			_ <del></del>
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 · · · · · · · · · · · · · · · · · ·	12a		X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	124		
-	nse to conflicts? • • • • • • • • • • • • • • • • • • •	12b		
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	i	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	-	$\frac{\Lambda}{X}$
15	Did the process for determining compensation of the following persons include a review and approval by		A = 2	<u>-^</u> -
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ا د د ا ا	<u> </u>	.
	The organization's CEO, Executive Director, or top management official	450		
a	Other officers or key employees of the organization	15a	$\dashv$	<u>X</u>
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b		<u> X</u>
46-		,		.
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?	40-	ž	
		16a	-	<u> X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	٠, ١	-	`, [
	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	·	1534
<u> </u>		100		
<u> 3ec</u> 17	List the states with which a copy of this Form 990 is required to be filed PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
.5	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
10				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
20	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ DAVID MYERS (814) 798-5322			
	495 BLOUGH ROAD HOOVERSVILLE, PA 15936			
	120 DECORE WOUN HOCKERDATHER! EN 17320			

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

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

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

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

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

(A)	(B)			(	C)			(D)	Œ	(F)
Name and Title	Average			heck	all th	at apply)		Reportable	Reportable compensation	Estimated
	hours per week (describe hours for related organizations in Schedule O)	l t d n r i r i s c i e o i d e o l r	n r s u t s i t e	f c e	l e	Homploye heense ted	o r m e	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) ED THOMAS										
DIRECTOR	1.00	Х						c	0	0
(2) JAMES SCOTT										
DIRECTOR	1.00	X						C	0	0
(3) DAVID MYERS										
PRESIDENT	2.00			X			L	<u> </u>	0	0
(4) FRED SHANKLE										
VICE-PRES.	1.00			X				C	0	0
(5) JANICE ITLE										
TREASURER	2.00			X					0	0
(6) LOWELL FRIEDLINE					i					
SECRETARY	2.00			X	1				0	0
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)	· · · · <del></del>					ļ ·				
(14)				-			-			
(15)				-						
(16)					$\vdash$		_			<del>.</del>

	990 (2010) ALLIED MILK PRODUCE	ERS' CO-C	P, I	NC						25-15	L4202	Pa	age 8
Par	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hes	t Con	per	nsated Employee	s (continued)			
	(A) Name and Title	Average hours per week (describe hours for	Itd nrı dur ıse vtc	l t n r s u t s	heck of f	K e	atapply) Hce iom gmp hpl eeo sny	F	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC	) co	(F) Estimated imount of other impensation from the	on
		related organizations in Schedule O)	de o u r a o l r		F	P o y e e	t s é a e t e d	•	(W-2/1099-MISC)		a	rganization nd related ganization	t
(17)													
(18)													
(19)													
(20)													
(21)					ļ ——								
(22)													
(23)								<b></b>				-	
(24)													
(25)													
(26)													
(27)													
(28)													
c d	oub-total · · · · · · · · · · · · · · · · · · ·								than \$100,000 in		0		0
	eportable compensation from the organization										0	Yes	No
•	Old the organization list any <b>former</b> officer, director o imployee on line 1a? If "Yes," complete Schedule J f	or such indiv	ıdual	• •				• •			3		X
t	or any individual listed on line 1a, is the sum of repondence organization and related organizations greater that	n \$150,0007	If "Ye	s," (	com	plete	e Sche	edule	e J for such				
5 [	ndividual · · · · · · · · · · · · · · · · · · ·	npensation f	rom ar	ny u	nrela	ated	organ	ızatı	ion or individual			z	X
Sect	or services rendered to the organization? If "Yes," colon B. Independent Contractors										•   5	<u> </u>	X
	Complete this table for your five highest compensated compensation from the organization	ındependei	nt cont	ract	ors 1	nat	receiv	ed n	nore than \$100,00	U of			
	(A) Name and business address								(B) Description of s	ervices	Com	(C) ensation	
2	otal number of independent contractors (including bo	ut not limited	to the	se I	istec	ab	ove) w	ho r	eceived				

