

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



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)

OMB No 1545-0047

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

Open to Public

A For the B Check if a Address ch Name cha Initial retu Terminate Amended Application I Tax-exen	Doing Business As Number and street (or P O box if mail is not delivered to street address) Number and street (or P O box if mail is not delivered to street address) Room/suite return return return n pending	D Employe 41-136	r identification number
Name cha Initial retu Terminate Amended Application	Doing Business As Number and street (or P O box if mail is not delivered to street address) Number and street (or P O box if mail is not delivered to street address) Room/suite return City or town, state or country, and ZIP + 4 SHAKOPEE, MN 55379		
Initial retu	Number and street (or P O box if mail is not delivered to street address) Room/suite return City or town, state or country, and ZIP + 4 SHAKOPEE, MN 55379		9512
Terminate Amended Application	return City or town, state or country, and ZIP + 4 SHAKOPEE, MN 55379		
Application	n pending	L Telephone	
	n pending	(932)2	33-0333
I Tax-exen		G Gross rec	eipts \$ 5,560,148
I Tax-exen	F Name and address of principal officer TIM GERLACH	H(a) Is this a group reaffiliates?	eturn for Yes 🔽 No
I Tax-exen	738 FIRST AVENUE EAST	aiiiiates r	j 1 es j• 140
I Tax-exen	SHAKOPEE,MN 55379	H(b) Are all affiliates	
	npt status 501(c)(3) 501(c)(5) (insert no) 4947(a)(1) or 527		list (see instructions)
J Websit	e: ► WWW MNCORN ORG	H(c) Group exemptio	n number ►
K Form of or	rganization	L Year of formation 1978	M State of legal domicile
			MN
Part I	Summary		
	Briefly describe the organization's mission or most significant activities IDENTIFY AND PROMOTE OPPORTUNITIES FOR CORN GROWERS WHILE EN	HANCING QUALITY	OF LIFE
<u>မ</u>			
Governance			
<u>.</u> 2	Check this box 🔭 if the organization discontinued its operations or disposed of	more than 25% of its n	et assets
	Number of voting members of the governing body (Part VI, line 1a)	1	3 18
	Number of independent voting members of the governing body (Part VI, line 1a)	-	4 17
<u> </u>	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	-	5 11
를 6	Total number of volunteers (estimate if necessary)	[6 500
	Total unrelated business revenue from Part VIII, column (C), line 12	[7a 0
b	Net unrelated business taxable income from Form 990-T, line 34		7b 0
		Prior Year	Current Year
⊕ 8 8	Contributions and grants (Part VIII, line 1h)	5 501 40	0 0
Havenue	Program service revenue (Part VIII, line 2g)	5,501,40 13,98	
# 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	147,12	
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	5.662.54	5 400 644
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,662,51 1,414,96	
14	Benefits paid to or for members (Part IX, column (A), line 4)	1,414,96	1 1,175,518
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines		
Ø 1 − −	5-10)	992,73	
ණු ග			0
장 등 16a	Professional fundraising fees (Part IX, column (A), line 11e)		9
ਲੂੰ •	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17	Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,675,22	1 2,988,301
	Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,082,91	1 2,988,301 8 5,221,826
17 18 19	Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,082,91 579,59 Beginning of Current	1 2,988,301 8 5,221,826 3 267,818
17 18 19	Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	5,082,91 579,59 Beginning of Current Year	1 2,988,301 8 5,221,826 3 267,818 End of Year
17 18 19	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	5,082,91 579,59 Beginning of Current Year 3,141,06	1 2,988,301 8 5,221,826 3 267,818 End of Year 4 3,367,468
17 18 19 50000	Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	5,082,91 579,59 Beginning of Current Year	1 2,988,301 8 5,221,826 3 267,818 End of Year 4 3,367,468 1 1,278,617

