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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements

, 2011, and ending SEPTEMBER 30 For the 2011 calendar year, or tax year beginning 2012 OCTOBER 1 C Name of organization MINNESOTA MILK PRODUCERS ASSOCIATION D Employer identification number Check if applicable Doing Business As Address change 41-1469481 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Instial return 763-355-9697 108 MARTY DRIVE City or town, state or country, and ZIP + 4 Terminated G Gross receipts \$ Amended return BUFFALO MN 55313 F Name and address of principal officer Application pending PATRICK LUNEMANN H(a) Is this a group return for affiliates? Yes No H(b) Are all affiliates included? Yes Who 108 MARTY DRIVE BUFFALO MN √ 501(c) (c) ◀ (insert no) 1 4947(a)(1) or If "No," attach a list (see instructions) Tax-exempt status H(c) Group exemption number ► N/A Website: ▶ www.mnmilk org Form of organization 😾 Corporation 🔲 Trust Association Other -M State of legal domicile MN Year of formation 1977 Part I Summary Briefly describe the organization's mission or most significant activities TO MAKE PUBLIC THE VIEWS AND OBJECTIVES OF DAIRY PRODUCERS IN MINNESOTA BY LOBBYING AT THE STATE AND FEDERAL LEGISLATURES FOR LAWS THAT STABILIZE Activities & Governance WHOLESALE MILK OR PRODUCER PRICING AND/OR PERTAIN TO MILK PRODUCERS 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a). 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 14 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 0 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 399,232 523,065 Program service revenue (Part VIII, line 2g) 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,817 2,308 Other revenue (Part VIII, column (A), lines 5, 6d, 80, 190, 100, and 110) 134,426 42,405 Total revenue—add lines 8 through 11 (must equal Part-VIII, column (A), line 12) 12 535,966 567,287 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 8,200 6,650 Benefits paid to or for members (Part IX, column (A), fine 4) 2013 14 Salaries, other compensation, employee behefits (Part IX, column (A), lines? 15 219,556 231,148 Professional fundraising fees (Part IX, column (A), cline 11-1e) 16a Total fundraising expenses (Part IX, column-(D); line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 255.354 276,617 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 504,373 19 Revenue less expenses. Subtract line 18 from line 12 31,593 74,135 Beginning of Current Year End of Year Total assets (Part X, line 16) 20 399,805 362,242 21 Total liabilities (Part X, line 26) 109,546 72,974 22 Net assets or fund balances Subtract line 21 from line 20 326,831 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here PTIN Print/Type preparer's name Preparer's signature **Paid** self-employed P01370749 10/26/2012 BETHANY A KETCHUM **Preparer** Firm's EIN ► 41-1771683 Firm's name ► SCHMITZ & KETCHUM PA Use Only Firm's address ▶ 600 25TH AVE S #102 ST CLOUD MN 56301 Phone no 320-251-7444 May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2011)

For Paperwork Reduction Act Notice, see the separate instructions.

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					•••••	
			- 0 \			
4 ~1	Other present conuce	n (Dagarika in Cahadii)				
4d	Other program services					
4d		s (Describe in Schedul including grants) (Revenue \$)	
		including grants) (Revenue \$)	
	(Expenses \$	including grants	of \$) (Revenue \$)	Form 990 (2011)
	(Expenses \$	including grants	of \$) (Revenue \$)	Form 990 (2011)
	(Expenses \$	including grants	of \$) (Revenue \$)	Form 990 (2011)

Part IV	Checklist of Require	d 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		N/A
2 3	Is the organization required to complete <i>Schedule B</i> , <i>Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		X
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		N/A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 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		x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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		x
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		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			4
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	х	
	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		х
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
	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	11d		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		x
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if 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		х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside 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 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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	·	х
_ b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		N/A
			. 000	

Part VI

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orm 99	90 (2011)			Page 4
art	IV Checklist of Required Schedules (continued)	-		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×
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	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		x
b c	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 to defease any tax-exempt bonds?	24b		X
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		X N/F
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b		N/A
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		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 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			*
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
С	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	28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
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		×
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N/A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

19? Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

37

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Part	V Statements Regarding Other IRS Filings and Tax Compliance	-		-30
	Check if Schedule O contains a response to any question in this Part V	_		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 20	<u> </u>	,	
, b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable [1b] [1b]	<u> </u>	`*	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<u></u>	
22		1c		N/I
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
h	, , , , , , , , , , , , , , , , , , , ,	3		
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	-
32	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 900. If for this year? If "No." provide an explanation in School 16.0.	3a 3b		X
b 42	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30	-	N/A
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)?	40		١.,
b		4a	311	X
U	If "Yes," enter the name of the foreign country: ► N/A See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	2.5	34.5	1, ;
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	- نـــا	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 -	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		N/Z
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		 	1.177
	organization solicit any contributions that were not tax deductible?	6a	×	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1	<u> </u>	
	gifts were not tax deductible?	6b	x	
7	Organizations that may receive deductible contributions under section 170(c).	78.7		ļ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	27		<u>.</u> .
	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		N/i
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		l x
d	If "Yes," indicate the number of Forms 8282 filed during the year	A 55%	30	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
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		N/
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		N/
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		1	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	24	一一	1
_	organization, have excess business holdings at any time during the year?	8	ļ.,	N/
9	Sponsoring organizations maintaining donor advised funds.		ļ	ļ
a	Did the organization make any taxable distributions under section 4966?	9a	ļ	N/Z
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	N/Z
10	Section 501(c)(7) organizations. Enter	4 8	1	[, ,
a	Initiation fees and capital contributions included on Part VIII, line 12	⊣ '	2. `*	ľ
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/A Section 501(c)(12) organizations. Enter	- -	1	
a	Construction from markets and bright black	150		}
b	Gross income from members or snareholders	'	1 `	
_	against amounts due or received from them) . 11b $_{\rm N/A}$,	317	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	N/I
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b N/A	7.	1	1 11/
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	`	[,, ·	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	N/7
_	Note. See the instructions for additional information the organization must report on Schedule O	1		T.,,
b	Enter the amount of reserves the organization is required to maintain by the states in which	\ \^ ^	,	1
	the organization is licensed to issue qualified health plans . 13b N/A	4		
С	Enter the amount of reserves on hand	⊣	1.	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		N/I

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI.									
Section	on 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 14	, 77 A.		, e						
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	(1-30)	10 (10 m) 10 (10 m)	iging. •						
	committee, explain in Schedule O	1	3.37	* '						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14	5. 7.3 5. 4.4		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
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		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х						
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	Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	X	E CLA						
ŭ	the year by the following									
а	The governing body?	8a	ΔΕΩΣΩΝ Χ	NO IN						
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						
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)							
			Yes	No						
10a		10a		X						
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		N/A						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
þ			k or							
12a	<u> </u>	12a	Х	<u></u>						
b	· · · · · · · · · · · · · · · · · · ·	12b	Х	<u></u>						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	х							
13	Did the organization have a written whistleblower policy?	13	х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
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	х							
b	, , ,	15b		N/A						
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement									
		16a	33-5-2	X						
b	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			20 m / S						
		16b		N/A						
	on C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► MINNESOTA									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c	:)(3)s	only)						
4.5	☐ Own website ☐ Another's website ☑ Upon request									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year	ınter	est p	olicy,						
20	State the name, physical address, and telephone number of the person who possesses the books and records of	of the								
	organization ► LIZ PURCELL									

 \Box

Form 990 (2011)

Part VII 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

Check this box if neither the organization noi	3,			((any carron		,
(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an tee)	from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GEORGE BRAKEBERG										
DIRECTOR	2	х						1,300	0	0
(2) GREG BLAINE		<u> </u>		-				1,300	0	
DIRECTOR	2	×						1,900	0	0
(3) JOSEPH BORGERDING	<u> </u>			 				2,300		
DIRECTOR	2	l _x						1,350	o	0
(4) SHELLY DEPESTEL							T			
DIRECTOR	2	x						1,400	o	0
(5) ARLON FRITSCHE										
DIRECTOR	2	x		ĺ	ŀ			650	0	0
(6) GREG JANS										
DIRECTOR	2	x						2,650	0	0
(7) ROGER PETERS										
DIRECTOR	2	х						1,350	0	0
(8) RICK SMITH										
DIRECTOR	2	Х						800	0	0
(9) KRISTINE SPADGENSKE										
DIRECTOR	2	х		L				1,700	0	0
(10) DENNIS RITTER										
DIRECTOR	2	Х	<u> </u>	ļ				1,750	0	0
(11) WILLIAM ROWEKAMP		_								
DIRECTOR	2	х						600	0	0
(12) MICHAEL WHITE										
DIRECTOR	2	х					$oxed{oxed}$	2,300	0	0
(13) PATRICK LUNEMANN									1	
PRESIDENT	6			х			$oxed{oxed}$	6,400	0	0
(14) DAVID BUCK	_									
VICE PRESIDENT	4			х				2,450	0	0

(A) Name and title Name and	(F) Estimated amount of other compensation from the organization and related organizations
(describe hours for related organizations organizations) (v.2)	from the organization and related organizations
SECRETARY 4	
TREASURER	
TREASURER	(
EXECUTIVE DIRECTOR 40	(
(18) (19) (20) (21) (22) (23) (24) (25) 1b Sub-total ▶ 106, 908 0 c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) ▶ 106, 908 0 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 reportable compensation from the organization ▶ 0	
(20) (21) (22) (23) (24) (25) 1b Sub-total .	
(21) (22) (23) (24) (25) 1b Sub-total ▶ 106,908 0 c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) ▶ 106,908 0 c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 reportable compensation from the organization ▶ 0	
(22) (23) (24) (25) 1b Sub-total ▶ 106, 908 0 c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) ▶ 106, 908 0 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 reportable compensation from the organization ▶ 0	
(24) (25) 1b Sub-total ▶ 106, 908 0 c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) ▶ 106, 908 0 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 reportable compensation from the organization ▶ 0	
(24) 1b Sub-total ▶ 106,908 0 c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) ▶ 106,908 0 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 reportable compensation from the organization ▶ 0	
1b Sub-total	
1b Sub-total	
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 reportable compensation from the organization ▶ 0	
d Total (add lines 1b and 1c)	(
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 reportable compensation from the organization ▶ 0	(
	O of
2. Did the arganization list any former officer director or triples, key employee or highest componented	Yes No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the	e
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individua for services rendered to the organization? If "Yes," complete Schedule J for such person	
Section B. Independent Contractors	
1 Complete this table for your five highest compensated independent contractors that received more than \$100 compensation from the organization. Report compensation for the calendar year ending with or within the organization.	
(A) (B) Name and business address Description of services	(C) Compensation
NONE	
2 Total number of independent contractors (including but not limited to those listed above) who	- A STATE OF THE S