Part \	<u> /                                    </u>	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
	1a	Federated campaigns · · · · · · · 1a			TOVENGE		312, 313, 31314
	Ь.	Membership dues · · · · · · · 1b					
Contri-	-   c	Fundraising events · · · · · · · 1c	<del>                                     </del>				
butions, gifts,	ا	Related organizations · · · · · · · · 1d					
grants		Government grants (contributions) · · 1e	<del> </del>				
and	آ ا				1		
other similar	T	All other contributions, gifts, grants, and similar amounts not included above 1f					
amounts	١,	Noncash contributions included in lines 1a-1f	. <u> </u>				
	9   h			158,746			
	<del>  "</del>	Total. Add lines fa-11	Business Code	230,720			
	22	PRODUCER PAYMENTS	900099	813,328	813,328		
	b	THOSOGEN THE MILE	300033	013,313	010,020		
Program	C						
Service Revenue	ď	<del></del>					
1/CVCIMC	e						
	-	All other program service revenue · · · · ·	•	<del></del>			<del> </del>
		Total. Add lines 2a-2f · · · · · · · ·		813,328		<del></del>	
				0.00,0.00			
	3	Investment income (including dividends, interestother similar amounts) • • • • • • • • • • • • • • • • • • •		814	814		
	4	Income from investment of tax-exempt bond pro					
	5	Royalties · · · · · · · · · · · · · · · · · · ·					
		(i) Real	(II) Personal				-
	6a	Gross Rents · · · · · ·	(ii) i ciocital	1			
	1	Less rental expenses · · ·		1			
		Rental income or (loss) · · ·		1			
		Net rental income or (loss) · · · · · · ·	• • • • • • •				
		Gross amount from sales of (i) Secunties	(II) Other				
	/ a	assets other than inventory	(1) 00101				
	, h	Less cost or other basis	-				
	"	and sales expenses ••••					-
0	c	Gain or (loss)	1				
'n	d	Net gain or (loss) · · · · · · · · · · · · · · · ·					
е	ł .	Gross income from fundraising					
r		events (not including \$ 154,654					
R		of contributions reported on line 1c)					
e v		See Part IV, line 18 · · · · · · · · a					
ė	Ь	Less direct expenses · · · · · · b	<del></del>				
n	1	Net income or (loss) from fundraising events	L		-		
u e	1	Gross income from gaming activities					<u> </u>
		See Part IV, line 19 · · · · · · · · a			İ		
	Ь	Less. direct expenses · · · · · · · b		1			
	c	Net income or (loss) from gaming activities •					
		Gross sales of inventory, less				<del> </del>	
	'04	returns and allowances · · · · · · · a					
	Ь	Less cost of goods sold · · · · · · b		1			
	c	Net income or (loss) from sales of inventory •					I
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900099	3,677	3,677		
	b						
	С						
		All other revenue · · · · · · · · · · · · · · · · · · ·					
	e	Total. Add lines 11a-11d · · · · · · · · ·	<del> </del>	3,677			
	12	Total revenue. See instructions		976,565	817,819		j (

#### Page 10

#### Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) (A) Total expenses (B) Program service (D) Do not include amounts reported on lines 6b, Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .... Grants and other assistance to individuals in 2 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 · · · · · · · · · Benefits paid to or for members · · · · · · · · · · 5 Compensation of current officers, directors, trustees, and key employees . . . . . . . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) · · · · · Other salaries and wages ...... 33,946 33,946 7 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .... 4.737 4.737 10 Fees for services (non-employees) Legal 4,009 4,009 Accounting Lobbying Professional fundraising services See Part IV, line 17 • Investment management fees · · · · · · · f g 690,813 690,813 12 Advertising and promotion · · · · · · Office expenses ..... 11,031 11,031 13 Information technology . . . . . . . 14 15 1,027 1,027 16 7,149 7,149 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 7,460 7,460 19 Conferences, conventions, and meetings · · · · 20 21 22 Depreciation, depletion, and amortization . . . . . . 3,695 3,695 23 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) 144,387 144,387 BUTTER & CHEESE COSTS 2,854 BANQUET EXPENSE 2,854 1,086 REFUNDS TO CO-OPS 1,086 SCHOLARSHIPS & EDUCATION 3,320 3,320 3,124 MISCELLANEOUS 3,124 f 79,032 Total functional expenses. Add lines 1 through 24f · · 918,638 839,606 0 25 Joint Costs. Check here ▶ ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....

Part	X	Balance Sheet			
			(A)		(B)
			Beginning of year		End of year
	1 '	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	549,912	1	607,839
	2	Savings and temporary cash investments • • • • • • • • • • • • • • • • • • •	10,000	2	10,000
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L · · · · · · · · · · · · · · · · · ·		5	
	6	Receivables from other disqualified persons (as defined under section			
Α		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
S		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instructions)		6	
e t	7	Notes and loans receivable, net	•	7	
s	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or		Ι,	
		other basis Complete Part VI of Schedule D · · · · · 10a		0.	
	b	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)	559,912	16	617,839
-	17	Accounts payable and accrued expenses · · · · · · · · · · · · · · · · · ·		17	
	18	Grants payable • • • • • • • • • • • • • • • • • • •		18	,
L	19	Deferred revenue		19	
ī	20	Tax-exempt bond liabilities • • • • • • • • • • • • • • • • • • •		20	
a h	21	Escrow or custodial account liability Complete Part IV of Schedule D · · · · · ·		21	
i	22	Payables to current and former officers, directors, trustees, key			-
ļ		employees, highest compensated employees, and disqualified			
ť		persons Complete Part II of Schedule L		22	
i	23	Secured mortgages and notes payable to unrelated third parties		23	
e s	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	0	26	0
		Organizations that follow SFAS 117, check here▶ X and			r .
N F		complete lines 27 through 29, and lines 33 and 34.		, -	
u	27	Unrestricted net assets · · · · · · · · · · · · · · · · · · ·	559,912	27	617,839
ď	28	Temporarily restricted net assets		28	
<b>A</b>	29	Permanently restricted net assets	<del></del>	29	
s B		Organizations that do not follow SFAS 117, check here ▶			. •
e I		and complete lines 30 through 34.	i	, ,	,
a	30	Capital stock or trust principal, or current funds		30	<u>`</u>
C	31	Paid-in or capital surplus, or land, building, or equipment fund	·	31	
е .	32	Retained earnings, endowment, accumulated income, or other funds		32	
S	33	Total net assets or fund balances · · · · · · · · · · · · · · · · · · ·	559,912	33	617,839
	34	Total liabilities and net assets/fund balances · · · · · · · · · · · · · · · · · · ·	559,912	34	617,839