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

2 [t 1 3 [5 4]]	Briefly describe the organization of the organization of the organization undertake		OWERS WHILE ENHANC	ING QUALITY OF LIFE	
2 [t t]] 3 [4 [6 t t]] 44a	Did the organization undertake	TUNITIES FOR CORN GRO	OWERS WHILE ENHANC	ING QUALITY OF LIFE	
3 [s] 4 [s] 4a					
3 [3] 4 [6] 4] 4a					
3 [3] 4 [6] 4] 4a					
3 [9 9 1 4 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the prior Form 990 or 990-EZ	?	ervices during the year wh	nich were not listed on	┌ Yes ┌ No
4 [6 t	If "Yes," describe these new se	ervices on Schedule O			
4 [Did the organization cease cor services?		nt changes in how it condu	ucts, any program	┌ Yes ┌ No
4a	If "Yes," describe these chang	es on Schedule O			
	Describe the organization's prosection of the expenses Section 501(c)(3) at the total expenses, and revenu	and 501(c)(4) organizations	s are required to report th		
4b	(Code) (Ex	penses \$	ıncludıng grants of \$) (Revenue \$)
4b	AND EDUCATING PEOPLE ABOUT CO SUCH AS VENUES AT THE MINNESO YEAR THE PS TEAM HAS AND CONT MATCHING PROGRAMS THAT SUPPO	ORN AND CORN FARMING AND TH TA STATE FAIR, CHILDRENS'S ANI TINUES TO SPONSOR WORK CONI ORT THE ACTIVITIES OF FORTY-SI WITH MCGA IN THE COMING YEA	E ITEMS NECESSARY TO COND D MINNESOTA HISTORICAL SOC DUCTED BY MORE THAN 100 CO IX COUNTY CORN ORGANIZATION	INS WITH WHOM IT PARTNERS IN AI JUCTING THOSE ACTIVITIES, THE PS CIETY MUSEUMS, AND SOME TWO DO OMMUNITY, STATE, REGIONAL AND N ONS ARE FUNDED THROUGH THIS TI REPRESENTATIVES ASSISTED OUR C	TEAM SUPPORTS PROJECTS DZEN TRADESHOWS EACH IATIONAL GROUPS EAM WITH ANOTHER SIX
4b					
	PRODUCTION STEWARDSHIP (SP) T PRODUCTION AND CONSERVING SO	OIL AND WATER QUALITY IN THE NIVERSITY OF MINNESOTA THE M	LAST YEAR, THE TEAM HAS SET INNESOTA AGRICULTURE WATE) (Revenue \$ 25 PROJECTS EACH YEAR IN THE AR UP LONG-TERM SUPPORT OF AN AL ER RESOURCES CENTER AND MINNE	L-NEW NUTRIENT
4 c	(Code) (Ex	penses \$	including grants of \$) (Revenue \$)
	MINNESOTA'S CORN ORGANIZATION AND REGION IN ADDITION TO BASE PROJECTS TO COMMUNICATIONS S' NEWSPAPER ADVERTISEMENT ASSO	IS COMMÚNICATIONS ÉFFORTS E COMMUNICATIONS PROJECTS P TAFF WHEN THEY INVOLVE A CON CIATED WITH AN EVENT OR TRAI	THESE RESULT IN HUNDREDS (LANNED AND EXECUTED EACH MMUNICATIONS COMPONENT T DESHOW - TO MONTHS-LONG,	MEDIA ACTIVITIES ARE CONDUCTED DF MILLIONS OF MEDIA IMPRESSION: YEAR, FOCUS TEAMS AND COMMITT THESE MAY RANGE FROM A STRAIGH MULTI-PARTNER, COALITION-BASED ACT AS THE POINT OF CONTACT FOR	S THROUGHOUT THE STATE EES DIRECT SPECIAL T FORWARD AND ONE-TIME CAMPAIGNS
	, ,	penses \$	including grants of \$) (Revenue \$)
	LIVESTOCK SECTORS FAB TEAM PR DEVELOPMENT AND THE AMERICAN	OJECTS ARE AS DIVERSE AS SUP COALITION FOR ETHANOL - TO M BY THE AMERICAN LUNG ASSOCI	PORT FOR NATIONAL ETHANOL IINNESOTA CLEAN AIR CHOICE ATION IN MINNESOTA IN THE	INVOLVING FOOD AND FUEL - THE B INITIATIVES SUCH AS BYO ETHANOL COALITION'S FUELING INFRASTRUC LAST YEAR, THE TEAM ACTED AS AN CERS IN THEIR CARE OF ANIMALS	, GROWTH ENERGY MARKET TURE AND CONSUMER
		penses \$	including grants of \$) (Revenue \$)
	PROJECTS THROUGH ITS COLLABOR STATE CORN ORGANIZATIONS ARE	NATIVE AGREEMENT WITH THE AG THE SINGLE LARGEST FARM GRO FOF LIVESTOCK NUTRITION FEED	GRICULTURE UTILIZATION RESE UP SUPPORTER OF AURI ALTH	CH PROJECTS AND AN ADDITIONAL E FARCH INSTITUTE (AURI) THROUGH OUGH NOT LIMITED TO ONLY THESE, RS GRAINS, BIOMASS COLLECTION M	THIS TEAM, MINNESOTA'S THE EU TEAM'S RESEARCH
		<u>-</u>			
4d	Other program services (Des	cribe in Schedule O)			
	o their program services (Bes				
4e	(Expenses \$	including grants o	f\$) (Revenue \$)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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^{\square}	9	Yes	
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		No
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	Yes	
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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	Yes	
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	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			1
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $\$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		Νo
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

FGII	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	 -	 Yes	l No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 78		165	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1 c		
	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			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
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		No
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		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?) D		
C	11 165, to line 30 01 30, did the organization me Form 0000-1 /	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
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).		1	
	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		
	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		
А	If "Yes," indicate the number of Forms 8282 filed during the year	/C		
u	Ti res, indicate the number of forms 3232 med during the year			
e	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		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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?		1	1
_		8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	_		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
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]		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

Form 990 (2012) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Rody and Management

-	section A. Governing body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	-							
b	Enter the number of voting members included in line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No					
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		No					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo					
6	Did the organization have members or stockholders?	6	Yes						
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	Yes						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
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		No					
	Section B. Policies (This Section B requests information about policies not required by the Internal in								
Se	ection B. Policies (This Section B requests information about policies not required by the Internal F	eveni	ıe Cod	e.)					
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	Revenu	<i>ye Cod</i>	e.) No					
	Did the organization have local chapters, branches, or affiliates?	leveni 10a							
10a				No					
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No					
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No					
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No					
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No					
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No					
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No					
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No					
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No					

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►SUZANNE SWENSON 738 FIRST AVENUE EAST SHAKOPEE, MN (952) 460-3605

<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

Delivery Delivery	(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec (, unle (offic ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
No. No.		organizations below	MISC) MISC) MISCO MI			from the organization and related organizations						
PRESIDENT	(1) TOM HAAG	15 00	х		х				8,749	0	0	
VICE PRESIDENT									·			
STEASURER		5 00	х		x				6,256	0	0	
TREASURER		F 00										
(4) JEAN KNAKMUHS SECRETARY (5) JOHN MAGES 2 00	` '	5 00	х		х				6,531	0	0	
SECRETARY		5 00										
S OHN MAGES 200	SECRETARY		X		X				4,359	0	0	
PAST PRESIDENT/COB (6) LES ANDERSON BOARD DIRECTOR (7) CHARLES DEGROTE 2 00 X BOARD DIRECTOR (8) NOAH HULTGREN BOARD DIRECTOR (9) JOHN LUEPKE 2 00 X BOARD DIRECTOR (9) JOHN LUEPKE 2 00 X BOARD DIRECTOR (10) GERALD MULDER (11) GARY PURATH 2 00 X BOARD DIRECTOR (12) RICHARD ROHRER (13) GREG SCHWARZ BOARD DIRECTOR (14) STEVE SODEMAN 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		2 00										
Column	PAST PRESIDENT/COB		X		X				12,326	0	0	
BOARD DIRECTOR X		2 00										
CT CHARLES DEGROTE 2 00 X 6,366 0	BOARD DIRECTOR		Х						4,373	0	0	
BOARD DIRECTOR		2 00	.,						6.266			
DOARD DIRECTOR X	BOARD DIRECTOR		*						6,366	U	0	
BOARD DIRECTOR	(8) NOAH HULTGREN	2 00	x						5.662	0	0	
Name									ŕ			
BOARD DIRECTOR	(9) JOHN LUEPKE	2 00	l _x						5 663	0	0	
DOARD DIRECTOR X	BOARD DIRECTOR								3,003	Ŭ	0	
BOARD DIRECTOR	(10) GERALD MULDER	2 00	,						5 663	0	0	
BOARD DIRECTOR	BOARD DIRECTOR		L^						3,003	U		
BOARD DIRECTOR	(11) GARY PURATH	2 00								-	0	
DOARD DIRECTOR X	BOARD DIRECTOR				L	L						
BOARD DIRECTOR	(12) RICHARD ROHRER	2 00							1 675	0	0	
BOARD DIRECTOR X 6,229 0	BOARD DIRECTOR		L^_		<u> </u>	L_			4,0/5			
BOARD DIRECTOR	(13) GREG SCHWARZ	2 00	v						6 320	-	0	
DOARD DIRECTOR X	BOARD DIRECTOR		L^_						0,229			
BOARD DIRECTOR	(14) STEVE SODEMAN	2 00							6.044		0	
X 3,495 0	BOARD DIRECTOR		L^_		L		<u> </u>		6,944			
BOARD DIRECTOR 2 00 X 6,586 0 BOARD DIRECTOR 2 00 X 6,586 0 (17) TIM WAIBEL 2 00 X 0 0	(15) BRIAN THALMANN	2 00							2.405			
X 6,586 0	BOARD DIRECTOR		L^_		<u> </u>				3,495		0	
BOARD DIRECTOR 200 (17) TIM WAIBEL 200	(16) DALE TOLIFSON	2 00	,,						6 506			
	BOARD DIRECTOR		^						6,586	O O	0	
	(17) TIM WAIBEL	2 00	Ü							_	_	
BOARD DIRECTOR	BOARD DIRECTOR		X						1,640	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