Part	VIII	Statement of Rev	enue										
_	,	,			- 1 · .	Tota	(A) al revenue	(B) Related exem	pt	(C) Unrelate busines	s	exclud	(D) Revenue ded from tax
	ş •				/ M			functi		revenu	e 		er sections 513, or 514
nts Ats	1a	Federated campaigns		1a			-	5				\$ 1	, , ,
Grants	b	Membership dues		1b	523,065	. ,			,				
ts, (С	Fundraising events		1c			•					4	5 -:-
Gifts, ilar An	d	Related organizations		1d								° -	
Sim,	e	Government grants (con		1e		*		,	`		•	W (
e ti	f	All other contributions, gi and similar amounts not inc		1f							*	· .	26 1
e i	~	Noncash contributions includ				21		,	**		ś	1	, , , , , , , , , , , , , , , , , , ,
Contributions, Gifts, Grants and Other Similar Amounts	g h	Total. Add lines 1a–11		·11 \$.		523,065	`				58	ار با با
		Total: / tod inico to in	·	-	Business Code								- 1
en.	2a												ne allitare and obtailed to some or the source of
- Re	b						_			-			
Program Service Revenue	С												
Sen	d												
E	е												
ogr	f	All other program sen		ie	_							<u> </u>	
٩.	g	Total. Add lines 2a–2			<u> </u>		0	* * *	. ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- 35 - 35 <u>- 35 -</u>	* it
	3	Investment income and other similar amo		divid	ends, interest,								
		Income from investment	=	mnt h	and proposeds		1,817	ļ			_	 	1,817
	4 5	Royalties	t of tax-exe	прсы	ond proceeds							 	
	,	Noyanics	(i) Real		(ii) Personal				``,			1,	3
	6a	Gross rents .				ľÝ	沙塘	1.14		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1, 1,2	1.2. 4.7	
	b	Less: rental expenses				1	**	k 👫 🧐 .	Kir i	13 800 3	# 15°	湯: 冷	
	С	Rental income or (loss)		0	0		A 45 14		inge i	ine vai	1 4	1.1	· 1 . +3+
	d	Net rental income or (·		. >		0						
	7a	Gross amount from sales of	(i) Securit	ies	(ii) Other		. 1.÷.,), 26h	and of	l 40 .			
		assets other than inventory					, , , , , ,		34. J		. Assit		
	b	Less cost or other basis and sales expenses				100 TV		٠٠ ٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠		24.0 %	\$ 500	1 20 20) 14 %
	С	Gain or (loss) .		0	0			***	Walter of	\ \tag{\frac{1}{2}})° '] ,].	i. i.
	d	Net gain or (loss)	L	<u>~</u>	. •		0				·	·	المستسميمين
_		0 ()				¥, * ÷.	2 , 4	7/ \$	7 9	·* *		44 3	¥
Jue	8a	Gross income from fu	ındraısıng					1,4,2		·	(r 1	4	ا دئيج ج
Ver		events (not including \$		0			'n 9 -1				/ "V		
8		of contributions reporte	ed on line 1	c)		3 %	(a. 1 <u>5</u>), .		18.1	100	, , ,	14 4	
Other Revenu	_	See Part IV, line 18	•	a	155,686	1.40	e production of		7 5 A	100	· 4,	, Jan	. 60, 10, 10, 10
ŏ	b	Less: direct expenses		b	116,209	<u></u>		1		* * * * 3	<u> </u>	1	<u></u>
	с 9а	Net income or (loss) f Gross income from ga			events >		39,477	3 7 3 4	·	() () (1	39,477
	Ja	See Part IV, line 19	aning activi	ucs a			2.1			1.	, , ,,	,[*	-
	b	Less direct expenses	:	a b		ſ	,		378				
	c	Net income or (loss) f		-	vities ▶	ļ		·			٠	1	
	10a	Gross sales of in	-	less		ř .	3				,	1	, ,
		returns and allowance	es .	· a		,			7.W. T	\$ 1.5k 1.5ks.	;	,	
	b	Less cost of goods s		b	<u> </u>		<u>`</u>	- قسف	· - ·	٠٢, -	~ <u> </u>	_نـــٰــــ	
	С	Net income or (loss) f	_	of inv		ļ	0	ļ				 	
	44-	Miscellaneous R			Business Code	ļ		 		· · · · · · · · · · · · · · · · · · ·			
	11a	MEET AND GREET LEG	ISLATORS		900099	-	1,203	Ţ	1,203		C	+	
	b c	MISCELLANEOUS			900099	1	1,725		1,725	 		+	
	d	All other revenue								-			
	e	Total. Add lines 11a	-11d		>		2,928						•
	12	Total revenue. See in			. ▶		567,287	1	2,928		C		41,294
					,		· · · · · · · · · · · · · · · · · · ·					Fr	orm 990 (2011)