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Page 12

6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  2 b Were the organization's financial statements audited by an independent accountant?  2 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?  2 c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3 of If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both  3 Separate basis Consolidated basis Both consolidated and separate basis  3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	· · ·		· 🗆
Revenue less expenses Subtract line 2 from line 1	1			976,	565
4 559, 912 5 Other changes in net assets or fund balances (explain in Schedule O) 6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 6 617, 839  Part XIII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 990 \( \) Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements audited by an independent accountant? 2	2			918,	638
5 Other changes in net assets or fund balances (explain in Schedule O) 6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  Part XIII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X  b Were the organization's financial statements audited by an independent accountant? 2b X  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? 2c Y  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis 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?	3	Revenue less expenses Subtract line 2 from line 1 · · · · · · · · · · · · · · · · · ·		57,	927
Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	- ;	559,	912
Column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  2a   b Were the organization's financial statements audited by an independent accountant?  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?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both  X Separate basis Consolidated basis Both consolidated and separate basis  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?	5	Other changes in net assets or fund balances (explain in Schedule O)			0
Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII    Accounting method used to prepare the Form 990   Cash   Accrual   Other	6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,			
Check if Schedule O contains a response to any question in this Part XII    Accounting method used to prepare the Form 990   X   Cash   Accrual   Other		column (B)) • • • • • • • • • • • • • • • • • •		617,	839
1 Accounting method used to prepare the Form 990 X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  2a Were the organization's financial statements compiled or reviewed by an independent accountant?	Par				•
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Yes	No
Schedule O  2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
Were the organization's financial statements compiled or reviewed by an independent accountant?		If the organization changed its method of accounting from a prior year or checked "Other," explain in			
b Were the organization's financial statements audited by an independent accountant?		Schedule O			
b Were the organization's financial statements audited by an independent accountant?	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	_	X
the audit, review, or compilation of its financial statements and selection of an independent accountant?	b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis  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   3b	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both  X Separate basis Consolidated basis Both consolidated and separate basis  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?		the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		x
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 separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis  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?		If the organization changed either its oversight process or selection process during the tax year, explain in			
issued on a separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis  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?		Schedule O			
issued on a separate basis, consolidated basis, or both  X Separate basis Consolidated basis Both consolidated and separate basis  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?	d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
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 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?		Separate basis Consolidated basis Both consolidated and separate basis	ŀ		
the Single Audit Act and OMB Circular A-133? 3a 3				l	
		· · · · · · · · · · · · · · · · · · ·	3a		X
The state of the s	ь		<del></del>	<del> </del>	<u>^</u>
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	-		3h		
EEA Form 990 (201				990 (	(2010)

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

#### **Political Campaign and Lobbying Activities**

OMB No 1545-0047 2010

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.

