

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

'Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2012

Open to Public Inspection

Form 990 (2012)

Department of the Treasury

benefit trust or private foundation)

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

		iue Service	The organization may have to use a copy of this return to suitary state in			mopeotion
<u>A</u> _	For the		ndar year, or tax year beginning OCTOBER 1 , 2012, and endi	ng SEPI	EMBER 30	, 20 13
<u>B</u>	Check if	applicable.	C Name of organization MINNESOTA MILK PRODUCERS ASSOCIATION		D Employer	identification number
	Address	change	Doing Business As		41-146948	
	Name cl	nange	Number and street (or P O. box if mail is not delivered to street address) Room/s	E Telephone	number	
	Initial ret	turn	108 MARTY DRIVE	763-355-9	697	
	Termina	ted	City, town or post office, state, and ZIP code			
	Amende	d return	BUFFALO MN 55313		G Gross rece	ipts \$ 720,865
	Applicat	on pending	F Name and address of principal officer PATRICK LUNEMANN	H(a) is the	nis a group return for	affiliates? Yes X No
		Ţ	108 MARTY DRIVE BUFFALO MN 55313	1		uded? Yes No
	Tax-exe	mpt status	☐ 501(c)(3)			st. (see instructions)
<u></u>			nmilk.org	H(c) Gro	oup exemption n	umber ▶ N/A
<u>к</u>			Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of form:			legal domicile MN
	art I	Summ			1 4	
	1			ער הוופודר	TUE VIEWS	AND OBJECTIVES OF
	'	-	-			
Se	1		RODUCERS IN MINNESOTA BY LOBBYING AT THE STATE AND FEDERAL		RES FOR LAW	S THAT STABILIZE
Jan	İ	WHOLESAI	LE MILK OR PRODUCER PRICING AND/OR PERTAIN TO MILK PRODUCER	.S		
& Governance		Ob a ale Ala	is how N If the agreement on discounting of its apportions or discount	مله مدمد کم		
6	2		his box If the organization discontinued its operations or disposed	or more th	1 . 1	net assets.
ಹ	3		of voting members of the governing body (Part VI, line 1a)		. 3	14
ies	4		of independent voting members of the governing body (Part VI, line 1b))		14
Activities	5		mber of individuals employed in calendar year 2012 (Rart V, line 2a)		. 5	6
Ş	6	Total nur	mber of volunteers (estimate if necessary)		. 6	0
•	7a	Total unr	related business revenue from Part VIII, column (9), line (2)		. 7a	0
	b	Net unre	lated business revenue from Part VIII, column (4), line 34		. 7b	0
		-	, rea	/Prior	Year	Current Year
a)	8		tions and grants (Part VIII, line 1h)	70/	523,065	531,791
Ž	9		service revenue (Part VIII, line 2g)	2	0	14,688
Revenue	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)	/	1,817	1,100
æ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	######################################	42,405	36,945
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<i>)</i> /	567,287	584,524
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		6,650	
	14		paid to or for members (Part IX, column (A), line 4)		0,030	6,700
	1					0
šes	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		231,148	219,574
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)		0	0
봈	b		draising expenses (Part IX, column (D), line 25)			All and the second seco
ш	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		255,354	319,331
	18	•	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		493,152	545,605
	19	Revenue	less expenses. Subtract line 18 from line 12	ļ. <u></u>	74,135	38,919
Net Assets or	3			Beginning of	Current Year	End of Year
Set	20		sets (Part X, line 16)		399,805	450,191
ŽŽ.	21		oilities (Part X, line 26)	ļ	72,974	84,441
		Net asse	ets or fund balances. Subtract line 21 from line 20	<u> </u>	326,831	365,750
P	art II	Signa	ture Block			
U	nder pen	alties of perju	ury, I declare that I have examined this return, including accompanying schedules and sta	tements, and	to the best of my	knowledge and belief, it is
tru	ue, correc	ct, and comp	elete. Declaration of preparer (other than officer) is based on all information of which prepare	rer has any kn	owledge	1
		TX	MADULA DOTONOL		10/29	12
Si	gn	Sign	nature of officer		Date	/
	ere		Shell Jekestel. Treasurer			
		TVD	e or print name and title			
				Date		PTIN
	aid		1 1 1 1 h		Check L	IT
	repare	31 <u></u>		10/21/2013		oyed P01370749
U	se On				Firm's EIN ► 41	
			address ▶ 600 25TH AVE S #102 ST CLOUD MN 56301		Phone no 320-	
Ma	ay the l	HS discus	s this return with the preparer shown above? (see instructions)			. 🗵 Yes 🗌 No