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)

<u> </u>	Check if Schedule O contains a respon	(A)		(C)	(D)
7b, 8	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising 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	6,650	6,650		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,			M. Martin Company	
6	trustees, and key employees. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	76,558	68,902	7,656	
7 8	Other salaries and wages Pension plan accruals and contributions (include	119,951	107,956	11,995	
	section 401(k) and 403(b) employer contributions)	5,240	4,716	524	
9	Other employee benefits .	11,973	10,776	1,197	
0	Payroll taxes	17,426	15,683	1,743	
11	Fees for services (non-employees)				
а	Management .				
b	Legal .				
С	Accounting .	3,990		3,990	
d	Lobbying .	33,000			
e	Professional fundraising services See Part IV, line 17			11: 20 1 1 MA A M.	
f	Investment management fees		<u> </u>		
g	Other				
12	Advertising and promotion	20,978	20,978		
13	Office expenses .	5,092		509	
14	Information technology	24,167	21,750	2,417	
15	Royalties				
16	Occupancy	13,320		1,332	
17	Travel .	84,689	76,220	8,469	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest .				
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization	5,444	4,900	544	
23	Insurance .	3,926	3,533	393	No. of the control of
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.)				
_	•	AND LEAST PROPERTY.			
a	DIRECTORS' EXPENSES	30,350	27,315	3,035	
b	POSTAGE	3,608		361	
G C	PRINTING	14,139		1,414	
d	CONTRIBUTIONS/SPONSORSHIPS	4,640	1		
e	All other expenses SCHEDULE O	8,011	6,377	1,634	-
25	Total functional expenses. Add lines 1 through 24e	493,152	445,939	47,213	
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 ☐ if following SOP 98-2 (ASC 958-720)				

P	art X	Balance Sheet			1 age 11
			(A) Beginning of year		(B) End of year
	1 .	Cash—non-interest-bearing	71,386	1	112,437
j	2	Savings and temporary cash investments	263,157	2	264,954
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,495	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule ${\sf L}$	<u> </u>	5	
ts	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$), 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)	5	6	
Assets	7	Notes and loans receivable, net		7	
Å	8	Inventories for sale or use		8	<u> </u>
	9	Prepaid expenses and deferred charges	10,867	9	6,192
	10a	Land, buildings, and equipment cost or	。	10 m	
		other basis Complete Part VI of Schedule D 10a 56, 26	- 「		
	b	Less. accumulated depreciation 10b 40,04		10c	16,222
	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)	362,242	16	399,805
	17	Accounts payable and accrued expenses	886	17	9,291
	18	Grants payable		18	
	19	Deferred revenue	108,660	19	63,683
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
Ë	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 of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	109,546	26	72,974
ses		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.		H	125 (175)
anc	27	Unrestricted net assets	252,696	27	326,831
ä	28	Temporanly restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or	33	Total net assets or fund balances	252,696	33	326,831
_	34	Total liabilities and net assets/fund balances	362,242		399,805
					Form 990 (2011)

issued on a separate basis, consolidated basis, or both

the Single Audit Act and OMB Circular A-133?

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

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2011)

3a

3b

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Employer identification number

Schedule C (Form 990 or 990-EZ) 2011

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of organization

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.

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.

Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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-A

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

	-			' '	
AINNE	SOTA MILK PRODUCERS AS	SOCIATION		41-1469481	
Part	I-A Complete if the	e organization is exempt unde	er section 501(c) or is a section 527	organization.
1	Provide a description of t	he organization's direct and indire	ct political campai	gn activities in Part IV	
2	Political expenditures			> \$	5
3	Volunteer hours				
Part	-B Complete if the	e organization is exempt unde	er section 501(c	:)(3),	
1		excise tax incurred by the organiza	<u>_</u>		6
2		excise tax incurred by organization			·
3		ed a section 4955 tax, did it file For			Yes No
4a	Was a correction made?	ou a dedition 1000 tax, ala it me i of	111 41 20 101 tills ye		Yes No
b	If "Yes," describe in Part		•		
Part		e organization is exempt und	or saction 501/a	a avant continu 504	1(0)(2)
1		ly expended by the filing organization			1(0)(3).
•	activities	iy expended by the liling organiz	ation for section	327 exempt function	•
2		films arganization's films contain)
4	527 exempt function acti	filing organization's funds contrib	uted to other org		
•	•)
3	line 17b	expenditures Add lines 1 and 2	Enter nere and		
		· ·	•	. ▶ 9	
4	Did the filing organization	n file Form 1120-POL for this year		•	. Yes No
5	Enter the names, address	ses and employer identification nur	mber (EIN) of all se	ection 527 political organ	izations to which the filing
		ents For each organization listed,			
		ontributions received that were pro-			
	as a separate segregated	fund or a political action committe	e (PAC). If addition	nal space is needed, prov	vide information in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Maine	(b) / hadress	(0) 2.11	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization if
					none, enter -0-
/43				-	
(1)					
					