BOARD DIRECTOR		(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not bo: h ar	check, unle office rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F Estim amount o compen from	ated of other sation the
COARD DIRECTOR 2 00 X			organizations below	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	` '			and re	lated
109 HROUD WOLLE IR 2.00 X 5,111 0 0 0 0 0 0 0 0 0	(18) C	CURT WATSON	2 00	V						0				
DOARD DIRECTOR X										Ü				
### SOURCETOR 200 X	(19) H	IAROLD WOLLE JR	2 00] _x						5.115		0		0
DOARD DIRECTOR (2) TIME GREACH SO 00 X 152,683 0 16,358 SEMIOR FINANCE DIRECTOR SO 00 X SEMIOR FINANCE DIRECTOR 152,683 0 14,724 152,683 0 14,724 152,683 0 14,724 152,683 0 14,724 152,683 0 14,724 152,683 0 14,724 152,683 0 14,724 152,683 0 14,724 152,683 0 14,724 152,683 0 14,724 162,588 162,588 163,588 163,588 163,588 163,588 163,589 0 14,724 163,588 163,588 163,588 163,588 163,588 163,588 163,588 163,588 163,588 163,588 163,588 163,588 163,589 163,588 163,588 163,588 163,588 163,588 163,588 163,589 163,588 1										-,		4		
15,388 DECUMENT CORRECTOR S0 00 X 152,685 O 16,388 DECUMENT CORRECTOR S0 00 X 94,929 O 14,724 DECUMENT FINANCE DIRECTOR S0 00 X 94,929 O 14,724 DECUMENT FINANCE DIRECTOR S0 00 X 94,929 O 14,724 DECUMENT FINANCE DIRECTOR S0 00 X 94,929 O 14,724 DECUMENT FINANCE DIRECTOR S0 00 DECUMENT F	` ,		2 00	×						8,131		0		0
EXECUTIVE DIRECTOR X			F0.00	-								+		
22 SUZANNE SWEHSON 50 00 X	. ,		50 00			x				152,683		0		16,358
SENIOR FINANCE DIRECTOR X 94,929 0 14,724			50.00	-	\vdash	\vdash		-	$\vdash \vdash$			+		
1b Sub-Total .			30 00			х				94,929		0		14,724
Total from continuation sheets to Part VII, Section A	JENIO	KTIMANCE DIRECTOR										+		
Total from continuation sheets to Part VII, Section A				-								+		
Total from continuation sheets to Part VII, Section A												1		
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A												T		
Total from continuation sheets to Part VII, Section A												+		
Total from continuation sheets to Part VII, Section A									\sqcup			+		
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A												\top		
Total from continuation sheets to Part VII, Section A	1h	Sub-Total						<u> </u> ⊪-				十		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►1 Yes No 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			VII Section A		•	•		⊢						
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►1 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	_		•		•	•		▶ ⊢		356.375	0			31.082
\$100,000 of reportable compensation from the organization Yes No				those	licte		hove	- l	roce	,				0 - , 0 0 -]
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	2					au ai	DOVE	z) WIIO	160	erved more than				
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														
on line 1a? If "Yes," complete Schedule J for such individual	2	Did the organization list any forman offi	car director or	tructo	, ka		مامد		rbia	hast sampansata	d amplayed		Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3					, en	•	yee, 0 •	ı iliğ . •		1	3		No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	For any individual listed on line 1a. is th	ne sum of report	table c	ompe	nsa	ition	and o	ther	r compensation fro				
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	-	organization and related organizations (
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (B) (C) Compensation PORTAGE MARKETING INC 2653 JOPPA AVE S MINNEAPOLIS MN 55416 COMBEST SELL & ASSOCIATES 4908 92ND ST LUBBOCK TX 79424 BROADHEAD CO INC 123 N 3RD ST SUITE 400 MINNEAPOLIS MN 55401 Description of services Compensation 153,750 PUBLIC RELATIONS 109,602 Total number of independent contractors (including but not limited to those listed above) who received more than		ındıvıdual			•	•	•	•	•			4	Yes	
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) (C) (C) (C) (C	5									_	idividual for			
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address PORTAGE MARKETING INC 2653 JOPPA AVE S MINNEAPOLIS MN 55416 COMBEST SELL & ASSOCIATES 4908 92ND ST LUBBOCK TX 79424 LOBBYING AND EDUCATION 153,750 BROADHEAD CO INC 123 N 3RD ST SUITE 400 MINNEAPOLIS MN 55401 PUBLIC RELATIONS 109,602 Total number of independent contractors (including but not limited to those listed above) who received more than		services rendered to the organization?	ii res, comple	ie Sche	aule.	э тог	suc	n pers	ОП		[5		No
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address PORTAGE MARKETING INC 2653 JOPPA AVE S MINNEAPOLIS MN 55416 COMBEST SELL & ASSOCIATES 4908 92ND ST LUBBOCK TX 79424 LOBBYING AND EDUCATION 153,750 BROADHEAD CO INC 123 N 3RD ST SUITE 400 MINNEAPOLIS MN 55401 PUBLIC RELATIONS 109,602 Total number of independent contractors (including but not limited to those listed above) who received more than	Se	ction B. Independent Contracto	ors											
(A) Name and business address PORTAGE MARKETING INC 2653 JOPPA AVE S MINNEAPOLIS MN 55416 COMBEST SELL & ASSOCIATES 4908 92ND ST LUBBOCK TX 79424 LOBBYING AND EDUCATION BROADHEAD CO INC 123 N 3RD ST SUITE 400 MINNEAPOLIS MN 55401 PUBLIC RELATIONS 109,602 Total number of independent contractors (including but not limited to those listed above) who received more than		Complete this table for your five highes	t compensated										ax vear	
PORTAGE MARKETING INC 2653 JOPPA AVE S MINNEAPOLIS MN 55416 COMBEST SELL & ASSOCIATES 4908 92ND ST LUBBOCK TX 79424 BROADHEAD CO INC 123 N 3RD ST SUITE 400 MINNEAPOLIS MN 55401 PUBLIC RELATIONS 109,602 Total number of independent contractors (including but not limited to those listed above) who received more than			(A)			2410		. , cui	Ullu		(B)	T	(C)
COMBEST SELL & ASSOCIATES 4908 92ND ST LUBBOCK TX 79424 LOBBYING AND EDUCATION 153,750 BROADHEAD CO INC 123 N 3RD ST SUITE 400 MINNEAPOLIS MN 55401 PUBLIC RELATIONS 109,602 2 Total number of independent contractors (including but not limited to those listed above) who received more than	P∩RT/										n of services	+	Comper	
2 Total number of independent contractors (including but not limited to those listed above) who received more than											DUCATION	+		
	BROAD	DHEAD CO INC 123 N 3RD ST SUITE 400 MINNEA	POLIS MN 55401									丰		
												+		
	2 7	otal number of independent contractors	(including but i	not lım	ıted t	o th	iose	listed	abo	ove) who received	more than	\dagger		