Open to Public inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organizations	Complete Part III	•	, , , , , , , , , , , , , , , , , , , ,		
	of organization			Employer id	entification number	_
AL	LIED MILK PRODUCERS' CO-OP,	INC.		25-151	4202	
Pa	rt I-A Complete if the organi	zation is exempt under section	on 501(c) or is	a section 527 orga	nization.	
1	Provide a description of the organization					
2	Political expenditures · · · · · · ·			▶ \$		
3	Volunteer hours					
Pa	rt I-B Complete if the organi	zation is exempt under section	on 501(c)(3).			_
1	Enter the amount of any excise tax incur					
2	Enter the amount of any excise tax incur	red by organization managers under se	ection 4955 · · ·	· · · · · · • • • • • • • • • • • • • •		
3	If the organization incurred a section 495	55 tax, did it file Form 4720 for this yea	r>		· Yes	No
4a	Was a correction made?				· Yes	No
b	If "Yes," describe in Part IV					
Pa	rt I-C Complete if the organi	ization is exempt under section	on 501(c), exc	ept section 501(c)(3	3).	_
1	Enter the amount directly expended by the	ne filing organization for section 527 ex	empt function	<u></u>	· · · · · · · · · · · · · · · · · · ·	
	activities · · · · · · · · · · · · · · · · · · ·			• • • • • • • • • • • • • • • • • • •		
2	Enter the amount of the filing organization	n's funds contributed to other organiza	tions for section			
	527 exempt function activities • • • •			▶ \$		
3	Total exempt function expenditures Add			<u> </u>	••	
	line 17b • • • • • • • • • • • • • • • • • • •			<b>&gt;</b> \$		
4	Did the filing organization file Form 1120	)-POL for this year? • • • • • • •			· Yes	No
5	Enter the names, addresses and employ					
	organization made payments. For each of	· ·	-	-	<del>-</del>	
	the amount of political contributions rece	•	•	•		
	as a separate segregated fund or a politi					
		· · · · · · · · · · · · · · · · · · ·		<u> </u>		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and	4
				funds if none, enter -0-	promptly and directly	•
					delivered to a separate	
					political organization If none, enter -0-	
(1)						_
٠٠,						
(2)	· · · · · · · · · · · · · · · · · · ·					
<b>\</b> -,						
(3)						
(-,				•		
(4)						_
• •						
(5)						_
,						
(6)						
					i	

ched	ule C (Form 990 or 990-EZ) 2010 ALLIED MILK P	RODUCERS' CO	-OP, INC.		25-1514	202 Page 2	2
Pa	rt II-A Complete if the organization	is exempt un	der section 501	(c)(3) and filed	Form 5768 (elec	tion under	•
	section 501(h)).						_
(	Check   if the filing organization belongs to	an affiliated group	)				
3_(	Check '▶ ☐ If the filing organization checked b	ox A and "limited of	control" provisions ap	ply			
	Limits on Lobb	ying Expenditure	es		(a) Filing	(b) Affiliated	
	(The term "expenditures" n	neans amounts p	aid or incurred.)		organization's totals	group totals	
1a	Total lobbying expenditures to influence public o	pinion (grass roots	s lobbying) • • • •				
b	Total lobbying expenditures to influence a legisla	tive body (direct le	obbying) • • • • •	• • • • • • • •			
С	Total lobbying expenditures (add lines 1a and 1b	)	• • • • • • • • •	• • • • • • • •			
d	Other exempt purpose expenditures		• • • • • • • • •	• • • • • • • • •			
е	Total exempt purpose expenditures (add lines 1	and 1d) · · · ·	• • • • • • • • • •	• • • • • • • •			
f	Lobbying nontaxable amount Enter the amount	from the following	table in both				
	columns					_	
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:			Ì
	Not over \$500,000	20% of the an	nount on line 1e.				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000	·. l		
	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 \$17,000,000	\$225,000 plus	5 5% of the excess or	ver \$1,500,000			
	Over \$17,000,000	\$1,000,000					
g	Grassroots nontaxable amount (enter 25% of lin	e 1f) • • • • • •		• • • • • • • •			
h	Subtract line 1g from line 1a. If zero or less, ente	er -0-     •   •   •   •	• • • • • • • • •				
i	Subtract line 1f from line 1c If zero or less, ente	r-0- • • • • •	• • • • • • • • •	• • • • • • • •			
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did	I the organization file	Form 4720			
	reporting section 4911 tax for this year? · · ·				• • • • • • • • •	Yes No	0
	(Some organizations that columns below	made a section 5 v. See the instruc	ctions for lines 2a th	ot have to complete nrough 2f on page			
	Lobby	ing Expenditures	During 4-Year Ave	raging Period	1		_
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total	
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
С	Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))		, -				_
f	Grassroots lobbying expenditures			-			

	(election under section 501(h)).		a)		(b)	
	·	Yes	No	A	noun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of		_			
а	Volunteers? · · · · · · · · · · · · · · · · · · ·		<u> </u>			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			ļ		
C	Mailings to members, legislators, or the public?					
d e	Publications, or published or broadcast statements?	-				
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body? • • • • • • • • • • • • • • • • • • •	<b>i</b>				<u>-</u>
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 1i · · · · · · · · · · · · · · · · · ·					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? • • • • • • • • • • • • • • • • • • •					
b	If "Yes," enter the amount of any tax incurred under section 4912 · · · · · · · · · · · · · · · · · · ·					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 • • • • • • • • • •	1,7				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? • • • • • • • • • • • • • • • • • • •			,		
Pai	rt III-A : Complete if the organization is exempt under section 501(c)(4), section 501(c	)(5), c	or se	ction		
	501(c)(6).				l	<del></del>
4	Were substantially all (90% or more) dues received nondeductible by members? • • • • • • • • • • • • • • • • • • •				Yes	No
1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				v	X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?				Х	
	tilli-B Complete if the organization is exempt under section 501(c)(4), section 501(c					
1.41	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, li				4	
	"Yes."		o un	0110.0		
1	Dues, assessments and similar amounts from members • • • • • • • • • • • • • • • • • • •		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).					
а	Current year · · · · · · · · · · · · · · · · · · ·	• •	2a			
b	Carryover from last year		2b	ļ		
C	Total · · · · · · · · · · · · · · · · · · ·		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues · · · · · · · · · · · · · · · · · · ·	• •	3	<del> </del>		
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			
	rt-IV Supplemental Information					
	plete 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, li	ne 1ı /	Also.			
	plete this part for any additional information.		,			
	······································					
				•		
		·—				
					_	