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED FEB 2 1 2014

Form 99		<u></u>	Page 2
Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		· · <u>L</u>
·	TO MAKE PUBLIC THE VIEWS AND OBJECTIVES OF DAIRY PRODUCERS IN MINNESOTA BY LOBBYING AT THE S FEDERAL LEGISLATURES FOR LAWS THAT STABILIZE WHOLESALE MILK OR PRODUCER PRICING AND/OR PERTA PRODUCERS		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		
3	prior Form 990 or 990-EZ?	☐ Yes	
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allothe total expenses, and revenue, if any, for each program service reported.	, as mea	sured by
4a	(Code:) (Expenses \$ 497,521 including grants of \$ 6,700) (Revenue \$)
4b	PUBLIC EDUCATION-MAKE PUBLIC THE VIEWS AND OBJECTIVES OF DAIRY PRODUCERS IN MINNESOTA IN AN STABILIZE THE INDUSTRY (Code:) (Expenses \$ including grants of \$) (Revenue \$)	EFFORT	TO
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$
 4e Total program service expenses ► 49

497,521

) (Revenue \$

Devilia Chaptilia of Demilia Cabadula					
Part IV Checklist of Required Schedules	Part IV	Checklist	of Requi	ired S	chedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
_	•	1	 _	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
4	candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		х
•	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	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	i l		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		<u> </u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	°		X_
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		X
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	(3/3),		
а	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		3 2	AP.
а	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		X
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	The state of the s			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		X
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13		Х
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		V
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		-	Х
19		18	х	
13	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20 a		20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	\vdash		Х
	in 165 to line 20a, did the organization attach a copy of its addited infancial statements to this feturn?	20b	. 000	(0040)

Part IV	^1 I - I' - A .	of Required Schedules	
	(DOCKHET /	N MANUIFAN SCHANIUG	: ICONTINUICAI
	CHECKHOL	n Neuulieu Scheuules	

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		x
b b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		х
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a 28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
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? <i>If "Yes," complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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? <i>If "Yes," complete Schedule R</i> , <i>Part VI</i>			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	37	x	Х
_			n 990	(2012)

t Form 99	0 (2012)			Page
Part				uge
	Check if Schedule O contains a response to any question in this Part V			. г
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 22			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			3 :
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ىگەرد
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		Ž2	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	İ		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	İ		
_	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ► N/A			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	2.0	le s	8,000
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C So	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	↓
6a		0-		
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X	-
	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	6D	X	
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a	i	Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 	├^
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	··-		\vdash
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year		7	Â
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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		άς.	No.
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		÷,	. ;;;
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		ćo	
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b N/A		N.	1
44	Section 501(c)(12) organizations Enter:		_	

12a

13

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O S	ee ins	tructi	ons.
04	Check if Schedule O contains a response to any question in this Part VI			<u>. x</u>
Section	on A. Governing Body and Management			
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.		Yes	No
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	x	
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	5 6	х	x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a 7b	X	
8 a	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?	8a		
ь 9	Each committee with authority to act on behalf of the governing body?	8b	X	
04	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L ,	х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C) r
100	Did the organization have local chapters, branches, or affiliates?		Yes	No
10a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b	_	Х
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	x x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13 14 15	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?	13 14	X X	
a b 16a	The organization's CEO, Executive Director, or top management official	15a 15b	X	
	with a taxable entity during the year?	16a 16b		X
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed MINNESOTA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	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 and financial statements available to the public during the tax year.		•	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► LIZ PURCELL 108 MARTY DR BUFFALO MN 55313 763-355-9697	of the	!	

Page	7
·ugo	

Form 990 (2012)

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

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

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

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

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

☐ Check this box if neither the organization	ion nor any relate	d org	aniz	atıo	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	Pos eck s pe d a d	more rson irect	e than o	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GEORGE BAKEBERG	1									
DIRECTOR		×	l					650	o	0
(2) GREG BLAINE	3				l					
DIRECTOR		x	}					2,150	0	0
(3) JOSEPH BORGERDING	1					1	İ	,,,,,,,		<u>~</u>
DIRECTOR		x						950	0	0
(4) GREG JANS	5				T					-
DIRECTOR		х			1			4,850	0	0
(5) GARRETT LUTHENS	2						Π			
DIRECTOR		x				i	1	1,850	0	0
(6) ROGER PETERS	3									
DIRECTOR		x	}					2,050	0	0
(7) DENNIS RITTER	2									
DIRECTOR		x						1,850	0	0
(8) RICK SMITH	3									
DIRECTOR		х	l	<u> </u>		<u> </u>	<u> </u>	2,500	0	0
(9) KRISTINE SPADGENSKE	3									
DIRECTOR		х						2,100	0	0
(10)BRUCE STONE	2	}								
DIRECTOR		x	<u> </u>					1,200	0	0
(11)MICHAEL WHITE	2									
DIRECTOR		х	l			<u> </u>		1,550	0	0
(12) PATRICK LUNEMANN	8									
PRESIDENT				х				6,900	0	0
(13) DAVID BUCK	4									
VICE PRESIDENT				х	<u>L</u>			3,850	0	0
(14) SHELLY DEPESTEL	3]								
TREASURER				х				2,050	0	0