Part V	Ш	Statement o						
		Check if Schedi	<u>ule O contains a respo</u>	nse to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
/#	1a	Federated camp	paigns 1a					314
ons, Gifts, Grants Similar Amounts	Ь	Membership du	es 1b					
not	c		ents 1c					
₹	_							
<u>a</u> i di	d	Related organiz						
Si iš	е	Government grants	s (contributions) 1e					
ë 2.	f	All other contribution	ons, gifts, grants, and 1f ot included above					
Contributions, Gifts, Grants and Other Similar Amounts	g		ons included in lines			i		
Contr and (1a-1f \$						
<u>5 E</u>	h	Total. Add lines	sla-lf	· · · · •				
<u> </u>				Business Code				
Veri	2a	REIMB FROM MN		900099	4,715,357	4,715,357		
<u>æ</u>	b	MEMBERSHIP DUES	<u> </u>	900099	447,686	447,686		
90 P	С	CONVENTION INCO	<u> </u>	900099	103,750	103,750		
Program Serwce Revenue	d	OTHER PROGRAM	REVENUE	900099	57,780	57,780		
E	е	VARIETY PLOTS		900099	14,200	14,200		
50	f	All other progra	m service revenue					
<u>ራ</u>	g	Total. Add lines	32a-2f		5,338,773			
	3		ome (including dividen					
	4		ar amounts) tment of tax-exempt bond	F				
	5	Royalties		`				
			(ı) Real	(II) Personal				
	6a	Gross rents	213,000					
	b	Less rental expenses	68,818					
	c	Rental income	144,182					
	d	or (loss) Net rental incor	ne or (loss)	L .	144,182	ı		144,182
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other		8,375				
	ь	than inventory Less cost or						
		other basis and sales expenses		1,686				
	c	Gain or (loss)		6,689				
	d	Net gain or (los	s)		6,689			6,689
enne	8a	Gross income fi events (not incl \$						
Other Revenue		See Part IV, lin						
≨ ∣			penses b					
	c 9a		loss) from fundraising rom gaming activities e 19	events				
	_		a					
	Ь		penses b loss) from gamıng actı					
	с 10а	Gross sales of i		villes				
		returns and allo						
			а					
	b		oods sold b	L				
	С		loss) from sales of inv					
-	44.	Miscellaneous	s Kevenue	Business Code				
	11a							
	b							
	С							
	d	All other revenu						
	е	Total. Add lines	3 11a-11d					
	12	Total revenue.	See Instructions .	🕨	5,489,644	5,338,773	0	150,871

	Check if Schedule O contains a response to any question in this Pa	rt IX	<u> </u>	<u></u>	
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,175,518			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	407,366			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	469,671			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,124			
9	Other employee benefits	78,245			
)	Payroll taxes	78,601			
1	Fees for services (non-employees)				
а	Management				
b	Legal	2,460			
C	Accounting	14,765			
d	Lobbying	107,250			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	591,456			
2	Advertising and promotion	877,007			
3	Office expenses	208,655			
Ļ	Information technology				
;	Royalties				
5	Occupancy	70,120			
7	Travel	353,367			
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
•	Conferences, conventions, and meetings	80,746			
)	Interest	22,819			
L	Payments to affiliates	174,960			
2	Depreciation, depletion, and amortization	107,789			
3	Insurance	35,519			
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	STIPENDS	209,287			
b	DUES & SUBSCRIPTIONS	92,068			
c	AWARDS	36,417			
d	MISCELLANEOUS	3,616			
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	5,221,826			
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)				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this	J T GITE X		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			207,236		174,566
	2	Savings and temporary cash investments			138,273		174,500
	3				150,275	3	
		Pledges and grants receivable, net			1,007,516		1 254 170
	4	Accounts receivable, net			1,007,516	4	1,354,170
Assets	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	rt II of			5	
	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary erorganizations (see instructions) Complete Part II of Schedule 1	ontribut nployees	ing employers		6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges		•	16,439	9	19,137
	10a	Land, buildings, and equipment cost or other basis Complete		0.070.077		9	10,107
		Part VI of Schedule D	10a	2,379,377	ļ		
	b	Less accumulated depreciation	10b	559,782	1,771,600	10c	1,819,595
	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) .			3,141,064	16	3,367,468
	17	Accounts payable and accrued expenses		•	375,449	17	323,521
	18	Grants payable				18	
	19	Deferred revenue			364,198	19	396,477
	20	Tax-exempt bond liabilities				20	
ø.	21	Escrow or custodial account liability Complete Part IV of Sche	dule D			21	
<u>.</u>	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqualif		tees,			
Liabili		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s		580,384	23	558,619
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pa	rt X of So	hedule			
		D				25	
	26	Total liabilities. Add lines 17 through 25			1,320,031	26	1,278,617
ري طا		Organizations that follow SFAS 117 (ASC 958), check here ►	✓ and co	omplete			
Ĕ	27	lines 27 through 29, and lines 33 and 34.			1 021 022	27	2 000 051
<u>ත</u> ත	27	Unrestricted net assets		•	1,821,033	27	2,088,851
õ	28	Temporarily restricted net assets		•		28	
Ĭ	29	Permanently restricted net assets				29	
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere ► 「	and			
Š	30	Capital stock or trust principal, or current funds				30	
φ	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other f	unds			32	
₹	33	Total net assets or fund balances			1,821,033	33	2,088,851
_	34	Total liabilities and net assets/fund balances			3,141,064	34	3,367,468