#### **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.

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

WOLLING.	or as algenization	"	ilpoya idamicatori number
ALI	LIED MILK PRODUCERS' CO-OP, INC.		25-1514202
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Fu the organization answered "Yes" to Form 990, Part IV, line 6	inds or Ac	counts. Complete if
-	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year • • • • • • • • • • • • • • • • • • •		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year) · · · · · ·		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor ad	dvised	
	funds are the organization's property, subject to the organization's exclusive legal control? • • •		· · · · · · · · · · · · · · Yes · · · N
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can	be	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any o	other	
	purpose conferring impermissible private benefit?		· · · · · · · · · Yes N
Pa	Conservation Easements. Complete if the organization answered "Yes" to Form	990, Part IV,	line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)		
	Preservation of land for public use (e.g., recreation or education)	historically im	portant land area
	Protection of natural habitat Preservation of a c	ertified histori	ic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the fo	orm of a conse	ervation
	easement on the last day of the tax year		
			Held at the End of the Tax Yea
а	Total number of conservation easements	2	a
b	Total acreage restricted by conservation easements • • • • • • • • • • • • • • • • • • •	· · · · 21	b
C	Number of conservation easements on a certified historic structure included in (a) · · · · · ·	20	С
d	Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic		
	structure listed in the National Register	20	d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by	y the organiza	ation during
	the tax year		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling	of	
	violations, and enforcement of the conservation easements it holds?		· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easement	ts during the y	year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements du	ring the year	
_	<b>\\$</b>		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section		
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ı)?		·······YesN
9	In Part XIV, describe how the organization reports conservation easements in its revenue and exp		
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial state the organization's accounting for conservation easements	ements that t	describes
Da.		or Other S	Similar Apada
<u>Ral</u>	Organizations Maintaining Collections of Art, Historical Treasures, Complete if the organization answered "Yes" to Form 990, Part IV, line 8	or Other s	Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue st	tatement and	balance sheet works of
-	art, historical treasures, or other similar assets held for public exhibition, education, or research in		
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue states	ment and bala	ance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furth		
	provide the following amounts relating to these items	•	,
	(i) Revenues included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·		▶\$
	(ii) Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·		
2	If the organization received or held works of art, historical treasures, or other similar assets for final		
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	J .,	
а	Revenues included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·		
b	Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·		

