

# 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



232001 12-10-12

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 Open to Public Inspection

Form 990 (2012)

A For the 2012 calendar year, or tax year beginning JUN 2012 and ending MAY Check if applicable C Name of organization D Employer identification number Address change MINNESOTA CROP PRODUCTION RETAILERS, Name change 41-1309957 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-7500 FLYING CLOUD DRIVE 900 952-253-6244 Amended City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-EDEN PRAIRIE, MN 55344 H(a) Is this a group return pendina F Name and address of principal officer BILL BOND for affiliates? Yes X No 7500 FLYING CLOUD DRIVE, EDEN PRAIRIE, MN H(b) Are all affiliates included? Tax-exempt status  $\bigcirc$  501(c)(3)  $\bigcirc$  501(c)(6)  $\bigcirc$  (insert no.) If "No," attach a list (see instructions) J Website: ► HTTP: //WWW.MCPR-CCA.ORG/ H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > . Year of formation: 1976 M State of legal domicile: MN Part I | Summary Briefly describe the organization's mission or most significant activities. MCPR EXISTS TO PROMOTE THE PROPER USE, STORAGE AND APPLICATION OF CROP PRODUCTION INPUTS IN AN 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) Number of independent voting members of the governing body (Part VI, line 1b) 13 4 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 0 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 120,725 126,850. Program service revenue (Part VIII, line 2g) 342,885 396,683. 10 Investment income (Part VIII, column (A), lines 3, 4, and 70) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,620 3,941. 0 Total revenue - add lines 8 through 11 (must equal Part Vibrocolumn (A), line 12) 527,474. 468,230. Grants and similar amounts paid (Part IX, column (A), lines (3) JUL 0 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0 Salaries, other compensation, employee benefits (Part IX column) (Compensation) 15 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 465,580. 484,185. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 465,580. 484,185. Revenue less expenses Subtract line 18 from line 12 2,650 43,289. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 323,518 366,807 21 Total liabilities (Part X, line 26) 0 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Sian Date BILL BOND Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Check 7/3/13 Paid Robert Oberle P00291945 self-employed Preparer Firm's name DBERLE, Firm's EIN 41-1674965 Use Only Firm's address 101 BRIDGE ST., LE SUEUR, MN 56058-1801 Phone no. 507-665-6414 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_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	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		
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	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,	_		v
	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			Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_ 8		
9	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			- 22
	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.			
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
b	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
С	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		X
d	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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 and XII is optional	12b		X
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?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		X
b	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	1/h		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		- 21
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	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		
			~~~	

			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_		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		Ì	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22		<u>X</u> _
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u> _
24a	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		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		ļ
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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			3,5
	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)			٠,,
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_	_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			₹.
0.4	contributions? If "Yes," complete Schedule M	30		<u>X</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	04		v
20	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u>X</u> _
32	Schedule N, Part II	20		X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			Λ_
<b>.</b>	Part V, line 1	34		_X_
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u> </u>		
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000	-	
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			-
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	X.	
			990	(2012)
				,

	Check if Schedule O contains a response to any question in this Part V			Γ-
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	$\Box$	103	140
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	i	ļ	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	İ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	2111	За		Х
b	If "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
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	i 1		
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
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		
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		
d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f_		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	• · · · · · · · · · · · · · · · · · · ·	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?	9a		
	Section 501(c)(7) organizations. Enter	9b_		
10 a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	i l		
11	Section 501(c)(12) organizations. Enter.	i i		
	Gross income from members or shareholders	i I		
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
-	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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.			
