

## 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

Department of the Treasury

**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)

2011

OMB No 1545-0047

Interr	nal Revenue	Service	▶ The organization may have to use a copy of this return to satisfy state report	ıng requiremer	nts 🚉	Inspection for
A	For the	08-31	1, 20 12			
В	Check if ap	plicable	D Emp	Employer identification no		
	Address ch	ange	25-:	1514202		
	Name chan	ge	E Tele	phone number		
$\overline{\sqcap}$	Initial return	1	(814	4) 798-5322		
ī	Terminated	·	City or town, state or country, and ZIP + 4			916,597
Ħ	Amended re	eturn	HOOVERSVILLE, PA 15936		G Gros	ss receipts \$
Ħ	Application	pending	F Name and address of principal officer			
_				H(a) Is this a gro affiliates?	up return for	Yes X No
ī	Tax-exemp	t status	501(c)(3) 💢 501(c) ( 6 ) ◀ (insert no ) 4947(a)(1) or 527	H(b) Are all affilia	ates included?	Yes No
7	Website.	▶ N/A		If "No," atta	ch a list (see i nption number	nstructions)
ĸ	Form of org	anization X	Corporation Trust Association Other L Year of formation	M State	of legal domici	le PA
Pa		Summary	<u> </u>			
	1 1	Briefly descri	be the organization's mission or most significant activities   THE MILK MARKETING	PROM. &	EDUC. P	ROGRAM
	1 3	SERVES TO	DEDUCATE THE PUBLIC RELATIVE TO THE NUTRITIONAL VALUE OF	MILK/MILK	PRODUC'	rs & to
Ĉ (	<b>5</b>   3	PROMOTE M	MILK AS ESSENTIAL TO HEALTHY LIVING.			
1 9				_		
V e	2	Check this bo	ox > If the organization discontinued its operations or disposed of more than 25% of	f its net assets		
1 1		Number of vo	oting members of the governing body (Part VI, line 1a)	. <b></b> [	3	5
9 n		Number of in	dependent voting members of the governing body (Part VI, line 1b)	. <b></b>	4	5
2013 3	) [		r of individuals employed in calendar year 2011 (Part V, line 2a)		5	2
7	6	Total number	r of volunteers (estimate if necessary)	. <b></b>	6	
~			ed business revenue from Part VIII, column (C), line 12		7a	0
<u> </u>	b	Net unrelated	d business taxable income from Form 990-T, line 34		7b	0
MAR				Prior Year		Current Year
≥ e	8	Contributions	,746	154,730		
D.			s and grants (Part VIII, line 1h)	813	, 328	741,675
<u> </u>	1		ncome (Part VIII, column (A), lines 3, 4, and 7d)		814	600
₹.			ie (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .2(1).		, 677	19,592
<b>Z</b> _			e - add lines 8 through 11 (must equal Part VIII, column (A), line 12). [2]	976	, 565	916,597
SCANNED	13	Grants and s	similar amounts paid (Part IX, column (A), lines (3)			
_				20	602	27 501
x P	- 1	•	er compensation, employee benefits (Part IX, column (A), lines 5-10)		, 683	37,501
8 N	_ I		fundraising fees (Part IX, column (A), line 11e)			
8 8	1			970	, 955	939,892
8			ses (Part IX, column (A), lines 11a-11d, 11f-24e)		, 638	977,393
			s expenses Subtract line 18 from line 12		, 927	(60,796)
Net	13	IVEACURE ICS		jinning of Current Y	<del></del>	End of Year
Asse	ts 20	Total assets	(Part X, line 16)		, 839	557,043
or Fund			es (Part X, line 26)	· · · · · · · · · · · · · · · · · · ·	,	0
Bal- ance			r fund balances Subtract line 21 from line 20.	617	, 839	557,043
_	TAW .	Signatu			,	
Unde	er penalties	of perjury, 1 decla	are that I have examined this return, including accompanying schedules and statements, and to the best of my know	ledge and belief, it	18	
true,	correct, and	complete Deek	eration of preparer (other than officer) is based on all information of which preparer has any knowledge			7 17
		14	avel W Muses		Z	-7-13
Siç	an 📗		e of officer		Date	
He	re 📗	PA	VID W. MYERS PRESIDENT			
		Type or p	print name and title			
		Print/Type pre		Check	if PTIN	
Pa		W. KELL	Y CAMPAGNA, CPA Whilly anyxin 01-30-2013	self-employe	d	
	eparer	Firm's name		ırm's EIN		
Us	e Only	Firm's address	,	hone no	_	
	<del></del>	ــــــــــــــــــــــــــــــــــــــ	Ebensburg PA 15931			72-5370
May	y the IRS	discuss this	return with the preparer shown above? (see instructions)			🗌 Yes 🔀 No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

orm	1990(2011) ALLIED MILK PRODUCERS' CO-OP, INC.	25-1514202	Page 2
Pai	` Statement of Program Service Accomplishments		<del></del>
	Check if Schedule O contains a response to any question in this Part III		🗆
1	Briefly describe the organization's mission		
	THE MILK MARKETING PROM. & EDUC. PROGRAM SERVES TO EDUCATE THE PUBLIC RELATIVE	TO THE	
	NUTRITIONAL VALUE OF MILK/MILK PRODUCTS & TO PROMOTE MILK AS ESSENTIAL TO HEAL!	THY LIVING.	
		-	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	pnor Form 990 or 990-EZ?	🗆 Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	D Yes	X No
	If "Yes," describe these changes on Schedule O	🗀	<u></u>
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	red by	
	expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount		
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	it or	
	grants and anocations to entere, the total expenses, and revenue, it any, for each program service reported		
4a	(Code ) (Expenses \$ 890,332 including grants of \$ ) (Revenue	\$	
74	THE MILK MARKETING PROM. & EDUC. PROGRAM SERVES TO EDUCATE THE PUBLIC RELATIVE	•	····· ′
	NUTRITIONAL VALUE OF MILK/MILK PRODUCTS & TO PROMOTE MILK AS ESSENTIAL TO HEAL!		
	MOTATIONAL VALUE OF MILK/MIKE PRODUCTS & TO PROMOTE MILK AS ESSENTIAL TO HEAL.	THI LIVING.	
		•	
	<del></del>		
		····	
		<del></del>	
46	(0-1-		
4b	(Code) (Expenses \$ including grants of \$ ) (Revenue	\$	)
		<del></del>	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$	)
			-
		* -	
			·-
4d	Other program services. (Describe in Schedule O )	- · · · · · · · · · · · · · · · · · · ·	·
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
40	Total program service expenses ▶ 890,332		<del></del> -

Form 990 (2011) ALLIED MILK PRODUCERS' CO-OP, INC.