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,4	189,644
2	Total expenses (must equal Part IX, column (A), line 25)	2			221,826
3	Revenue less expenses Subtract line 2 from line 1	3			267,818
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			321,033
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		2,0	88,851
Par	t XII Financial Statements and Reporting				-
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	equired	3b		

DLN: 93493078007194

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public Inspection

ntema	I Revenue Service	► Attach to For	m 990. ► See separate instructions.		Inspection
Name of the organization MINNESOTA CORN GROWERS ASSOCIATION				Emp	ployer identification number
ı IIV	INLOUIA COKN GRI	OMEKS WSSOCIALITOIA		41-	1369512
ē		nizations Maintaining Donor Adv			
	organı	zation answered "Yes" to Form 990	·		(1) 5
	Tatal a washa s	at and at war a	(a) Donor advised funds		(b) Funds and other accounts
	Total number a	at end of year atributions to (during year)			
	33 3	nts from (during year)			
		ue at end of year			
		zation inform all donors and donor adviso	ers in writing that the assets hold in do	nor adv	usad
	funds are the	organization's property, subject to the or	ganization's exclusive legal control?		☐ Yes ☐ No
	used only for a	zation inform all grantees, donors, and d charitable purposes and not for the benef permissible private benefit?			
a		ervation Easements. Complete if	the organization answered "Yes"	to Forr	n 990, Part IV, line 7.
	Preservati	conservation easements held by the org on of land for public use (e g , recreation of natural habitat	or education) Preservation of a		rically important land area id historic structure
	┌ Preservati	on of open space			
		s 2a through 2d if the organization held a the last day of the tax year	a qualified conservation contribution in	the forr	m of a conservation
		•			Held at the End of the Year
1	Total number	of conservation easements		2a	
)	Total acreage	restricted by conservation easements		2b	
	Number of cor	nservation easements on a certified histo	oric structure included in (a)	2c	
Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register				2d	
		nservation easements modified, transferr 	ed, released, extinguished, or terminat	ed by tl	he organization during
	Number of sta	tes where property subject to conservat	ion easement is located ►		
		nization have a written policy regarding to the conservation easements it holds?	the periodic monitoring, inspection, han	ıdlıng o	f violations, and Yes No
	Staff and volu	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments (during the year
	•	penses incurred in monitoring, inspecting	g, and enforcing conservation easement	s durın	g the year
	Does each co	nservation easement reported on line 2(o 70(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ction 1	70(h)(4)(B)(ı) Yes No
	balance sheet	describe how the organization reports coi , and include, if applicable, the text of th on's accounting for conservation easeme	e footnote to the organization's financia		
a r		nizations Maintaining Collection lete if the organization answered "Y		or Ot	her Similar Assets.
1	works of art, h	ation elected, as permitted under SFAS 1 istorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or rese	earch in furtherance of public
b	If the organiza works of art, h	ation elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes	.16 (ASC 958), to report in its revenue its held for public exhibition, education,	staten	nent and balance sheet
	(i) Revenues	included in Form 990, Part VIII, line 1			▶ \$
		luded in Form 990, Part X			<u></u>
	If the organiza	ation received or held works of art, histor unts required to be reported under SFAS			'
	Revenues incl	uded in Form 990. Part VIII. line 1			▶ \$
)					
		uded in Form 990, Part VIII, line 1 ed in Form 990, Part X			► \$ ► \$

Раг	Organizations Maintaining Co	<u>liections of Ar</u>	t, HIS	stori	<u>cai i</u>	reasu	ires, or U	tne	r Similar A	ssets (contii	<u>nued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other reco	rds, cl	heck	any of	the foll	owing that a	are a	sıgnıfıcant us	e of its		
а	Public exhibition		d	Γ	Loan	orexc	hange progr	ams				
b	Scholarly research		e	Γ	Othe	r						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expl	aın ho	w the	y furth	er the d	organızatıor	's ex	empt purpose	ı ın		
5	During the year, did the organization solicit of	or receive donation	s of a	rt, hıs	torica	Itreasu	ıres or othe	rsım	ıılar			
	assets to be sold to raise funds rather than t									☐ Yes		No
Pai	Part IV, line 9, or reported an an						n answere	d "Y	es" to Form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					utions	or other ass	ets r	not	✓ Yes	Г	No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follo	wing t	able		_	1				
							-		Α	mount		
c	Beginning balance						-	1 c				,228
d	Additions during the year						-	1d				,003
е	Distributions during the year						-	1e			24	,231
f	Ending balance						L	1f				0
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?	>						┌ Yes	굣	No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anatı	on has	been p	rovided in P	art >	(III		. [_
Pa	rt V Endowment Funds. Complete					es" to	Form 990,	Par	t IV, line 10			
		(a)Current year	(b)Prior	year	b (c) ⊤	wo years back	(d)	Three years back	(e) Fou	years	back
1a	Beginning of year balance											
b	Contributions							_		<u> </u>		
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curi	ent year end balan	nce (lır	ne 1 a	, colun	nn (a))	held as			•		
а	Board designated or quasi-endowment	•	•	J	,	(//						
b	Permanent endowment ►											
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show											
3 a	Are there endowment funds not in the posses organization by	ssion of the organiz	zatıon	that	are hel	d and a	idministere	d for	the	Ye	<u> </u>	 lo
	(i) unrelated organizations								3	1(i)	5 1 3	<u> </u>
	(ii) related organizations									(ii)	+	
b	If "Yes" to 3a(II), are the related organization									3b	İ	
4	Describe in Part XIII the intended uses of th	ie organization's er	ndowm	nent f	unds					·		
Pai	t VI Land, Buildings, and Equipme	nt. See Form 99	90, Pa				I			. 1		
	Description of property) Cost o is (inve		(b)Cost or o basis (othe		(c) Accumulate depreciation		Book v	value
1a	Land						111	,834			11	11,834
b	Buildings						1,574	,414	259,	070	1,31	L5,344
c	Leasehold improvements						3	,991	3,	990		1
d	Equipment						628	,359	278,	906	34	19,453
e	Other						60	,779	17,	816	4	12,963
	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colu	umn (B), line	10(c).)	·				1,81	L9,595