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
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2012) MINNESOTA CROP PRODUCTION RETAILERS, INC 41-1309957 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	, , , , , , , , , , , , , , , , , , , ,			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	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 committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 13			
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		7.7	
	of officers, directors, or trustees, or key employees to a management company or other person?	3	<u>X</u> _	37
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	37	X
6	Did the organization have members or stockholders?	6	<u>X</u> _	
7a		<b>-</b> -		v
	more members of the governing body?	7a		X
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7.		v
_	persons other than the governing body?  Did the green return containing the meetings held as written as the green that the green the transfer of the green than the green that the green t	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	_8b_	<u>X</u> _	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			NI -
10-	Did the organization have local chapters, branches, or affiliates?	10-	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		- 12
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	110	- 21	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		- 21
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
Ü	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
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
	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
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 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 ► NONE			
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) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial	
	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 organiza	ion 🕨	•	
	ALAN LEPLEY - 952-253-6076	_		
	7500 FLYING CLOUD DRIVE SUITE 900, EDEN PRAIRIE, MN 55344			

Form 990 (2012	۸

## MINNESOTA CROP PRODUCTION RETAILERS, INC

41-1309957

Page 7

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

X Check this box if neither the organization n	or any related	orga	anıza	ation	cor	mpe	nsat	ted any current officer, o	director, or trustee	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	$\vdash$	cerar	la a a	recio	m/wus	(ee)	from	from related	other
	(list any hours for	trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	96 Or.	ste	ĺ		ısateı		(W-2/1099-MISC)	(***2/1033***********************************	organization
	organizations	truste	Institutional trustee		e de	nd m	ŀ	(** 2. 1000 *********************************		and related
	below	Individual	Inflor	<u>ت</u> ة	Key employee	est co	je je			organizations
	line)	ğ	finsti	Officer	Key	Highest compensated employee	Former			
(1) SEAN NESS	0.50	]								
DIRECTOR		X		Х				0.	0.	0.
(2) BRAD ENGLUND	1.00									
CHAIR		X		X				0.	0.	0.
(3) JEFF ARNOLD	0.50			l						
SECRETARY		X		X				0.	0.	0.
(4) TOM DOLAN	0.50									
CROP PROTECTION REPRESENTA		X		X				0.	0.	0.
(5) DALE JOHNSON	0.50									
DIRECTOR		X						0.	0.	0.
(6) MICHAEL MINNEHAN	0.50									
TREASURER		X						0.	0.	0.
(7) MATT BENDA	0.50									
DIRECTOR		X						0.	0.	0.
(8) JUSTIN SPIVEY	0.50									
DIRECTOR		X						0.	0.	0.
(9) T.J. PHILLIPS	0.50									
CROP PROTECTION REPRESENTA		X						0.	0.	0.
(10) ARNIE SINCLAIR	0.50	Į								
AG EQUIPMENT REPRESENTATIV		Х						0.	0.	0.
(11) CRAIG LA PLANTE	0.50		l .							
PLANT FOOD REPRESENTATIVE		Х						0.	0.	0.
(12) CRAIG MAURER	0.50									
CUSTOM APPLICATOR REPRESEN		X				<u> </u>		0.	0.	0.
(13) CORY BUYSSE	0.50	ļ						_	_	
VICE CHAIR_		Х					_	0.	0.	0.
		_	_							
							ļ			
	<del></del>	-					<u> </u>		·	· · · · · · · · · · · · · · · · · · ·
		L				l				

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

		Check if Schedule O con	tains a response	to any question ii	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	. 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	. 1b	126,850.				1
	С	Fundraising events	1c					
		Related organizations	1d					
		Government grants (contribu	<del></del>					
		All other contributions, gifts, gran	-					
her		similar amounts not included abo	1 1	1				
Öğ	a	Noncash contributions included in lines						
Cor	_	Total. Add lines 1a-1f	, 1a-11		126,850.	i		
				Business Code	2207000			
Program Service Revenue	2 a	SHORT COURSE EI	UCATION	611430	303,848.	303,848.		
		PROGRAMS		611430	83,223.	83,223.		
Ser		EDUCATION WORKS	SHOPS	611430	9,450.	9,450.		
am eve	d	MISCELLANEOUS		611430	162.	162.		
Re	e			011100		1020		<del></del>
Pro	f	All other program service reve	anue				<del></del>	
	a	Total. Add lines 2a-2f		<b>•</b>	396,683.			