(2)					
					
(3)					
					-
(4)					
			· · · · · · · · · · · · · · · · · · ·		
(5)					
(6)		ļ			
-		l .	I		i

f Grassroots lobbying expenditures

Sched	ule C (Form 990 or 990-EZ) 2011					Page 2
Part	II-A Complete if the organiza section 501(h)).	ition is exempt u	nder section 50	1(c)(3) and file	d Form 5768 (ele	ection under
A C	heck ► ☐ if the filing organization	belongs to an af	filiated group (an	id list in Part IV	each affiliated gro	oup member's
	 name, address, EIN, ex 	penses, and sha	re of excess lobb	yıng expenditui	es)	
B C	theck 🕨 🗌 if the filing organization	checked box A a	and "limited cont	rol" provisions a	apply	
	Limits on L	obbying Expendit	ures		(a) Filing	(b) Affiliated
	(The term "expenditures	" means amounts	paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lobby	ing)		
b	Total lobbying expenditures to influe	nce a legislative bo	dy (direct lobbying	a)		
С	Total lobbying expenditures (add line	es 1a and 1b)		•		
d	Other exempt purpose expenditures	,				
е	Total exempt purpose expenditures	(add lines 1c and 1	d)			
f	Lobbying nontaxable amount Encolumns			j table in both		
	If the amount on line 1e, column (a) or (b) is: The lobbying	nontaxable amoun	t is:		
	Not over \$500,000		nount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000		10% of the excess			
	Over \$1,500,000 but not over \$17,000,00		5% of the excess o	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000				
g		er 25% of line 1f)				7,40,43
h		•				
i	Subtract line 1f from line 1c If zero					
j	If there is an amount other than a		1h or line 1i, did	I the organization	file Form 4720	1
_	reporting section 4911 tax for this y			· ·		Yes No
	(Some organizations that columns belo	ow. See the instru	601(h) election do ctions for lines 2a	not have to com through 2f on p		е
	Lobb	ying Expenditures	During 4-Year A	veraging Period	-	1
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount	\$25 V 164 163 mg/s	Jest Jest train			
	(150% of line 2a, column (e))					
С	Total lobbying expenditures					
d						
е	Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2011

	(election under section 501(h)).	1:	a)	<u> </u>	(b)
	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description lobbying activity	Yes	No	Aı	mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers? .			V-819	
b b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			\$3.50.7L	le la la la calla de la
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?	ļ	ļ	ļ	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		<u> </u>		
!	Other activities?		F0.44	<u> </u>	
J	Total Add lines 1c through 1i		KAL		Glade of \$1.2 Telegraphs
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		A20120430-0-		
b	If "Yes," enter the amount of any tax incurred under section 4912				
۲ C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		3.50	SERVICE	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	\ <u></u>	<u> </u>	4	
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5),	or se	Ction	
					Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Х
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	Х
Part	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" O				lina ? ia
	answered "Yes."	(υ)	ган	III-A, I	iiie 3, is
1	Dues, assessments and similar amounts from members		1		523,065
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of			
а	Current year		2a		33,000
b	Carryover from last year		2b		''
С	Total		2c		33,000
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3		104,613
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	the	20		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	yıng			
	and political expenditure next year?		4		N/A
5	Taxable amount of lobbying and political expenditures (see instructions)		5		(
Par					
	lete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5,	Part I	Il-A; a	nd Part	II-B, line
1 Als	o, complete this part for any additional information				

Schedule C (Form 990 or 990-EZ) 2011					
Part IV	Supplemental Information (continued)	Page 4			
•					
	······································				