Rantily Checklist of Required Schedules

	· ·			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A	1		<u>X</u>
2		2		X
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			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		<u>X</u>
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			_^
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			71
	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,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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	<b>在建</b>		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a		X
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
a	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
u	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	11d		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		X
•	the organization's departed or consolidated infancial statements for the tax year include a foothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		v
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	-''		X_
	Schedule D, Parts XI, XII, and XIII	12a	х	
b			^	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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, business, investmetnt, and program service activities outlisde the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes,' complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		_X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
4 <b>-</b>	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		ļ	
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	_X	
13	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			3.7
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
	If "Voo" to line 20e did the appring on a Mark to audited Special state was to the	20a 20b		X
	if tes to line 20a, did the organization attach its audited financial statements to this return?	200		

Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 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 X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$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 X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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 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? Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV......... Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 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 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х Did the organization receive any payment from or engage in any transaction with a controlled entity within the 35b X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 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, 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 38

Pa	rt 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			_
0-	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
<b>h</b>	Statements, filed for the calendar year ending with or within the year covered by this return	ا ا		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_X_	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b		Х
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	<b>4</b> a		v
b	If "Yes," enter the name of the foreign country	a		X
-	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		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?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
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			
	and services provided to the payor?	7a		<u>X</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
0	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?	<b>7</b> g		Х
h	If the organization received a contribution of cars, boats, airplanes, or 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			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		X
40	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter	i		
'' a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them)	į		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	.54		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	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
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction			_
	Check if Schedule O contains a response to any question in this Part VI			<u> X</u>
<u>Sec</u>	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			
	If there are material differences in voting rights among members of the governing body, or			ŀ
	If the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Χ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		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 at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions )	*		_
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Vipon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► DAVID MYERS (814)798-5322 495 BLOUGH ROAD HOOVERSVILLE, PA 159	36		

<b>-</b>	000	(2044)	
COIIII	330	(2011)	

ALLIED MILK PRODUCERS' CO-OP, INC.

25-1514202

Page 7

## 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
- 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A)	(B)		(C)		(D)	(E)	(F)			
Name and Title	Average hours per week (describe hours for	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the				
	related organizations in Schedule O)	ltd nri dur se vtc let deo ur ao lr	nr su ts it	C e	K e y e m p i o y e e	H c e m g m p l e s n y t e e t e d	F o r m e r	(W-2/1099-MISC)		organization and related organizations
(1) ED THOMAS										
DIRECTOR	1.00	X		<u> </u>				(	0	0
(2) DAVID MYERS							ĺ			
PRESIDENT	2.00	Ĺ		X		<u> </u>	<u> </u>	(	0	0
(3) FRED SHANKLE										_
VICE-PRES.  (4) JANICE ITLE	1.00			<u> </u>	_	<u> </u>	ļ		0	0
TREASURER	2 00			١				į	]	
(5) LOWELL FRIEDLINE	2.00		—.	X	-		$\vdash$		0	0
SECRETARY	2.00			x				,	o	o
(6)						-				
(7)										
(8)						<u> </u>				
(9)										<u> </u>
(10)										
(11)										
(12)										
(13)	-									
(14)					-			-		
					Щ.	ليسا	$\Box$	<u> </u>	1	

Pa	rt VII   Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	1 Hiç	ghes	st Con	npen	sated Employees	s (continued)			
	. (A)	(B) (C) Average Position hours per (do not check more than one							(D)	(E)	(F)		
	Name and Title								Reportable compensation	Reportable compensation from		Estimate amount o	
		week	week box, unless person is both an						from	related	'	other	и
		(describe hours for		officer and director/trustee)					the organization	organizations (W-2/1099-MISC)	∞	mpensat from the	
		related	n r i	n r	f	K e	H c e	F	(W-2/1099-MISC)	(VV-2/1099-WII3C)	。	rganızatı	
		organizations	dur	s u	1	У e	g m p h p l	m				and relate	
	· ·	ın Schedule O)	v t c	t e	е	m	9 9 0 3 n y	е г			or	rganizatio	ons
	}		d e o	t e	r		t s e a e						
			a o I r	0		y e	e e		:				
				n a		е	d						
(15)			<del>                                     </del>	Ë		_	<del> </del>	$\vdash$			+-		
(,													
(16)											+		
(17)									· -				
(18)		-											
			<u> </u>	L		<u> </u>							
(19)													
(00)			<u> </u>		<u> </u>	<u> </u>		_			Д_		
(20)													
(21)					┝	├					<del>                                     </del>		
(21)													
(22)			<del> </del>		-						┿		
					l								
(23)			<del> </del>			-		-			+		
(24)			-		<u> </u>						1		
(25)													
			L							· · · · · · · · · · · · · · · · · · ·			
1b	Sub-total		• • •	• • •	• • •	• •	• • •						
C	Total from continuation sheets to Part VII, Section	• • • •	• • •	• • •	• •	• •	· · ·			_			
<u>d</u>	Total number of industrials (neuralize but not limited to							<u> </u>	Q	0			0
2	Total number of individuals (including but not limited to reportable compensation from the organization	o tnose iiste	a abov	/e) w	vno i	rece	ivea m	iore i	man \$100,000 in	0			
	reportable compensation from the organization											Yes	No
3	Did the organization list any former officer, director or	trustee. kev	v empl	ovee	e or	hial	hest co	mne	ensated			163	100
	employee on line 1a? If "Yes," complete Schedule J fo										3	<del>                                     </del>	X
4	For any individual listed on line 1a, is the sum of repor											t	<del>  ^</del>
	organization and related organizations greater than \$1	50,000? If "	Yes,"	com	plete	e Sc	hedule	J fo	r such		}		
	individual										4		X
5	Did any person listed on line 1a receive or accrue com											1	
	for services rendered to the organization? If "Yes," cor	mplete Sche	dule J	for	suci	h pe	rson		· · · · · · · · · · · · ·		5	<u> </u>	X
	tion B. Independent Contractors								·				
1	Complete this table for your five highest compensated												
	compensation from the organization. Report compens	ation for the	calen	gar y	year	enc	ing wi	th or	within the organiz	ation's tax			
	year. (A)								(B)	<del></del>		<u> </u>	
	איץ Name and business address								(B)  Description of se	invices		(C) ensation	
	4.4 7351.000 444.033								Description of Se				
									<del>                                     </del>				
										<del></del>			
									1				
2	Total number of independent contractors (including bu				sted	abo	ove) w	ho					
	received more than \$100,000 of compensation from th	e organizat	ion 🕨										1