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
	Form COO Dart V line	12
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	<u> </u>	
	+	
the contract of the contract o		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	<u>er Retur</u>	n
1	Total revenue, gains, and other support per audited financial statements	1	785,465
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	68,818
3	Subtract line 2e from line 1	3	716,647
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	4,772,997
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,489,644
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	urn
1	Total expenses and losses per audited financial statements	1	517,647
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	68,818
3	Subtract line 2e from line 1	3	448,829
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	4,772,997
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	5,221,826

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART IV, LINE 1B	THE EXECUTIVE DIRECTOR OF MCGA, TIM GERLACH, ACTS AS TREASURER FOR FARM POLICY FACTS FARM POLICY FACTS SENDS INVOICES TO MCGA AND THE ASSOCIATION WRITES THE CHECKS TIM GERLACH IS THE SIGNER ON THE CHECKS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE ASSOCIATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT UNDER SECTION 501(C) (5) OF THE INTERNAL REVENUE CODE AND CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION THE ASSOCIATION ADOPTED THE ACCOUNTING STANDARD FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED THE IMPLEMENTATION OF THIS STANDARD HAD NO IMPACT ON THE ASSOCIATION'S FINANCIAL STATEMENTS THE ASSOCIATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AUTHORITIES THE TAX RETURNS FOR THE YEARS 2010 TO 2012 ARE OPEN TO EXAMINATION BY FEDERAL AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSE 68,818
PART XI, LINE 4B - OTHER ADJUSTMENTS		EXPENSES RELATED TO CONTRACT WITH MN CORN RESEARCH AND PROMOTIONAL COUNCIL 4,598,037 MEMBERSHIP FORWARDS TO NCGA AND COUNTIES 174,960
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSE 68,818
PART XII, LINE 4B - OTHER ADJUSTMENTS		EXPENSES RELATED TO CONTRACT WITH MN CORN RESEARCH AND PROMOTIONAL COUNCIL 4,598,037 MEMBERSHIP FORWARDS TO NCGA AND COUNTIES 174,960

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

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

OMB No 1545-0047

DLN: 93493078007194

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

ame of the organization						Employer identification	on number
IINNESOTA CORN GROWERS ASSO	OCIATION					41-1369512	
Part I General Information	n on Grants an	d Assistance				•	
 Does the organization maintain the selection criteria used to aw Describe in Part IV the organization 	vard the grants or as	ssistance?			the grants or assist	tance, and	▽ Yes
Part II Grants and Other A Form 990, Part IV, lin							es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
Enter total number of section 50Enter total number of other orga						. -	13 16

Don't TTT	Courts and Other Assistance to Tudividuals in the United Clates Consults of the assessment of any order to the Consults of the assessment of the Consults of the Consults of the assessment of the Consults of the Consu	22
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, li	ine ZZ
	Part III can be duplicated if additional space is needed.	

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV	Supplemental	Information
---------	--------------	-------------

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S		SCHEDULE I, PART I, LINE 2 INVOICES ARE REVIEWED AND APPROVED BY STAFF TEAM LEAD MONITORING OF THE USE OF FUNDS ARE REQUIRED AS OUTLINED IN EACH CONTRACT

Schedule I (Form 990) 2012

Software ID:

Software Version:

EIN: 41-1369512

Name: MINNESOTA CORN GROWERS ASSOCIATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN COALITION FOR ETHANOL5000 S BROADBAND LANE SUITE 224 SIOUX FALLS,SD 57108	45-0407345	501(C)(6)	9,000		N/A	•	EDUCATION AND AWARENESS
DISTILLERS GRAIN TECHNOLOGY COUNCIL UNIVERSITY OF LOUISVILLE 435 LUTZ HALL LOUISVILLE,KY 40292	31-1546199	501(C)(6)	5,500		N/A	N/A	SPO NSO RSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FARM AND FOOD ALLIANCE108 MARTY DR BUFFALO,MN 55313	46-0596611	501(C)(6)	20,000		N/A	N/A	SPO NSO RSHIP
FARM POLICY FACTSPO BOX 596 ARLINGTON,VA 22216	20-8921012	501(C)(4)	125,000		N/A	'	EDUCATION AND AWARENESS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GCR PROPERTIES LLC619 W ST GERMAIN ST BOX 2 ST CLOUD,MN 56301	45-3165240		5,000		N/A	N/A	SPO NSO RSHIP
GOVERNOR'S BIOFUELS COALITIONPO BOX 94922 LINCOLN,NE 68509	20-1643847	501(C)(3)	5,000		N/A	N/A	SPO NSO RSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GROWTH ENERGYPO BOX 30273 OMAHA,NE 68130	26-3542537	501(C)(6)	10,000		N/A	N/A	SPONSORSHIP
IOWA CORN GROWERS ASSOCIATION5505 NW 88TH ST 100 JOHNSTON,IA 50131	42-1036179	501(C)(5)	10,000		N/A	N/A	SPONSORSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MN4HU OF MN GATEWAY CENTER 200 OAK ST SE 270B MINNEAPOLIS, MN 55455	41-1408161	501(C)(3)	5,000		N/A	N/A	SPO NSO RSHIP
MINNESOTA AGRICULTURAL WATER RESOURCE CENTER3080 EAGANDALE PL EAGAN, MN 55121	45-1676970	501(C)(3)	276,000		N/A	N/A	RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MN AG IN THE CLASSROOM PO BOX 385906 BLOOMINGTON,MN 55438	41-1587595	501(C)(3)	30,000		N/A	1	EDUCATION AND AWARENESS
MN AGRIGROWTH COUNCIL 408 ST PETER ST ST PAUL,MN 55102	41-0991212	501(C)(6)	5,250		N/A	N/A	SPO NSO RSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MN BEEF RESEARCH AND PROMOTION2950 METRO DR SUITE 20 SKYWAY ST PAUL,MN 55425	41-1230774	501(C)(3)	10,000		N/A	N/A	SPO NSO RSHIP
MN FARM BUREAU3080 EAGANDALE PL EAGAN,MN 55121	41-0417230	501(C)(5)	92,000		N/A	[· · · ·	EDUCATION AND AWARENESS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MN FARMERS UNION600 CTY RD D W STE 14 ST PAUL,MN 55112	41-6041830	501(C)(3)	16,530		N/A	N/A	SPO NSO RSHIP
MN FFA FOUNDATIONPO BOX 118 ROSEMOUNT, MN 55068	41-6038263	501(C)(3)	17,750		N/A	l '	EDUCATION AND AWARENESS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MN GRAIN AND FEED ASSOCIATION3470 WASHINGTON DR SUITE EAGAN,MN 55122	41-0248640	501(C)(6)	5,900		N/A	N/A	SPONSORSHIP
MN HISTORICAL SOCIETY 345 KELLOGG BLVD W ST PAUL, MN 55102	41-0713907	501(C)(3)	20,000		N/A	1	EDUCATION AND AWARENESS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MN MILK PRODUCERS ASSOCIATION108 MARTY DR SUITE 2 BUFFALO,MN 55313	41-1469481	501(C)(3)	12,500		N/A	N/A	SPONSORSHIP
MN PORK PRODUCERS ASSOCIATION151 ST ANDREWS CT STE 810 MANKATO, MN 56001	20-0399755	501(C)(5)	5,000		N/A	N/A	SPO NSO RSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MN STATE FAIR1265 SNELLING AVE N ST PAUL,MN 55108	41-2013696	501(C)(3)	10,000		N/A	· ·	EDUCATION AND AWARENESS
MN TECHNOLOGY ENGINEER (MTEEA)3223 CLEVELAND ST NE MINNEAPOLIS, MN 55418	45-4535072	501(C)(3)	8,000		N/A	N/A	SPO NSO RSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REDWOOD SPEEDWAY LLC 400 E BRIDGE ST 1 REDWOOD FALLS, MN 56283	27-1719152		7,250		N/A	N/A	SPO NSO RSHIP
RENEWABLE FUELS ASSOCIATION425 3RD ST SW SUITE 1150 WASHINGTON.DC 20024	52-1203707	501(C)(6)	20,000		N/A	l '	EDUCATION AND AWARENESS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEVER'S CORN MAZE 15900 FLYING CLOUD DR EDEN PRAIRIE, MN 55347	41-1883167		65,000		N/A	N/A	SPONSORSHIP
SOUTH CENTRAL COLLEGE 1920 LEE BLVD NORTH MANKATO,MN 56003	41-1649572	501(C)(3)	5,000		N/A	N/A	SPO NSO RSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SWMN STATE UNIVERSITY FOUNDATIONFOUNDERS HALL 1501 STATE ST MARSHALL,MN 56258	23-7108470	501(C)(3)	46,000		N/A	N/A	SPO NSO RSHIP
UNIVERSITY OF MN1300 S SECOND ST MINNEAPOLIS, MN 55485	41-6007513	STATE OF MN	67,120		N/A		EDUCATION AND AWARENESS AND SPONSORSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIKING SPEEDWAYPO BOX 462 ALEXANDRIA,MN 56308	41-1744707		6,000		N/A	N/A	SPONSORSHIP