Sched	ule D (Form 990) 2010 ALLIED MILK PRO	DUCERS '	CO-OP,	INC.				25-15142	02	Pa	age 2
Par	t III Organizations Maintaining	Collecti	ons of A	rt, Hist	<u>orical T</u>	<u>reasures, o</u>	r Oth	er Similar Ass	ets (co	ntinue	d)
3	Using the organization's acquisition, accession	, and other	records, c	heck any	of the follo	owing that are	a sıgnı	ficant use of its			
	collection items (check all that apply)										
а	Public exhibition	d	Loan	or excha	nge progra	ams					
b	Scholarly research	e	Othe	r							
C	Preservation for future generations										
4	Provide a description of the organization's colle	ections and	l explain ho	w they fu	rther the c	organization's e	exempt	purpose in			
	Part XIV										
5	During the year, did the organization solicit or r	eceive dor	nations of a	ırt, histori	cal treasur	es, or other sin	nılar				
	assets to be sold to raise funds rather than to b	e maintair	ned as part	of the or	ganization'	's collection?			. []Y	es	No
Pai	t IV Escrow and Custodial Arra	ngemen	its. Com	plete if or	ganızatıon	answered "Ye	s" to F	orm 990,			
	Part IV, line 9, or reported an amou										
1a	Is the organization an agent, trustee, custodian	or other i	ntermedian	y for cont	ributions o	r other assets	not				
	included on Form 990, Part X?								Y	es [	No
b	If "Yes," explain the arrangement in Part XIV at	nd comple	te the follo	wing table	)						
								Amo	unt		
С	Beginning balance · · · · · · · · · · · ·										
d	Additions during the year • • • • • • • •						· 1d				
е	Distributions during the year										
f	Ending balance • • • • • • • • • • • • • • • • • • •										
2a	Did the organization include an amount on For	m 990, Pai	rt X, line 21	2					· 🔲 Y	es	No
b	If "Yes," explain the arrangement in Part XIV			_							
Par	rt V Endowment Funds. Complete	if the orga	inization ar	swered "	Yes" to Fo	rm 990, Part I\	V, line	10			
		(a) Curre	ent year	<b>(b)</b> Pn	or year	(c) Two years b	ack	(d) Three years back	(e) Four	years b	ack
1a	Beginning of year balance										ł
b	Contributions · · · · · · · · · · · · · · · · · ·		_								
C	Net investment earnings, gains, and losses •									,	
ď	Grants or scholarships · · · · · · · · ·			•					,	į	
е	Other expenditures for facilities			-							
	and programs · · · · · · · · · · · · · · · · · · ·		-						J		1
f	Administrative expenses					, , ,			-		1
g	End of year balance · · · · · · · · · · ·										
2	Provide the estimated percentage of the year	end balanc	e held as								
а	Board designated or quasi-endowment		%								
b	Permanent endowment ▶ %		_								
С	Term endowment ▶ %										
3a	Are there endowment funds not in the possess	ion of the	organizatio	n that are	held and	administered for	or the				
	organization by									Yes	No
	(i) unrelated organizations · · · · · · ·	• • • • •						<i></i>	3a(i)		
	(ii) related organizations · · · · · · · ·								3a(ii)		
b	If "Yes" to 3a(II), are the related organizations I	isted as re	quired on s	Schedule	R? • • •				3b		
4	Describe in Part XIV the intended uses of the o	organizatio	n's endowr	nent fund	s						
Pa	rt VI Land, Buildings, and Equip	oment.	See Form	990, Part	X, line 10						
	Description of investment	(a	) Cost or othe			st or other (other)	٠,	Accumulated preciation	(d) Boo	k value	
1a	Land · · · · · · · · · · · · · · · · · · ·	• • • •		<del></del>							
b	Buildings · · · · · · · · · · · · · · · · · · ·	• • •									
С	Leasehold improvements · · · · · · · ·	• • •			-						
d	Equipment										
е	Other • • • • • • • • • • • • • • • • • • •	•••									
Tota	I. Add lines 1a through 1e. (Column (d) must ed	ual Form	990, Part X	, column	(B), line 1	0(c)) · · ·	• • • •	▶			
					•			· · · · · · · · · · · · · · · · · · ·	_		

ALLIED MILK PRODUCERS' CO-OP, INC.

Page 2

25-1514202

Schedule D (Form	n 990) 2010 ALLIED	MILK PRO	DUCERS' CO-OP, INC.	25-15:	L4202 Page 3
Part VII	Investments - Other Secu	rities. S	ee Form 990, Part X, line 12		
	(a) Description of security or category (including name of security)		(b) Book value	(c) Method of valuation	
(1) Financial o	derivatives				
	eld equity interests · · · · · · ·				
(3) Other	, a squay			<del></del>	
`(A)					
(B)	-	<del></del>			
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(l)					
Total. (Column (	(b) must equal Form 990, Part X, col (B) line 12)	<u> </u>	<u></u>		
Part VIII	Investments - Program Re	elated. S	ee Form 990, Part X, line 13		· · · · · · · · · · · · · · · · · · ·
	(a) Description of investment type		(b) Book value	(c) Method of valuate	on
<del></del>				Cost or end-of-year marke	t value
(1)					
(2)					
(3)					
(4)					
(5)				<del></del>	<del></del>
(6)	-				<del></del>
(7)	·			· · · · · · · · · · · · · · · · · · ·	<del></del>
(8)		<del></del>		·-	
(9) (10)					
•	(1) 1 15 200 B-1V1 (B) 1 40)	<b>•</b>			
Part IX	(b) must equal Form 990, Part X, col (B) line 13)  Other Assets. See Form 990,	Part X line	<u> </u>   15	1	
FAIL IA	Other Assets.		Description	· · · · · · · · · · · · · · · · · · ·	(h) Pook value
(1)	-	<u>(a) L</u>	rescription		(b) Book value
(2)					
(3)			<del></del>		
(4)					
(5)					
(6)		-			
(7)					-
(8)					
(9)					
(10)					
	nn (b) must equal Form 990, Part X, co			• • • • • • • • • • • • • • • • •	
Part X	Other Liabilities. See Form 99	0, Part X, I	ne 25		
<u>1</u>	(a) Description of liability		(b) Amount		
	income taxes			, -	
(2)					
(3)				و جد ميا ما هم ما ما ما ما ما ما ما ما ما ما ما ما ما	19.7
(4)				→ : : : : : : : : : : : : : : : : : : :	•
(5)	· · · · · · · · · · · · · · · · · · ·				
(6)				$\dashv$	-
(7)			<u> </u>	<del> </del>	
(8)		<del></del> -		$\dashv$	
(9)				$\dashv$	
(10)	<del></del>			$\dashv$	
(11)	(h) must sound from 200. Book V. sel. (D) line 25.)			$\dashv$	