Part V	/III	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 1	1				
	Ь	Membership dues	<del></del>				
Contri-	2	Fundraising events	<del></del>				
butions, Gifts			<del></del> -				!
Grants	a	Related organizations 1	<del></del>				
and	e	Government grants (contributions) 1	9				
Other Similar	f	All other contributions, gifts, grants,					
Amounts		and similar amounts not included above 1					
	g	Noncash contributions included in lines 1a-1f					
	h	Total. Add lines 1a-1f	<u> </u>	154,730			
			Business Code			_	
	2a	PRODUCER PAYMENTS	900099	741,675	741,675		
D	ь		-			····	<u> </u>
Program Service	c						
Revenue	d		-	-		<del></del> .	
	ء ا						
	f	All other program service revenue	-				
		Total. Add lines 2a-2f		741,675		<del></del>	
				741,073		<del> </del>	
	3	Investment income (including dividends, interest and other similar amounts)		600	600		-
	4			800	800	<del></del>	
	_	Income from investment of tax-exempt bond p					
	5	Royalties					
	_	(ı) Real	(ii) Personal				
		Gross rents					
		Less rental expenses					
		Rental income or (loss)					
	d	Net rental income or (loss)	<u> ▶</u>				
	7a	Gross amount from sales of (i) Securities	(II) Other			•	
		assets other than inventory					
	ь	Less cost or other basis					
0		and sales expenses					
t	С	Gain or (loss)					
h		Net gain or (loss)					
e		Gross income from fundraising					
•	ŀ	events (not including \$ 150,863		1			
R		of contributions reported on line 1c)					
e		See Part IV, line 18	,				
ė	Ь	Less direct expenses					
n		Net income or (loss) from fundraising events					[
u e		Gross income from gaming activities	• • • • • • • • •				
	""	See Part IV, line 19		1			
	١,	Less direct expenses	<u> </u>				
		Net income or (loss) from gaming activities .	′				
		Gross sales of inventory, less returns and allowances	1				
		Less cost of goods sold	)	<u> </u>	·		
	<u> </u>	Net income or (loss) from sales of inventory.	<u> ▶</u>				
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900099	19,592	19,592		
	b						
	C						
٠		All other revenue					
		Total. Add lines 11a-11d		19,592		· · · <del></del>	
	12	Total revenue. See instructions	🕨	916,597	761,867	(	0

#### 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)

	Check if Schedule O contains a response to any ques	tion in this Part IX	<u></u>	<u></u>	<u> </u>
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	Total expeliates	expenses	general expenses	expenses
1	Grants and other assistance to governments and	_			
	organizations in the United States See Part IV, line 21.				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	ļ			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	34,352		34,352	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,149		3,149	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	3,593		3,593	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17.				
f	Investment management fees				
g	Other				
12	Advertising and promotion	702,656	702,656		
13	Office expenses	18,888		18,888	
14	Information technology				
15	Royalties				
16	Occupancy	3,291		3,291	
17	Travel	6,401		6,401	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<del></del> .
19	Conferences, conventions, and meetings	6,842		6,842	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,037		3,037	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	BUTTER & CHEESE COSTS	181,268	181,268		
b	BANQUET EXPENSE	1,290		1,290	
C	REFUNDS TO CO-OPS	1,158	1,158		
d	SCHOLARSHIPS & EDUCATION	5,250	5,250		
0	All other expenses	6,218		6,218	
25	Total functional expenses. Add lines 1 through 24e .	977,393	890,332	87,061	0
26	Joint costs. Complete this line only if the				-
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

orm 990 (20			25-15142	202 Page
Part X	Balance Sheet			
•		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	607,839	1	547,043
2	Savings and temporary cash investments	10,000	2	10,00
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			
x	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
;	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or			-
	other basis. Complete Part VI of Schedule D 10a			
b	Less accumulated depreciation		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)	617,839	16	557,04
17	Accounts payable and accrued expenses		17	•
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
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 (including federal income tax, payables to related third			•
	parties, and other liabilities not included on lines 17-24) Complete Part X		1 1	
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0	26	
_	Organizations that follow SFAS 117, check here ▶ 🔀 and complete			
F   u	lines 27 through 29, and lines 33 and 34.			
n   27	Unrestricted net assets	617,839	27	557,04
	Temporarily restricted net assets		28	
в 29	Permanently restricted net assets	<u> </u>	29	
a	Organizations that do not follow SFAS 117, check here ▶ ☐ and			
29	complete lines 30 through 34.			
n   30	Capital stock or trust principal, or current funds	<del> </del>	30	
A I	Paid-in or capital surplus, or land, building, or equipment fund		31	
	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	617,839	33	557,04
34	Total liabilities and net assets/fund balances	617,839	34	557,04