DLN: 93493078007194

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization MINNESOTA CORN GROWERS ASSOCIATION **Employer identification number**

41-1369512

Рa	Questions Regarding Compensation						
			Yes	No			
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax idemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)						
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,						
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2					
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods						
	used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III						
	✓ Compensation committee ✓ Written employment contract						
	☐ Independent compensation consultant ☐ Compensation survey or study						
	Form 990 of other organizations Approval by the board or compensation committee						
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization						
а	Receive a severance payment or change-of-control payment?	4a		No			
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No			
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III						
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.						
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
	compensation contingent on the revenues of						
а	The organization?	5a					
b	Any related organization?	5b					
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of						
а	The organization?	6a					
b	Any related organization?	6b					
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7					
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was						
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe						
	ın Part III	8					
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9					

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of (i) Base compensation	f W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	incentive reportable		(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) (ii)	152,683 0	0	0	8,925 0	7,433 0	169,041	0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference

Schedule J (Form 990) 2012

Explanation

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE O

As Filed Data -

DLN: 93493078007194

OMB No 1545-0047

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization
MINNESOTA CORN GROWERS ASSOCIATION

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

41-1369512

Identifier	Return Reference	Explanation
	VI, SECTION A,	THE ASSOCIATION'S EXECUTIVE COMMITTEE IS COMPRISED OF THE PRESIDENT, CHAIRMAN OF THE BOARD, VICE PRESIDENT, SECRETARY AND TREASURER THE MEMBERSHIP CHAIRMAN AND GOVERNMENT RELATIONS CHAIRMAN ARE ALSO ON THE COMMITTEE IF NOT REPRESENTED BY ONE OF THE OFFICERS OF THE BOARD THE EXECUTIVE COMMITTEE HAS THE AUTHORITY OF THE FULL BOARD BETWEEN MEETINGS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE ASSOCIATION'S MEMBERSHIP IS OPEN TO ALL INDIVIDUALS AND CORPORATIONS WHO HAVE AN INTEREST IN SUPPORTING THE COMMON PURPOSES OF MINNESOTA CORN PRODUCERS

Identifier	Return Reference	Explanation				
	FORM 990, PART VI, SECTION A, LINE 7A	DULY APPOINTED DELEGATES FROM COUNTY ASSOCIATIONS AND MEMBERS OF THE ASSOCIATION ELECT THE ASSOCIATION'S BOARD OF DIRECTORS				

Identifi	er Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE ASSOCIATIONS EXECUTIVE COMMITTEE REVIEWS THE FORM 990 IN DEPTH WITH KEY STAFF AND THE INDEPENDENT AUDITOR THE FORM 990 IS THEN PRESENTED TO THE FULL BOARD BEFORE IT IS FILED WITH THE IRS