	3	Investment income (including	dividends, intere					
	•	other similar amounts)	, , <b>-</b>	<b>&gt;</b>	3,941.	3,941.		İ
•	4	Income from investment of ta	x-exempt bond r	proceeds		<u> </u>		
	5	Royalties						
	-	•	(i) Real	(ii) Personal				
	6 a	Gross rents			;			
	b			1				
	c	Rental income or (loss)						
	d	Net rental income or (loss)		<b>.</b>				
		Gross amount from sales of	(i) Securities	(II) Other				
	, -	assets other than inventory	() Coodinioo	(ii) Other				
	h	Less: cost or other basis						
	_	and sales expenses	1					
	^	Gain or (loss)						
		Net gain or (loss)		<u> </u>		j		
		Gross income from fundraisin	va events (not					
Jule	O u	including \$	of	1				
Ş.		contributions reported on line						
æ		Part IV, line 18	a a					
Other Reven	h	Less direct expenses	b					
ō		Net income or (loss) from fund		<b></b>				1
		Gross income from gaming ac	_				<del>-</del>	
	0 4	Part IV, line 19	, a					
	h	Less. direct expenses	a					
1		Net income or (loss) from gan	•	<b>•</b>				
Ţ		Gross sales of inventory, less						
	10 4	and allowances	а					
	h	Less cost of goods sold	b					
l		Net income or (loss) from sale	•					
ł		Miscellaneous Revenu		Business Code				
ł	11 a			Dusiness Code				
Ì	ıı a b			<del>                                     </del>				
ļ	C	<del></del>						
	ن بہ	All other revenue			<del></del>			
	u	Total, Add lines 11a-11d	•	<b></b>				
	12	Total revenue. See instructions.			527.474.	400,624.	0.	0.

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).						
	Check if Schedule O contains a respon	se to any question in thi	s Part IX	(C)	<u> </u>		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) 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		_ <del>_</del>				
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						
	persons described in section 4958(c)(3)(B)				<del></del>		
7	Other salaries and wages				<del></del>		
8	Pension plan accruals and contributions (include			]			
	section 401(k) and 403(b) employer contributions)		<del></del>				
9	Other employee benefits				· <del>····</del>		
10	Payroll taxes						
11	Fees for services (non-employees)	050 000					
а	Management	259,200.					
b	Legal _	1 500					
С	Accounting	1,790.					
d	Lobbying .	493.		<del> </del>	·		
е	Professional fundraising services. See Part IV, line 17	- <u></u>		<del> </del>			
f	Investment management fees						
g	Other. (If line 11g amount exceeds 10% of line 25,						
	column (A) amount, list line 11g expenses on Sch O.)						
12	Advertising and promotion	12 276					
13	Office expenses	12,276.					
14	Information technology	2,597.					
15	Royalties .		<del></del>		<del></del>		
16	Occupancy	10,373.					
17	Travel	10,3/3.	<del></del>				
18	Payments of travel or entertainment expenses						
40	for any federal, state, or local public officials	1,913.			<del></del>		
19	Conferences, conventions, and meetings Interest	1,313.					
20	Payments to affiliates		<del></del>	<del>-</del>			
21	Depreciation, depletion, and amortization						
22 23	Insurance	711.					
23 24	Other expenses. Itemize expenses not covered	7110					
24	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 0.)						
а	PROGRAM, SEMINAR AND SH	170,176.			- <del></del>		
b	PUBLICATIONS	9,823.					
c	TELEPHONE	6,956.	<del> </del>		<del></del>		
d	AGRICULTURAL EDUCATION	2,100.					
_	All other expenses	5,777.					
25	Total functional expenses Add lines 1 through 24e	484,185.					
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)						

Form 990 (2012)
Part X Balance Sheet

	<u> </u>	<del></del>	<del></del>			<del></del>
		Check if Schedule O contains a response to any	question in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		65,774.	1	118,479.
	2	Savings and temporary cash investments	. [	257,744.	2	248,328.
	3	Pledges and grants receivable, net	. [		3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest compensation				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section			!	
		employers and sponsoring organizations of sections				
		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
	8	Inventones for sale or use		<del></del>	8	· · · · · · · · · · · · · · · · · · ·
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment, cost or other				
		basis Complete Part VI of Schedule D	10a			
	ь	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1	1		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 equi	al line 34)	323,518.	16	366,807.