Form	990 (2011) ALLIED MILK PRODUCERS' CO-OP, INC.	25-1514	202	Р	age 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u>.</u>		<u></u> .	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)			916,	597
2	Total expenses (must equal Part IX, column (A), line 25)			977,	393
3	Revenue less expenses. Subtract line 2 from line 1	3		(60,	796)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		617,	839
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0
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		557,	043
Pa	t XII Financial Statements and Reporting		-		
	Check if Schedule O contains a response to any question in this Part XII				. $\sqcap$
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			,	,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O			-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
b	Were the organization's financial statements audited by an independent accountant?			X	<del></del>
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		`	<del>  '`</del>	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in		·	+	
	Schedule O			1	,
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				<b> </b>
	the Single Audit Act and OMB Circular A-133?		. 3a	1	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		·   34	+	<del>  ^-</del>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		

EEA

Form 990 (2011)

#### **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

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

• Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C

2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

lf

(5)

(6)

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. Open to Public ► See separate instructions. Inspection

•	Section 527 organizations: Complete Part	t I-A only			
If the	organization answered "Yes," to Form	n 990, Part IV, line 4, or Form 990-E2	, Part VI, line 47	(Lobbying Activities), th	en
•	Section 501(c)(3) organizations that have	filed Form 5768 (election under section	n 501(h)): Comple	te Part II-A Do not comp	lete Part II-B
•	Section 501(c)(3) organizations that have	NOT filed Form 5768 (election under	section 501(h)). Co	omplete Part II-B. Do not	complete Part II-A
If the	organization answered "Yes," to Form	n 990, Part IV, line 5 (Proxy Tax) or F	orm 990-EZ, Part	V, line 35c (Proxy Tax),	then
•	Section 501(c)(4), (5), or (6) organizations	s Complete Part III			
Nam	e of organization			Employe	r identification number
AL	LIED MILK PRODUCERS' CO-OP,	INC.		25-15:	14202
Pa	rt I-A Complete if the organ	ization is exempt under secti	on 501(c) or is	a section 527 orga	nization.
1	Provide a description of the organization	's direct and indirect political campaign	activities in Part	V	<del>-</del>
2	Political expenditures			▶ \$	
3	Volunteer hours				
				<del></del>	
Pa	rt I-B Complete if the organ	ization is exempt under secti	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 s	ection 4955	▶ s <u> </u>	
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?				. Tyes No
b	If "Yes," describe in Part IV				
Pa		ization is exempt under secti		ept section 501(c)(	3).
1	Enter the amount directly expended by the	ne filing organization for section 527 ex	cempt function		
	activities			<b>▶</b> \$	
2	Enter the amount of the filing organization	n's funds contributed to other organiza	itions for section		
	527 exempt function activities			<b>▶</b> \$	
3	Total exempt function expenditures Add				
	line 17b				
4	Did the filing organization file Form 1120				
5	Enter the names, addresses and employ	er identification number (EIN) of all se	ction 527 political	organizations to which the	e filing
	organization made payments. For each	organization listed, enter the amount p	aid from the filing	organization's funds. Also	enter
	the amount of political contributions rece	eived that were promptly and directly de	elivered to a separ	ate political organization,	such
	as a separate segregated fund or a politi	cal action committee (PAC) If addition	nal space is neede	d, provide information in i	Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds if none, enter -0-	contributions received and promptly and directly
				Turius ir norie, eriter -o-	delivered to a separate
					political organization If
					none, enter -0-
(1)					
					<del> </del>
(2)					
(3)					
(4)					

EEA

Schedu	le C (Form 990 or 990-EZ) 2011 ALLIED MILK E				25-1514	· - J
Par	t II-A Complete if the organization	n is exempt un	der section 501	l(c)(3) and filed	Form 5768 (elec	tion under
	section 501(h)).					
A C	heck  if the filing organization belongs to	•	· ·	- ·	member's	
	name, address, EIN, expenses, a			·		
ВС	heck I if the filing organization checked b			pply	<del>,</del>	
		oying Expenditure			(a) Filing	(b) Affiliated
	(The term "expenditures" r	<u></u>			organization's totals	group totals
	Total lobbying expenditures to influence public of					<u>.</u>
	Total lobbying expenditures to influence a legisl					
	Total lobbying expenditures (add lines 1a and 1					
	Other exempt purpose expenditures					
	Total exempt purpose expenditures (add lines 1					
	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 lebbying	nontovohlo omovi			
<b>—</b>	Not over \$500,000		nontaxable amour	it is .		
	Over \$500,000 but not over \$1,000,000		15% of the excess	over \$500,000		
—	Over \$1,000,000 but not over \$1,500,000		10% of the excess			
<u></u> ⊢	Over \$1,500,000 but not over \$17,000,000		5% of the excess of			
—	Over \$17,000,000	\$1,000,000	3 0 70 OF LITE CXCC33 O	νει ψ1,300,000.	p p	
	Grassroots nontaxable amount (enter 25% of lin			L		
	Subtract line 1g from line 1a If zero or less, ent					
	Subtract line 1f from line 1c If zero or less, enter					
	If there is an amount other than zero on either li					
•						☐ Yes ☐ No
	(Some organizations that	made a section 5	eriod Under Section 01(h) election do nations for lines 2a ti	ot have to complet		
	Lobby	ring Expenditures	During 4-Year Ave	raging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column (e))		'			
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
в	Grassroots ceiling amount (150% of line 2d, column (e))			-		
f	Grassroots lobbying expenditures					
_			EE.	A	Schedule C (Fon	m 990 or 990-EZ) 2011