Total. (Column (b) must equal Form 990, Part X, ∞l (B) line 25 )

2. FIN 48 (ASC 740) 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 (ASC 740)

Sched	ule D_(Form 990) 2010 ALLIED MILK PRODUCERS' CO-OP, INC.	25-1514202	Page 4
<u>·Pa</u>	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	976,565
2	Total expensès (Form 990, Part IX, column (A), line 25)	2	918,638
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	57,927
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 through 8 · · · · · · · · · · · · · · · · · ·	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	57,927
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	976,565
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments · · · · · · · · · · · · · · · · · 2a		
b	Donated services and use of facilities · · · · · · · · · · · · · · · · · 2b	7	
С	Recoveries of prior year grants · · · · · · · · · · · · · · · · · · ·	1	
d	Other (Describe in Part XIV ) · · · · · · · · · · · · · · · · · ·	7	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	976,565
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	2.3	,
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a	7.7	
b	Other (Describe in Part XIV ) • • • • • • • • • • • • • • • • • •	┥ []	
C	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	976,565
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	1 1	3.0,000
1	Total expenses and losses per audited financial statements • • • • • • • • • • • • • • • • • • •	1	918,638
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1	320,000
- а	Donated services and use of facilities · · · · · · · · · · · · · · · · · · ·	3,	
b	Prior year adjustments · · · · · · · · · · · · · · · · · · ·	<b></b>	
c	Other losses · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIV.) · · · · · · · · · · · · · · · · · · ·		
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	<u>. 4</u>	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	2e	918,638
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	918,636
		1 25	
a	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a	4,51	
	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · · ·	्र चे का	
	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	212 522
5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	918,638
	t XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1l		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete	<b>:</b>	
nis p	part to provide any additional information		
	<u> </u>		

#### 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

2010
Open to Public

Department of the Treasury Internal Revenue Service

Employer identification number

	00 OD	TNC				25_1	E14202
LLIED MILK PRODUCEF Fundraising Activiti	CS CO-OP	the organia	rotion once	wored "Ves" to For	m 000 Part		.514202
Form 990-EZ filers are				wered res to roi	iii 330, Fait	IV, IIIIC I	
1 Indicate whether the organization				ctivities Check all the	at apply.		
a Mail solicitations				of non-government			
b Internet and email solicitations				of government gran			
c Phone solicitations		g		ndraising events			
· 😑		8 🗀	Opeolariu	dialong Cychio			
d In-person solicitations				ludina officera ducet			
2a Did the organization have a writter							D N.
or key employees listed in Form 9							es 🔛 No
b If "Yes," list the ten highest paid in		•	s) pursuant	to agreements unde	r which the tu	noraiser is	
to be compensated at least \$5,000	) by the organizati	on					
· · · · · · · · · · · · · · · · · · ·							
(i) Name and address of individual	(iii) Activity	(III) Did fund		(iv) Gross receipts	(v) Amount		(vi) Amount paid to
or entity (fundraiser)		custody or contribu		from activity	(or retain fundraiser		(or retained by) organization
		- Consider	uons.		col		Organization
		Yes	No				
1					1		
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2			t				
-							
3	<del>-  </del>	<u> </u>			<del></del>		
•							
4			+	<u> </u>	<del> </del>		
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5							
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6							
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7							
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8					1		
9							
			<b></b>				
10							
Total · · · · · · · · · · · · · · · · · · ·			<u> ▶</u>				
3 List all states in which the organiza	ition is registered of	or licensed to	solicit cont	ributions or has been	notified it is	exempt fror	m
registration or licensing.							
	_						
							-
		"					
	<del></del>						
					<del></del>		
							<u> </u>