	17	Accounts payable and accrued expenses			_17_	
	18	Grants payable		18		
	19	Deferred revenue	<del></del>	19		
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability. Complete f			21	
Liabilities	22	Loans and other payables to current and former				
jab.		key employees, highest compensated employee	s, and disqualified persons			
_		Complete Part II of Schedule L	- 1		22	
	23	Secured mortgages and notes payable to unrela	· · · · ·		23	
	24	Unsecured notes and loans payable to unrelated	·		24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D	-		25	
	26	Total habilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958				
ces	0.7	complete lines 27 through 29, and lines 33 and	a 34.			
lan	27	Unrestricted net assets	<b> </b>		27	
Ba	28	Temporarily restricted net assets	}		28	
pun	29	Permanently restricted net assets  Organizations that do not follow SFAS 117 (A	SC 959) shock hars		29_	
֓֞֝֟֝֟֝֟֝֟֝֟֝֟		and complete lines 30 through 34.	SO 936), check here			
S	20	Capital stock or trust principal, or current funds		0.	20	0.
set	30	Paid-in or capital surplus, or land, building, or ed	· .	0.	30 31	0.
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated in	· · · · · · · · · · · · · · · · · · ·	323,518.	32	366,807.
Ne	33	Total net assets or fund balances	come, or other fullus	323,518.	33	366,807.
	34	Total liabilities and net assets/fund balances	· · · }	323,518.	34	366,807.
	<u> </u>	, and manifest and from additional data food		<u> </u>		300,0016

Forn	1990 (2012) MINNESOTA CROP PRODUCTION RETAILERS, INC	41-1	.309957_	_Page <b>12</b>
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	527	<u>,474.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	484	<u>,185.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	43	<u>,289.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	323	<u>,518.</u>
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses .	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	366	<u>,807.</u>
P <u>a</u>	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII		_ <del></del>	
			<u> </u>	es No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		- [ ]	İ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		-
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		} _	,,
þ	Were the organization's financial statements audited by an independent accountant?	_	2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both		{ {	1
	Separate basis Consolidated basis Both consolidated and separate basis		1	}
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
٥-	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			1
зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	igie Audit	[ ]	<del>.</del>
<b>L</b>	Act and OMB Circular A-133?	عاجييت لممسر	3a	<u> </u>
Q	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, available undergo the required audit or audits.	irea audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	90 (2012)
			Form 9	<b>30</b> (2012)

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## 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.

2012
Open to Public Inspection

MINNESOTA CROP PRODUCTION RETAILERS, INC 41-1309957

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENVIRONMENTALLY SAFE AND AGRONOMICALLY SOUND MANNER; AND TO SUPPORT

REGULATORY AND LEGISLATIVE INITIATIVES WHICH BENEFIT RETAILERS,

MANUFACTURERS, DISTRIBUTORS AND CUSTOM APPLICATORS OF CROP PRODUCTION

INPUTS.

FORM 990, PART VI, SECTION A, LINE 3: THE ORGANIZATION CONTRACTS ITS

MANAGEMENT SERVICES TO ASSOCIATION SOLUTIONS, INC. AS REPORTED IN PART VII

SECTION B.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS THAT

PROVIDE SUPPORT TO THE ORGANIZATION THROUGH THE CONTRIBUTION OF DUES AND MEMBERSHIPS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PROVIDED TO THE
BOARD MEMBERS FOR THEIR REVIEW EITHER BY HARD COPY OR BY ELECRONIC MEANS
BEFORE THE DOCUMENT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING

DOCUMENTS, FINANCIAL STATEMENTS AND FORM 990 MAY BE VIEWED AT THE

ORGANIZATIONS OFFICE. COPIES MAY BE OBTAINED FOR A NOMINAL FEE BY

CONTACTING THE ORGANIZATION.