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2011

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Employer identification number Name of the organization MINNESOTA MILK PRODUCERS ASSOCIATION 41-1469481 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (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 advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 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? ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 (i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Part		ollections of	Art, Histo	orical T	reasures,	or Oth	er Similar As	sets (conti	inued)
3	Using the organization's acquisition, ac collection items (check all that apply)	cession, and ot	her record	is, checi	k any of the	e follow	ing that are a si	gnificant us	e of its
а	Public exhibition		d [Loa	n or exchan	ige prog	grams		
,b	Scholarly research		е [Oth	er				
С	Preservation for future generations								
4	Provide a description of the organizatio XIV	n's collections a	and explai	n how th	ney further t	the orga	anızatıon's exem	npt purpose	ın Part
5	During the year, did the organization so assets to be sold to raise funds rather the							r Yes	□No
Part	IV Escrow and Custodial Arran line 9, or reported an amount of				anization a	answer	ed "Yes" to Fo	rm 990, Pa	art IV,
1a	Is the organization an agent, trustee, or included on Form 990, Part X?	custodian or oth	er interm	ediary fo	or contributi	ions or	other assets no	t Yes	□No
b	If "Yes," explain the arrangement in Part	t XIV and compl	ete the fol	lowing ta	able		A	mount	
_	Deciment halance					10			
C.	Beginning balance .	•			• •	1c			
ď	Additions during the year			-	•	1d	<u> </u>		
e	Distributions during the year .				•	1e			
f	Ending balance	on Form OOA D	art V. lina	212		111		☐ Yes	No
2a	Did the organization include an amount If "Yes," explain the arrangement in Par		art A, iiile	217 .	•		•	163	
b Par			zation an	swered	"Yes" to F	orm 90	0 Part IV line	10	
ı aı	Endowment Funds: Complete	(a) Current year	(b) Prio		(c) Two year		(d) Three years back		ars back
1a	Beginning of year balance .	(4) 00000000	(-)	, ,	(-, ,		., ., ., ., ., ., ., ., ., ., ., ., ., .	1-9-3-18-3/3/2	* (20 - 20)
b	Contributions							1.00	
c	Net investment earnings, gains, and losses								
d	Grants or scholarships							No.	
e	Other expenditures for facilities and programs								
f	Administrative expenses .		-						
g	End of year balance .						····	9 9 9 9 9	
2	Provide the estimated percentage of the	e current vear en	d balance	(line 1a	. column (a)) held a	as.	1 1/4/1 1/4/15 9/15	<u> </u>
a	Board designated or quasi-endowment			`	,	,,			
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c		00%						
3a	Are there endowment funds not in the			ation tha	it are held a	and adn	ninistered for the)	
	organization by							Ye	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations			-				3a(ii)	
b	If "Yes" to 3a(II), are the related organization	ations listed as r	equired o	n Sched	ule R?			3b	
4	Describe in Part XIV the intended uses	of the organizati	on's endo	wment fi	unds.				
Part	VI Land, Buildings, and Equip	ment. See Forr	n 990, P	art X, lir	ne 10				
	Description of property	(a) Cost or o (investr			or other basis other)) de	Accumulated epreciation	(d) Book v	alue
1a	Land .					1000	* 6.435(4.46)		
b	Buildings								
С	Leasehold improvements				4,040		2,192		1,848
d	Equipment				52,223		37,849		14,374
е	Other								
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form	990, Part .	X, colum	n (B), line 1	10(c))			16,222

Part VII Investments—Other Securities.	See Form 990 Part 2	X line 12			
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valu		-
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G) (H)					
(1) (I)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		4			
Part VIII Investments—Program Related	. See Form 990. Part				NEW YORK CANEER
(a) Description of investment type	(b) Book value		(c) Method of vali Cost or end-of-year m		
(1)					
(2)		-	<u>.</u>		
(3)					
(4) (5)					
(6)				NP/81	
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶					
Part IX Other Assets. See Form 990, Pa				(h) Da	als valve
·) Description	 		(0) 800	ok value
(1)					
(2)					
(3) (4)			., ,,		
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, co Part X Other Liabilities. See Form 990,					
1. (a) Description of liability	(b) Book value			- 1	
(1) Federal income taxes			, the	213t	
(2)	**				
(3)					
(4)					
(5)					
(6)					
(7)	****				
(8)					
(9)					
(10)					
(11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶					
2. FIN 49 (ASC 740) Footpote In Port XIV provide	the toyt of the factoria	to the examination	n's financial stator	nante that r	onorte the

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)

D (Form 990) 2011				Page 4
Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial Statem		·····
Total revenue (Form 990, Part VIII, column (A), line 12)		<u> </u>	1	567,28
• • • • • • • • • • • • • • • • • • • •				493,152
				74,135
· · · · · · · · · · · · · · · · · · ·	•	Į.		
·	•			
· · · · · · · · · · · · · · · · · · ·		ŀ		
,				-
	ne lines 3 and 0	}		74.12
		evenue per		74,13
		evenue per	7	602.40
The state of the s	.s .		1 1	683,49
	2a		1 1	
<u> </u>	\	· · · · · · · · · · · · · · · · · · ·	1	
	——			
		116 20	**	
·		110,20		116,20
•			3	567,28
			:416	
	4a		18.74	
	4b			
Add lines 4a and 4b		•	4c	1
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, III	ne 12)	-	5	567,28
III Reconciliation of Expenses per Audited Financial State	ements With	Expenses p	er Return	
Total expenses and losses per audited financial statements .			1	609,36
Amounts included on line 1 but not on Form 990, Part IX, line 25				
Donated services and use of facilities .	2a			
Prior year adjustments .	2b			
Other losses				
· · · · · · · · · · · · · · · · · · ·	2d	116,20	9 🚰	
•		•	2e	116,20
	1 1	•	3	493,15
•	. 4a			
· ·	4b			
	lac 10)		4c 5	
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	une ix i			493,15
	Reconciliation of Revenue per Audited Financial States Total revenue, gains, and other support per audited financial statement Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 11 Reconciliation of Expenses per Audited Financial States Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments	Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities investment expenses Prior period adjustments Other (Describe in Part XIV) Total adjustments (net). Add lines 4 through 8 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 Excess or (deficit) for the year per audited financial statements With R Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Reconciliation of Expenses per Audited Financial Statements With 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25 Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: linvestment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: linvestment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV)	Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities nivestment expenses Prior period adjustments Dither (Describe in Part XIV) Total adjustments (net). Add lines 4 through 8 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 III Reconcilitation of Revenue per Audited Financial Statements With Revenue per Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) IIII Reconciliation of Expenses per Audited Financial Statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) 4a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on	Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Dither (Describe in Part XIV) Total adjustments (reference and use of facilities and use of