Pai	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled F	orm	5768	
For	each "Vee" response to lines to through 1i below provide in Bort IV a detailed description	(	a)		(b)
	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description se lobbying activity	Yes	No	А	mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local				
	legislation, including any attempt to influence public opinion on a legislative matter or			1	
	referendum, through the use of			}	
а	Volunteers?			ĺ	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1	
С	Media advertisements?		1	1	_
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				-
i	Other activities?				
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				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pa	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).				1
				r	Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	Х
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		• • •	3	
Pal	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Ol				2 i-
	answered "Yes."	(u)	raiti	BI-A, II	ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	• •	<del>-</del>	<del> </del>	
	political expenses for which the section 527(f) tax was paid).				
а	Current year		2a	1	
b	Carryover from last year		2b	<u> </u>	
C	Total		2c	$\vdash$	
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	• •	<u> </u>	<del> </del>	
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying				
	and political expenditure next year?		4	1	
5	Taxable amount of lobbying and political expenditures (see instructions)	• •	5	<u> </u>	<del></del>
Pa	rt IV Supplemental Information			<u> </u>	
Com	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A, and F	art II-E	3, line		
1 Al	so, complete this part for any additional information				
		· · ·			
					<del></del>

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Employer identification number

2011

Open to Public

<b>.</b>	THE WILL PROPUGEE OF THE	05 1514000
	LIED MILK PRODUCERS' CO-OP, INC.  THE Organizations Maintaining Donor Advised Funds or Other Similar Funds or	25-1514202
Urice.	the organization answered "Yes" to Form 990, Part IV, line 6	of Accounts. Complete if
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(b) I dids and office accounts
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 advised	<del></del>
_	funds are the organization's property, subject to the organization's exclusive legal control?	Tyes No
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 other	
	purpose conferring impermissible private benefit?	
Pa	Conservation Easements. Complete if the organization answered "Yes" to Form 990, Pa	art 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)	ally important land area
	Protection of natural habitat	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	a conservation
	easement on the last day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	. 2a
b	Total acreage restricted by conservation easements	. 2b
C	Number of conservation easements on a certified historic structure included in (a)	. 2c
d	Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic	
	structure listed in the National Register	. 2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the or	ganization 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 easements during	g the year
_	<u></u>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	e year
_		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
9	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	
7	In Part XIV, describe how the organization reports conservation easements in its revenue and expense sta	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the organization's accounting for conservation easements	s that describes
Pā	Conganizations Maintaining Collections of Art, Historical Treasures, or Ot	har Similar Assats
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	mei Ommai Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statemen	nt and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items	2.1100 07 pasilo 0011100,
b	in the second se	nd balance sheet works of art
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
	provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	▶s
	(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 financial ga	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	• •
а	Revenues included in Form 990, Part VIII, line 1	▶s
b	Assets included in Form 990, Part X	

	ule D (Form 990) 2011 ALLIED MILK PRODU	CERS' CO-OP,	INC.			25-15	14202		Page 2
Pa	rt III Organizations Maintaining Co							(contin	ued)
3	Using the organization's acquisition, accession, ar	nd other records, o	heck any	of the following that	are a sig	nificant use of its			
	collection items (check all that apply)								
а	Public exhibition			nge programs					
b	Scholarly research	e 🗌 Othe	r						
C	☐ Preservation for future generations					-			
4	Provide a description of the organization's collection	ons and explain ho	ow they fu	rther the organization	n's exem <sub>l</sub>	ot purpose in			
	Part XIV								
5	During the year, did the organization solicit or rece	eive donations of a	ırt, histori	cal treasures, or othe	er simılar				
	assets to be sold to raise funds rather than to be r	naintained as part	of the org	ganization's collection	n?		[	Yes	☐ No
Pa	rt IV Escrow and Custodial Arrang	jements. Com	plete if or	ganization answered			_		
	Part IV, line 9, or reported an amount of								
1a	Is the organization an agent, trustee, custodian or	other intermedian	y for conti	ributions or other ass	ets not				
	included on Form 990, Part X?						[	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV and	complete the follow	wing table	•					
						A	mount		
С	Beginning balance					c			
d	Additions during the year			· · · · · · · · · · · · · · · · · · ·	1	d			
е	Distributions during the year			· · · · · · · · · · · · · · · · · · ·	10	9			
f	Ending balance								
2a	Did the organization include an amount on Form 9	90, Part X, line 21	?				[	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	·							
Pa	rt V Endowment Funds. Complete if t	he organization ar	swered "	Yes" to Form 990, Pa	art IV, line	10			
		(a) Current year	(b) Prio	or year (c) Two ye	ars back	(d) Three years bad	ж (e)	Four years	back
1a	Beginning of year balance							·	
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								Ì
е	Other expenditures for facilities								
	and programs								į
f	Administrative expenses								i
g	End of year balance								
2	Provide the estimated percentage of the current year	,	ine 1g, co	iumn (a)) held as <sup>.</sup>					
a	Board designated or quasi-endowment	%							
b	Permanent endowment %								
С	Temporarily restricted endowment	<u></u> %							
_	The percentages in lines 2a, 2b, and 2c should eq								
3a	Are there endowment funds not in the possession	of the organizatio	n that are	held and administer	ed for the	!		_	<del>-,</del>
	organization by						_	Yes	No
	(i) unrelated organizations	• • • • • • • •		• • • • • • • • •	• • • •	· · · · · · · · ·	_	a(i)	<del></del>
	(ii) related organizations				• • • •	• • • • • • • • •	_	(ii)	<del></del>
b	If "Yes" to 3a(ii), are the related organizations liste	•			• • • •		3	b	
4 D=	Describe in Part XIV the intended uses of the orga								
ra	rt VI Land, Buildings, and Equipm				T	<u> </u>			
	Description of property	(a) Cost or other (investment		(b) Cost or other basis (other)		Accumulated lepreciation	(d)	Book value	θ
10	Land	(iiiiosaiioii							