· Part II

		gross receipts greater than	\$5,000.			
•			(a) Event #1 BUTTER SALES	<b>(b)</b> Event #2	(c) Other events	(d) Total events
R			(event type)	(event type)	(total number)	Add col (a) through col (c))
e v e	1	Gross receipts · · · · · · ·	154,654			154,654
n u	2	Less. Chantable contributions • • • • • • • • •				
е	3	Gross income (line 1	<del></del>			
		minus line 2)	154,654			154,654
_	4	Cash prizes · · · · · · · · ·				
l l	5	Noncash prizes · · · · · ·	· <del>-</del>			
e c t	6	Rent/facility costs • • • • • • •			<del> </del>	
E x p	7	Food and beverages · · · · ·				
e n s	8	Entertainment				
e s	9	Other direct expenses · · · ·	<u> </u>			
5	10	Direct expense summary Add line	s 4 through 9 in column (c	0		
	11	Net income summary Combine lin				154,654
Pa	art II	I Gaming. Complete if the	organization answered			d more
_		than \$15,000 on Form 990	)-EZ, line 6a.			
ĸ						
eves			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue • • • • • • • • • • • • • • • • • • •	(a) Bingo		(c) Other gaming	
	1	Gross revenue • • • • • • • • • • • • • • • • • • •	(a) Bingo		(c) Other gaming	
	2	Cash prizes · · · · · · · · · · · · · · · · · · ·	(a) Bingo		(c) Other gaming	
Direct		Cash prizes · · · · · · · · · · · · · · · · · · ·	(a) Bingo		(c) Other gaming	
Direct Exp	3 4	Cash prizes · · · · · · · · · · · · · · · · · · ·	(a) Bingo		(c) Other gaming	
Direct	2	Cash prizes · · · · · · · · · · · · · · · · · · ·		bingo/progressive bingo		col (a) through col (c))
Direct Exp	3 4	Cash prizes · · · · · · · · · · · · · · · · · · ·	(a) Bingo  Yes %		(c) Other gaming  Yes%  No	col (a) through col (c))
Direct Exp	3 4 5	Cash prizes · · · · · · · · · · · · · · · · · · ·	☐ Yes%	bingo/progressive bingo	Yes%	col (a) through col (c))
Direct Exp	2 3 4 5	Cash prizes · · · · · · · · · · · · · · · · · · ·	Yes % No s 2 through 5 in column (c	bingo/progressive bingo  Yes %  No		col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8	Cash prizes · · · · · · · · · · · · · · · · · · ·	Yes % No s 2 through 5 in column (continue line 1, column d, and	bingo/progressive bingo  Yes % No  No		col (a) through col (c))
Direct Exp	2 3 4 5 6 7 8 Err	Cash prizes · · · · · · · · · · · · · · · · · · ·	Yes % No s 2 through 5 in column (continue line 1, column d, and	bingo/progressive bingo  Yes % No  d line 7 · · · · ·	Yes % No	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Erra is	Cash prizes · · · · · · · · · · · · · · · · · · ·	Yes % No s 2 through 5 in column (continue line 1, column d, and	bingo/progressive bingo  Yes % No  d line 7 · · · · ·	Yes % No	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Erra is o if '	Cash prizes · · · · · · · · · · · · · · · · · · ·	Yes % No s 2 through 5 in column (continue line 1, column d, an ation operates gaming act gaming activities in each	bingo/progressive bingo  Yes %  No  d line 7 · · · · · · · · · · · · · · · · · ·	Yes%No	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Erra is of if '	Cash prizes · · · · · · · · · · · · · · · · · · ·	Yes % No s 2 through 5 in column (continue line 1, column d, an ation operates gaming act gaming activities in each	bingo/progressive bingo  Yes %  No  d line 7 · · · · · · · · · · · · · · · · · ·	Yes%No	col (a) through col (c))

#### SCHEDULE O 4(Form 990 or 990-EZ)

Department of the Treasury

#### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public** 

Internal Revenue Service Inspection Name of the organization Employer identification number ALLIED MILK PRODUCERS' CO-OP, INC. 25-1514202 01. Form 990 governing body review (Part VI, line 11) NO REVIEW WAS CONDUCTED OR WILL BE CONDUCTED. 02. Governing documents, etc, available to public (Part VI, line 19) AVAILABLE UPON REQUEST

### W. Kelly Campagna & Associates, P.C.

CERTIFIED PUBLIC ACCOUNTANT 104 S. Center St., Suite 213

Ebensburg, PA 15931 Phone: 814-472-5370 Fax: 814-472-6946

December 12, 2011

To The Board of Directors, Officers and Members Allied Milk Producers' Co-Op, Inc.

The following information is provided relative to our audit and the information required in the annual report submitted to the U.S. Department of Agriculture/Dairy Division as of August 31, 2011:

- A. Allied Milk Producers' Co-Op, Inc. engaged solely in the promotion of production, research and nutritional education of milk and other dairy products during the fiscal year ended August 31, 2011.
- B. Allied Milk Producers' Co-Op, Inc. has been and is financed by producers or cooperative association members since its inception through the audit date December 12, 2011, and there are no significant changes anticipated in the Co-Op's financing and funding in the future.
- C. Allied Milk Producers' Co-Op, Inc., except for the "Real Seal" trademark, does not use any trade or brand name in its advertising or promotion of milk and dairy products.
- D. None of Allied Milk Producers' Co-Op, Inc. program funds have been used for purposes of influencing government policy or legislative action.
- E. Allied Milk Producers' Co-Op, Inc. internal controls consist of 1) the deposit of all cash receipts intact to the Co-Op's authorized bank accounts; 2) the monthly reconciliation of the Co-Op's bank accounts; and 3) approval of all expenditures by the Co-Op's board of directors and the signing of all check disbursements by two authorized officers. In addition, a treasurer's report is prepared monthly and thoroughly reviewed by the Board of Directors.

Very truly yours,

W. Kelly Campagna, CPA

WKC/sb