Schedule D (Fo		Page 5
Part XIV	Supplemental Information (continued)	

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Name o	it the organization					Employer identific	ation number
MINNE	SOTA MILK PRODUCERS ASSOCIA	TION				41-1469481	
	- Fundraising Activities	.Complete if th	e organiza	tion answ	ered "Yes" to Fo	orm 990, Part IV, II	ne 17
Par	Form 990-EZ filers are						
1	Indicate whether the organization				wing activities Ch	eck all that apply	
a	Mail solicitations				on of non-governr		
b	☐ Internet and email solicitation	ne			on of government		
c	Phone solicitations	713	a [undraising events	-	
d	☐ In-person solicitations		9 -	J Opeoidi i	anaraioning everno		
2a	Did the organization have a wri	itten or oral agre	ement with	any individ	ual (including offi	cers directors trusti	ees
24	or key employees listed in Forn						
b	If "Yes," list the ten highest pair	•					
	compensated at least \$5,000 b			31410010) pt	arodant to agreen		
		y the organization					
			_r		1	(v) Amount paid to	T
	(i) Name and address of individual	(u) Actuaty		draiser have r control of	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
	or entity (fundraiser)	(ii) Activity		utions?	from activity	fundraiser listed in col (i)	organization
			Yes	No			
			res	NO			
1							
				<u> </u>			
2			1				
		ļ <u></u>					
3				ļ			
				<u> </u>			
4							
				ļ			
5							
				<u> </u>			
6					,		
7							
8							
9					1		
10					1		
		•					
Total				•			
3	List all states in which the org	janization is reg	istered or li	censed to	solicit contribution	ns or has been notif	ied it is exempt from
	registration or licensing						

			~				

Gross receipts Less Charitable contributions Gross income (line 1 minus ine 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment	(a) Event #1 DAIRY EXPO (event type) 82,734	(b) Event #2 CA TOUR (event type) 64,612	(c) Other events DAIRY MGMNT WORKSH (total number) 8,340	(d) Total events OPS (add col (a) through col (c)) CONTINUED CONTINUED
Less Charitable contributions Gross income (line 1 minus ine 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment	(event type) 82,734	(event type) 64,612	(total number)	CONTINUED
Less Charitable contributions Gross income (line 1 minus ine 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment				
Less Charitable contributions Gross income (line 1 minus ine 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment				
Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment	82,734	64,612	8,340	CONTINUE
Gross income (line 1 minus ine 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment	82,734	64,612	8,340	CONTINUED
Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment	82,734	64,612	8,340	CONTINUEL
Noncash prizes Rent/facility costs Food and beverages Entertainment				
Rent/facility costs Food and beverages Entertainment				
Food and beverages Entertainment				
Entertainment				
		Ì		
Other direct evenes				
Omer direct expenses [39,952	62,206	6,216	CONTINUED
			•	(CONTINUED)
				CONTINUE
		ed "Yes" to Form 990), Part IV, line 19, or r	reported more
than \$10,000 on 1 onn 3		(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
	(a) Dirigo	bingo/progressive bingo	(c) Other garming	col (a) through col (c))
Gross revenue .				
Cash prizes .				
Noncash prizes				
Rent/facility costs				
Other direct expenses				
Volunteer labor .	☐ Yes	☐ Yes %	│	wan e kana
Direct expense summary Ad	d lines 2 through 5 in co	olumn (d) .		()
Net gaming income summary	Combine line 1, colum	nn d, and line 7		
er the state(s) in which the or	ganization operates gar	ning activities		
ne organization licensed to op				🗌 Yes 🗌 No
lo," explain	••••			
	aming licenses revoked	, suspended or terminal	ted during the tax year	? .
	Net income summary Combined Gaming. Complete if the than \$15,000 on Form 99 of the state of the state of the organization licensed to op the organization licensed to oppose the organization licensed the orga	Direct expense summary. Add lines 4 through 9 in convet income summary. Combine line 3, column (d), are Gaming. Complete if the organization answers than \$15,000 on Form 990-EZ, line 6a (a) Bingo Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 through 5 in converted expenses are organization licensed to operate gaming activities lo," explain	Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990 than \$15,000 on Form 990-EZ, line 6a (a) Bingo (b) Pull tabs/instant bingo/progressive bingo Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Yes % Yes % No No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 er the state(s) in which the organization operates gaming activities. The organization licensed to operate gaming activities in each of these states lo," explain	Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or it than \$15,000 on Form 990-EZ, line 6a (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor. Yes