(G) (C) (D) (E) (F) (G) (H) (I) (I) (A) (A) (B) (B) (C) (C) (D) (E) (F) (G) (G) (F) (G) (G) (F) (G) (H) (I) (I) (I) (A) (A) (B) (B) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Part VII	Investments - Other Securities.	See Form 990, Part X, line 12.		
(2) Closely-held equity interests   (3) Clother   (4)   (6)   (7)   (7)   (8)   (9)   (10)	•		(b) Book value	• •	
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(1) Financial o	lerivatives			<u> </u>
(A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		ld equity interests			
(G) (C) (D) (E) (E) (F) (G) (F) (D) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(3) Other				
(C) (D) (E) (F) (G) (G) (G) (H) (I) (D) (Fost (Courn) (b) must equal form 990, Part X, cot (B) inn 12)  Part VIII   Investments - Program Related. See Form 990, Part X, line 13  (A) Description of investment lype  (B) Book value  (C) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
(C)					
(E) (F) (G) (H) ((C) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H					
(G) (G) (P) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I					
G    (F)					<del></del>
(H) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I					
(1)					
Total   Column (b) must equal Form 990, Part X, col (B) line 15   Part XIII   Total (Column (b) must equal Form 990, Part X, col (B) line 15   Part XI   Other Labolitides. See Form 990, Part X, line 15   Part X   Other Labolitides. See Form 990, Part X, col (B) line 15   Part X   Other Labolitides. See Form 990, Part X, col (B) line 15   Part X   Other Labolitides. See Form 990, Part X, line 25   Part X   Other Labolitides. See Form 990, Part X, col (B) line 15   Part X   Other Labolitides. See Form 990, Part X, line 25   Part X   Other Labolitides. See Form 990, Part X, line 25   Part X   Other Labolitides. See Form 990, Part X, line 25   Part X   Other Labolitides. See Form 990, Part X, line 25   Part X   Other Labolitides. See Form 990, Part X, line 25   Part X   Other Labolitides. See Form 990, Part X, line 25   Part X   Other Labolitides. See Form 990, Part X, line 25   Part X   Other Labolitides. See Form 990, Part X, line 25   Part X   Other Labolitides. See Form 990, Part X, line 25   Part X   Other Labolitides. See Form 990, Part X, line 25   Part X   Other Labolitides. See Form 990, Part X, line 25   Part X   Other Labolitides. See Form 990, Part X, line 25   Part X   Other Labolitides. See Form 990, Part X, line 25   Part X   Part					
Part VIII					<del></del>
(a) Description of investment type (b) Book value (c) Method of valuation Cost or end d-year methot value  (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10		,			<u>.</u>
Cost or end-of-year market value	Part VIII	investments - Program Related.	See Form 990, Part X, line 13		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Test. (Cotume (b) must equal Form 990, Part X, col (B) line 13) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10		(a) Description of investment type	(b) Book value		
(3)   (4)   (5)   (6)   (7)   (8)   (7)   (8)   (7)   (7)   (8)   (7)   (7)   (7)   (8)   (7)   (7)   (7)   (8)   (7)	(1)				
(4)					
(5)   (6)   (7)   (8)   (9)   (10)   (10)   (10)   (11)					
(6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15) (9) (10) (10) (10) (10) (10) (10) (10) (10					
(7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X, col (B) line 13)  Part X Other Assets. See Form 990, Part X, ine 15  (a) Description (b) Must equal Form 990, Part X, ine 15  (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total, Column (b) must equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10					
(6) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) inne 13)  Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  (b) Book value  (c) (d) (d) (f) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities, See Form 990, Part X, line 25.  (1) Federal income taxes  (2) (3) (4) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10					
(9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  (a) Description (b) must equal Form 990, Part X, line 25.  (a) Description (b) Book value  (b) Book value  (c) Book value  (d) Federal income taxes  (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11)					
(10)   Total. (Column (b) must equal Form 990, Part X, col (B) line 13)   Part IX   Other Assets. See Form 990, Part X, line 15					
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)   (a) Description   (b) Book value					
Part   X   Other Assets. See Form 990, Part X, line 15					
(a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (e) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  (10)  (11)		, , , , , , , , , , , , , , , , , , , ,			
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (10) (11)	Part IX				
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	(1)	(8)	Description		(b) Book value
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)					
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)					
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)					<del></del>
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)  Part X   Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)					
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)		······································			
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)					<del></del>
(9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)					
(10)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  (11)					
Part X   Other Liabilities. See Form 990, Part X, line 25.					
1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	Total. (Colum	n (b) must equal Form 990, Part X, col (B) line	15.)		
1.     (a) Description of liability     (b) Book value       (1) Federal income taxes     (2)       (3)     (4)       (5)     (6)       (7)     (8)       (9)     (10)       (11)     (11)	Part X	Other Liabilities. See Form 990, Part X, I	ine 25.		·
(2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         (10)         (11)	1.		T		
(3)         (4)         (5)         (6)         (7)         (8)         (9)         (10)         (11)	(1) Federal i	income taxes			
(4) (5) (6) (7) (8) (9) (10)	(2)				
(5) (6) (7) (8) (9) (10)	(3)				
(6) (7) (8) (9) (10) (11)					ļ
(7) (8) (9) (10) (11)					
(8) (9) (10) (11)		<u> </u>		_}	e e
(9) (10) (11)				_	
(10) (11)				_	
(11)				_	
				_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )				_	! [
2 FIN 48 (ASC 740) Footpote In Part XIV provide the text of the footpote to the organization's financial statements that reports the				1	