Identifier	Return Reference	Explanation
	l '	THE ASSOCIATION HAS A CONFLICT OF INTEREST POLICY ANNUAL STATEMENT WHERE EACH DIRECTOR, OFFICER, AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS SHALL COMPLETE AND SIGN THE STATEMENT AT THE TIME OF HIS OR HER INITIAL ELECTION OR APPOINTMENT AND ANNUALLY THEREAFTER THE ASSOCIATION ALSO CONDUCTS PERIODIC REVIEWS OF THE POLICY TO ENSURE THAT IT OPERATES IN A MANNER CONSISTENT WITH ITS PURPOSES IF A CONFLICT IS DETERMINED TO EXIST BY THOSE MEMBERS WHO DO NOT HAVE A CONFLICT, THE INTERESTED PERSON MUST LEAVE THE BOARD (OR COMMITTEE) MEETING DURING THE DISCUSSION OF, AND THE VOTE IN, THE PROPOSED TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST ALL PROCEEDINGS RELATED TO CONFLICTS OF INTEREST ARE DOCUMENTED IN THE MEETING MINUTES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE PERSONNEL COMMITTEE, WHICH IS COMPRISED OF INDEPENDENT PERSONS, USED A SALARY SURVEY TO DETERMINE COMPENSATION FOR THE EXECUTIVE DIRECTOR A WRITTEN CONTRACT WAS APPROVED BY THE PERSONNEL COMMITTEE. THIS PROCEDURE WAS LAST PERFORMED IN 2012 FOR THE EXECUTIVE DIRECTOR, T GERLACH THE EXECUTIVE DIRECTOR REVIEWS AND DETERMINES THE COMPENSATION FOR THE BUSINESS & FINANCE DIRECTOR. THE ASSOCIATION USES SALARY SURVEYS AND FORM 990S OF OTHER SIMILARLY SITUATED EXEMPT ORGANIZATIONS TO DETERMINE THE COMPENSATION OF OTHER OFFICERS, INCLUDING THE BUSINESS & FINANCE DIRECTOR, S. SWENSON. THIS PROCEDURE WAS LAST PERFORMED IN 2012.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
OTHER FEES	,	RESEARCH TOTAL EXPENSES 79,922 MEDIA/COMMUNICATIONS TOTAL EXPENSES 224,518 PR AND EDUCATION TOTAL EXPENSES 134,750 OTHER PROFESSIONAL FEES TOTAL EXPENSES 152,266

ldentifier	Return Reference	Explanation
EXPLANATION FOR RENTAL ACTIVITY	FORM 990, PART VIII, LINE 6A	THE MINNESOTA CORN GROWERS ASSOCIATION ("ASSOCIATION") AND THE MINNESOTA CORN RESEARCH AND PROMOTION COUNCIL ("COUNCIL") ARE TWO SEPARATE ORGANIZATIONS THAT WORK VERY CLOSELY TOGETHER AND SHARE A MISSION THE COUNCIL AND THE ASSOCIATION SHARE THE OBJECTIVE AND PURPOSE OF PROMOTING THE EFFICIENT PRODUCTION OF CORN AND ENHANCING THE PROFITABILITY OF CORN PRODUCERS IN THE STATE OF MINNESOTA THE COUNCIL AND THE ASSOCIATION DESIRE TO ALLOCATE EXPENSES AMONG THEIR RESPECTIVE ORGANIZATIONS IN ORDER TO MAXIMIZE THE AMOUNT OF RESOURCES THAT CAN BE UTILIZED TO ACHIEVE THEIR MUTUAL OBJECTIVES WHILE AT THE SAME TIME COMPLYING WITH ALL LEGAL RESTRICTION ON THE USE OF COUNCIL FUNDS THE COUNCIL PAYS RENT TO THE ASSOCIATION

DLN: 93493078007194

2012

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization
MINNESOTA CORN GROWERS ASSOCIATION

41-1369512

(a)	(b)	(c)	(d)	(e)	(f)		
Name, address, and EIN (If applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity		
							_
							_
art II Identification of Related Tax-Exempt or more related tax-exempt organizations of		the organization a	inswered "Ye	s" to Form 990, F	Part IV, line 34 because	ıt had o	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code se	ection (e) Public charity s (if section 501(Sectio (13) c er	
) MINNESOTA CORN RESEARCH AND PROMOTIONAL COUNCIL	RESEARCH	MN	N/A	N/A		Yes	$\frac{1}{1}$
8 FIRST AVENUE EAST					N/A		
IAKOPEE, MN 55379 -1026869							
) MINNESOTA CORN GROWERS ASSOCIATION FEDERAL PAC	POLITICAL ORGANIZATION	MN	527	N/A	MINNESOTA CORN GROWERS ASSOCIATION	Yes	1
8 FIRST AVENUE EAST							
IAKOPEE, MN 55379 -1156398							
) MINNESOTA CORN GROWERS ASSOCIATION STATE PAC	POLITICAL ORGANIZATION	MN	527	N/A	MINNESOTA CORN GROWERS ASSOCIATION	Yes	
88 FIRST AVENUE EAST							
IAKOPEE, MN 55379 -0444457							4
							T
							†
r Paperwork Reduction Act Notice, see the Instructions for F	orm 990.	Cat No 501	1 35V		Schedule R (Fo	rm 990)	<u>六</u>

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-yea assets	r alloca	ortionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or aging ner?	(k) Percenta ownersh
								Yes	No		Yes	No	I
_													
Identification of Related O line 34 because it had one or	rganizations Taxa more related organı	ible as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	he organı the tax ye	zatıon ar ar.)	ıswere	d "Ye	s" to Form	990,	Part	:IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	Legal domicile (state or foreign		(e) Type of entit (C corp, S corp, or trust)		total Share e of			(h) ercentage wnership	(i) Section 512 (b)(13) controlled entity?		
		,,]	Yes		No
_									<u> </u>				\vdash
							_		+-				\vdash

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No		
1 Du	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organization	ns listed in Parts II-IV	?					
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a		No		
b	Gift, grant, or capital contribution to related organization(s)			1b		No		
C	Gift, grant, or capital contribution from related organization(s)			1c	Yes			
d	Loans or loan guarantees to or for related organization(s)			1d		No		
e	Loans or loan guarantees by related organization(s)			1e	Yes			
_				16		No.		
	Dividends from related organization(s)			1f		No		
	Sale of assets to related organization(s)			1g 1h		No No		
h Purchase of assets from related organization(s)								
i Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related organization(s)								
b	Lease of facilities, equipment, or other assets from related organization(s)			1k		No		
	Performance of services or membership or fundraising solicitations for related organization(s)			11	Yes			
	Performance of services or membership or fundraising solicitations by related organization(s)			1m		No		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	Yes	<u> </u>		
				10		No		
0	Sharing of paid employees with related organization(s)			-				
р	Reimbursement paid to related organization(s) for expenses			1p		No		
q	Reimbursement paid by related organization(s) for expenses			1q	Yes			
•								
r	O ther transfer of cash or property to related organization(s)			1r		No		
s	Other transfer of cash or property from related organization(s)			1s		No		
						·		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including	g covered relationships	s and transaction thresholds					
	(a) (b) Name of other organization Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount I	nvolved	I		

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				`	,		-	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

> Software ID: **Software Version:**

> > **EIN:** 41-1369512

Name: MINNESOTA CORN GROWERS ASSOCIATION

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)						
Identifier	Return Reference	Explanation				