Pa	art II	Fundraising Events. Con than \$15,000 of fundraisin gross receipts greater tha	ng event contributions a			
		·	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
<u>.</u>]		(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts			0	155,686
Re	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)			0	155,686
	4	Cash prizes				
	5	Noncash prizes				.,
Direct Expenses	6	Rent/facility costs				
t Exp	7	Food and beverages				
Direc	8	Entertainment .				
	9	Other direct expenses			7,835	116,209
	10	Direct expense summary. Ac				(116,209)
-	11	Net income summary Comb			>	39,477
Fé	art III	Gaming. Complete if the than \$15,000 on Form 9		ed Yes to Form 990	o, Partiv, line 19, or r	ерогтеа тоге
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	1	Gross revenue .				
Se	2	Cash prizes			-	
xpenses	3	Noncash prizes				
Direct Ex	4	Rent/facility costs				
۵	5	Other direct expenses .				
-	6	Volunteer labor .	☐ Yes % ☐ No	☐ Yes %	☐ Yes%	NAME OF THE PARTY
	7	Direct expense summary Ac	dd lines 2 through 5 in cr	olumn (d) .	. ▶	()
	8	Net gaming income summar	y Combine line 1, colun	nn d, and line 7		
Ç	a Is	nter the state(s) in which the oi the organization licensed to oi "No," explain	perate gaming activities	in each of these states	?	. Yes No
10		ere any of the organization's g	gaming licenses revoked		-	Yes No

cneau	e G (Form 990 or 990-Ez) 2011		Page 3
11	Does the organization operate gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	☐ No
13	Indicate the percentage of gaming activity operated in		
įа	The organization's facility . 13a	+	<u>%</u>
b	An outside facility	<u> </u>	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party		
	Name ►		
	Address ►		
16	Gaming manager information		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided ►		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17 a	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	∏Yes	□No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	_	
Part			าเร
			·

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047 20

Open to Public Inspection

ŝ (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II Employer identification number ⊠ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 41-1469481 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (e) Amount of non-cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable General Information on Grants and Assistance the selection criteria used to award the grants or assistance? can be duplicated if additional space is needed MINNESOTA MILK PRODUCERS ASSOCIATION (b) EIN 1 (a) Name and address of organization or government Name of the organization Partl Part II (12) 4 (11) 3 9 2 ල 9 8 6 \mathbf{E}

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

Schedule 1 (Form 990) (2011)

THE ASSOCIATION DISBURSES SCHOLARSHIP FUNDS BASED ON SCHOOL TRANSCRIPTS RECEIVED FROM THE RECIPIENTS OF THE SCHOLARSHIPS (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information N/A (e) Method of valuation (book, FMV, appraisal, other) N/A 0 (d) Amount of non-cash assistance 6,650 (c) Amount of cash grant 20 (b) Number of recipients (a) Type of grant or assistance 1 SCHOLARSHIPS Part III 7 S) 9

Schedule I (Form 990) (2011)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection

Employer identification number

41-1469481 MINNESOTA MILK PRODUCERS ASSOCIATION PART VI LINE 6, 7a, AND 7b THE ASSOCIATION HAS MEMBERS WHO VOTE FOR DIRECTORS SERVING ON THE BOARD OF DIRECTORS AND WHO VOTE ON DECISIONS OF THIS GOVERNING BODY, AS DEEMED APPROPRIATE BY THIS BODY PART VI LINE 11a THE 990 IS REVIEWED BY THE BOARD OF DIRECTORS AT A MEETING OF THE DIRECTORS AND APPROVED FOR FILING BY THE DIRECTORS PRIOR TO FILING PART VI LINE 12 c THE ASSOCIATION REQUIRES EACH CONTINUING DIRECTOR, OFFICER AND STAFF MEMBER TO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY. NEW DIRECTORS, OFFICERS AND STAFF MEMBERS ARE REQUIRED TO SIGN THIS DISCLOSURE UPON BEING ELECTED/APPOINTED OR HIRED. THE DISCLOSURE STATEMENT INCLUDES A STATEMENT REQUIRING THESE PERSONS TO DISCLOSE ANY POTENTIAL CONFLICTS THEY BECOME AWARE OF TO THE PRESIDENT ON AN ONGOING BASIS, AS THEY BECOME AWARE OF THEM PART V1 LINE 15a THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS RECOMMENDED TO THE BOARD OF DIRECTORS BY THE EXECUTIVE COMMITTEE OF THE BOARD NO PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT ARE INVOLVED IN THE REVIEW AND APPROVAL OF COMPENSATION. FINAL APPROVAL IS GIVEN BY THE BOARD OF DIRECTORS. THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED ANNUALLY, USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS, TAKING INTO CONSIDERATION THE BUDGET CONSTRAINTS OF THE ASSOCIATION

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Name of the organization			Employer identification number
MINNESOTA MILK PRODUCERS ASSOC	CIATION		41-1469481
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PART VI LINE 19			
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THE ASSOCIATION MAKES ITS GOVEN	kning Docoments, c	CONFLICT OF INTE	REST FOLICT, AND FINANCIAL
STATEMENTS AVAILABLE TO THE PUB	BLIC UPON REQUEST		
PART 1X LINE 24e			
	TOTAL	PROGRAM	MGMNT/GEN
DUES AND SUBSCRIPTIONS	2,214	1,199	1,015
REGISTRATION	1,579	1,579	0
BANK/CREDIT CARD FEES	4,149	3,599	550
MISCELLANEOUS	69	0	69
TOTAL	8,011	6,377	1,634