Par		Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stat	eme	nts
		evenue (Form 990, Part VIII, column (A), line 12)	1	916,597
2	Total e	xpenses (Form 990, Part IX, column (A), line 25)	2	977,393
3	Excess	or (deficit) for the year Subtract line 2 from line 1	3	(60,796)
4	Net uni	ealized gains (losses) on investments	4	
5	Donate	d services and use of facilities	5	
6	Investn	nent expenses	6	
7	Prior pe	eriod adjustments	7	
		Describe in Part XIV)	8	
		djustments (net) Add lines 4 through 8	9	
		or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	(60,796)
Par		Reconciliation of Revenue per Audited Financial Statements With Revenue per	Ret	urn
1	Total re	evenue, gains, and other support per audited financial statements	1	916,597
		ts included on line 1 but not on Form 990, Part VIII, line 12		
		ealized gains on investments	╛	
		d services and use of facilities		
		eries of prior year grants	╛	
		Describe in Part XIV )		
		es 2a through 2d	2€	
		ct line 2e from line 1	3	916,597
		ts included on Form 990, Part VIII, line 12, but not on line 1:		
		nent expenses not included on Form 990, Part VIII, line 7b 4a		
		Describe in Part XIV )	_	_
		es 4a and 4b	40	:
5	Total re	evenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	,
	XIII	Reconciliation of Expenses per Audited Financial Statements With Expenses	er F	
		kpenses and losses per audited financial statements	1	977,393
		ts included on line 1 but not on Form 990, Part IX, line 25		
		d services and use of facilities	_	
		ear adjustments	_	
		osses	4	
		Describe in Part XIV)		
		es 2a through 2d	2e	<del></del>
		the 2e from line 1	3	977,393
		ts included on Form 990, Part IX, line 25, but not on line 1:		
		nent expenses not included on Form 990, Part VIII, line 7b	4	
		Describe in Part XIV)	+-	_
-			40	<del></del>
	XIV	spenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	977,393
		s part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b		-
		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		
		ovide any additional information.		
nio pe	art to pr	orac any additional information.		
				<del></del>
	-			<del></del>
				<del></del>
				· · · · · · · · · · · · · · · · · · ·
				<del></del>

ALLIED MILK PRODUCERS' CO-OP, INC.

Schedule D (Form 990) 2011

25-1514202

Page 4

#### **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

2011

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

ALLIED MILK PRODUCERS	CO-OP	INC.			25-1	1514202
Part I Fundraising Activities Form 990-EZ filers are no				ered "Yes" to Form	990, Part IV, line 17	7.
1 Indicate whether the organization rai			<u> </u>	ctivities Check all tha	t apply	
a Mail solicitations	·		_	of non-government g		
<b>b</b> Internet and email solicitations				of government grants		
c Phone solicitations		g 🗌	Special fun	draising events		
d In-person solicitations						
2a Did the organization have a written of	-			_		
or key employees listed in Form 990				_		es 🗌 No
b If "Yes," list the ten highest paid indi		s (fundraisers	s) pursuant	to agreements under	which the fundraiser is	s to be
compensated at least \$5,000 by the	organization					
<del></del>	ı	T		l	(v) Amount paid to	T
(i) Name and address of individual	(ii) Activity	(iii) Did fundi custody or o		(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(.,,	contribu		from activity	fundraiser listed in col (i)	organization
		Yes	No			
1						
2					<del>~</del>	
3						
<del>,</del>		<u> </u>				
4						
5						
6						
7						
8						
9						
10						
	<u> </u>					
Total						
3 List all states in which the organization	n is registered o	r licensed to	solicit contr	ibutions or has been	notified it is exempt fro	m
registration or licensing						
						··· - · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·						
<del> </del>		<del> </del>				<del></del>
				<del></del>		
					<del></del>	-
						<del></del>
						<del></del>
					·	

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

Part II

	•	gross receipts greater than	\$5,000			
		gross receipts greater than	(a) Event #1	(b) Event #2	(c) Other events	
			BUTTER SALES	(b) Event #2	None	(d) Total events Add col (a) through
R			(event type)	(event type)	(total number)	col (c))
е		ľ	(Stantypo)	(Ovoin type)	(total number)	
v e	1	Gross receipts	150,863			150,863
n	2	Less Charitable				
u e		contributions				
ŭ	3	Gross income (line 1 minus				
		line 2)	150,863			150,863
	4	Cash prizes				
D						
r	5	Noncash prizes				
е			-			
c t	6	Rent/facility costs				
E x	7	Food and beverages				
p		_				
e n	8	Entertainment,		<u>.</u>		
s	_					
e s	9	Other direct expenses			<u></u>	
3	40	Disease company community and the				İ ,
	10 11	Direct expense summary. Add lines				150.000
Da	rt II	Net income summary. Combine lin  Gaming. Complete if the	organization answered	"Voc" to Form 000 Do	et IV line 10 or reporte	150,863
1 6		than \$15,000 on Form 990		165 10101111 990, Fa	it iv, mie 19, or reporte	u more
		11411 \$ 10,000 0111 01111 000	- LL, IIIIO OU			
R				(h) Pull tabe/instant		(d) Total coming (add
Rev			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Reven			(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1 2	Gross revenue	(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
Direct			(a) Bingo		(c) Other gaming	
Direct	2	Cash prizes	(a) Bingo		(c) Other gaming	
Drect Expe	2	Cash prizes	(a) Bingo		(c) Other gaming	
Drect Expe	2 3 4	Cash prizes  Noncash prizes  Rent/facility costs	(a) Bingo		(c) Other gaming	
Direct	3	Cash prizes		bingo/progressive bingo		
Drect Expe	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	Yes%	bingo/progressive bingo		
Drect Expe	2 3 4	Cash prizes  Noncash prizes  Rent/facility costs		bingo/progressive bingo		
Drect Expe	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	☐ Yes%	bingo/progressive bingo  Yes%		
Drect Expe	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	☐ Yes%	bingo/progressive bingo  Yes%		
Drect Expe	2 3 4 5 6 7	Cash prizes	☐ Yes % ☐ No S 2 through 5 in column (d	bingo/progressive bingo  Yes %  No	☐ Yes%	
Drect Expe	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	☐ Yes % ☐ No S 2 through 5 in column (d	bingo/progressive bingo  Yes %  No	☐ Yes%	
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	☐ Yes % ☐ No s 2 through 5 in column (d	bingo/progressive bingo  Yes%  No	☐ Yes%	
Drect Expe	2 3 4 5 6 7 8	Cash prizes	Yes % No s 2 through 5 in column (denbine line 1, column d, and	bingo/progressive bingo  Yes% No  J line 7	☐ Yes% ☐ No	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes	Yes % No s 2 through 5 in column (denbine line 1, column d, and	bingo/progressive bingo  Yes% No  J line 7	☐ Yes% ☐ No	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes	Yes % No s 2 through 5 in column (denbine line 1, column d, and	bingo/progressive bingo  Yes% No  J line 7	☐ Yes% ☐ No	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes	Yes % No s 2 through 5 in column (denbine line 1, column d, and	bingo/progressive bingo  Yes% No  J line 7	☐ Yes% ☐ No	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Ent is t	Cash prizes	Yes % No s 2 through 5 in column (d nbine line 1, column d, and tion operates gaming acti gaming activities in each o	bingo/progressive bingo  Yes%  No  l line 7	☐ Yes% ☐ No	( )  Yes No
D. rect Expenses	2 3 4 5 6 7 8 Entire its	Cash prizes	Yes % No s 2 through 5 in column (d nbine line 1, column d, and tion operates gaming acti gaming activities in each o	bingo/progressive bingo  Yes%  No  l line 7	☐ Yes% ☐ No	( )  Yes No
D. rect Expenses	2 3 4 5 6 7 8 Entire its	Cash prizes	Yes % No s 2 through 5 in column (d nbine line 1, column d, and tion operates gaming acti gaming activities in each o	bingo/progressive bingo  Yes%  No  l line 7	☐ Yes% ☐ No	( )  Yes No

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

Department of the Treasury

Internal Revenue Service

Name of the organization

### 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

2011

Open to Public Inspection

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	
	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	
	<u> </u>

# (Rev. January 2012)

## Application for Extension of Time To File an **Exempt Organization Return**

OMB No 1545-1709

Internal Revenue S	•	► File a	верагаtе ар	plication for each return.				
<ul><li>If you are fi</li></ul>	ling for an	Automatic 3-Month Extension, co	mplete only	Part I and check this box				▶⊠
								23
	If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).  o not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.  lectronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for							
a corporation i 8868 to reque Return for Tra	required to st an exte nsfers Ass	You can electronically file Form 880 file Form 990-T), or an additional (number of the forms by the file of this state.  I You can electronic file file forms by the file of the file file file file file file file fil	ot automatic listed in Part fit Contracts	<ul> <li>3-month extension of time.</li> <li>I or Part II with the exception, which must be sent to the II</li> </ul>	You can electronic n of Form 8870, Inf RS in paper format	ally fi format (see	le For tion	m
<b>国际</b> 设立	Automa	tic 3-Month Extension of Ti	me. Only	submit original (no cop	ies needed).			
A corporation	required to	file Form 990-T and requesting an	automatic 6-	month extension - check this	box and complete			
Part I only		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • •				▶□
		cluding 1120-C filers), partnerships,			to request an exte	ension	of tin	ne
to file income					•			
				Ente	r filer's identifying	ı num	ber. s	see Instructions
Type or	Name o	f exempt organization or other filer, s	ee instructio			_		umber (EIN) or
print		MILK PRODUCERS' CO-OP,			<b>X</b> 25-1514			
File by the		, street, and room or suite no. If a P.		instructions.	Social securit		ber (S	SSN)
due date for		LOUGH ROAD	-, <b>,</b>			,		,
filing your return. See	City toy	vn or post office, state, and ZIP code	For a foreig	n address, see instructions	<u>. L </u>		• •	<del></del>
instructions.		RSVIÇLE, PA 15936	. 1 01 0 101015	jii addiood, ood modiooloiis.				
		,		<del></del>				
Enter the Retu	ım code fo	or the return that this application is fo	r (file a sepa	rate application for each retu	ım)			
100					,			[
Application	l '		Return	Application	<del></del>			Return
ls For			Code	ls For				Code
Form 990			01	Form 990-T (corporation)			07	
Form 990-B	L		02	Form 1041-A			08	
Form 990-E	Z		01	Form 4720			09	
Form 990-P			04	Form 5227			10	
Form 990-T	(sec. 401	(a) or 408(a) trust)	05	Form 6069			11	
<del></del>	<del></del>	er than above)	06	Form 8870				12
	( coo out	, (						
Telephone  If the organ  If this is for for the whole a list with the until for the co	No. Initiation do a Group I group, che names and t an auton O organizatio calendar ye	B14-798-5322  es not have an office or place of bus Return, enter the organization's four ock this box	F/ iness in the ligit Group E it is for part is for. ation require rganization	AX No. DUNITED STATES, Check this box exemption Number (GEN) of the group, check this box d to file Form 990-T) extensing the trum for the organization na	. If thi ▶ □ and a	is is ittach		
	ax year be			, and ending	08-31	20_1	L2.	
_	-	ered in line 1 is for less than 12 mont	hs, check re	ason: 🔲 Initial return 🔲	Final return			
	<del></del>	ounting period						
,		s for Form 990-BL, 990-PF, 990-T, 4	/20, or 6069	o, enter the tentative tax, less	any		_	
	-	dits. See instructions.	2000			-3a	\$	
•	-	is for Form 990-PF, 990-T, 4720, or 6	-	•	i		٦	
		ments made. Include any prior year otract line 3b from line 3a. Include yo				3b	\$	
					using	9-		
	EFTPS (Electronic Federal Tax Payment System). See instructions.  3c   \$  dian. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-FO and Form 8879-FO for payment instructions.							