	(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	Pos eck s pe d a d	more rson rect	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	ARIANNE PETERSON	3			х				2,150	0	
(16)									2,130	0	(
(17)								_			
(18)											
(19)											
(20)											
(21)			ļ								
(22)								-			
(23)											
(24)											
(25)											
1b c	Sub-total	VII, Sectio	n A					>	36,650		
d 2	Total (add lines 1b and 1c)	not limited		nose	list	ted	above	•	36, 650 ho received m		
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete S</i>	ficer, direc	tor, c	or tr	uste	ee,	key e	emp	oloyee, or high	•	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual										he
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or individu	ual Anni III
	n B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization. Repyear.	compensat oort compe	ed inc ensation	depe	end or th	ent ne c	contr alend	acto ar y	ors that receive rear ending wit	ed more than \$1 h or within the o	00,000 of organization's tax
	(A) Name and business add	ress							(B) Description of s	ervices	(C) Compensation
NONE											
			<u>-</u>								
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed ab	ove) who	

e

12

Total. Add lines 11a-11d

Total revenue. See instructions. .

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII. . (B) Related or (C) Unrelated (D) Revenue (A) Total revenue exempt business excluded from tax under sections 512, 513, or 514 revenue Grants 1a and Other Similar Amounts Federated campaigns . . . 1a Membership dues . . . 1b 531,791 Fundraising events 1c Gifts, 100 Related organizations . . . 1d Government grants (contributions) 1e Contributions, All other contributions, gifts, grants, 4 ٽ_يٽ_ي, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ 1-01 Total. Add lines 1a-1f . . . 791 531. Program Service Revenue **Business Code** 900099 2a EQA INCOME 14,688 14,688 All other program service revenue. Total. Add lines 2a-2f g 14,688 Investment income (including dividends, interest, 3 and other similar amounts) 1,050 1,050 Income from investment of tax-exempt bond proceeds ▶ 4 5 Royalties (i) Real (II) Personal Gross rents 6a Less: rental expenses Rental income or (loss) C đ Net rental income or (loss) (ii) Other 7a Gross amount from sales of (i) Securities assets other than inventory 50 Less: cost or other basis and sales expenses . Gain or (loss) . . C 50 Net gain or (loss) . . 50 50 Other Revenue Gross income from fundraising 86 events (not including \$ of contributions reported on line 1c) See Part IV, line 18 165,269 5.00 Less: direct expenses b 136,341 Net income or (loss) from fundraising events . 28,928 28,928 Gross income from gaming activities. See Part IV, line 19 Less: direct expenses b Net income or (loss) from gaming activities . . C 0 10a Gross sales of inventory, less returns and allowances . . Less: cost of goods sold . . . Net income or (loss) from sales of inventory . **Business Code** Miscellaneous Revenue 11a MEET AND GREET LEGISLATORS 900099 2,463 2,463 b 900099 MISCELLANEOUS 5,554 5,554 All other revenue

8,017

22,755

584,524

29,978

	Statement of Functional Expenses in 501(c)(3) and 501(c)(4) organizations must con	mplete all columns. /	All other organizatio	ns must complete co	olumn (A).
	Check if Schedule O contains a respon-	se to any question i	in this Part IX		
	ot include amounts reported on lines 6b, 7b, o, 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				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	6,700	6,700		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16			See.	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	20,468	18,421	2,047	
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	167,264	150,538	16,726	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,770	3,393	377	
9	Other employee benefits	10,497	9,447	1,050	
10 11	Payroll taxes	17,575	15,817	1,758	
'' a	Management	27,558	24,802	2,756	
b	Legal	5,090	4,581	509	
C	Accounting	3,190		3,190	
d	Lobbying	33,600	33,600	ECOCOTA SE SONA COMPANI	
e 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.)	3,813	3,813		
12	Advertising and promotion	22,346	22,346		
13	Office expenses	5,400	4,860	540	
14 15	Information technology	14,449	13,004	1,445	
16	Occupancy	14,734	13,261	1,473	
17	Travel	83,987	75,588	8,399	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		,		
19	Conferences, conventions, and meetings .				
20 21	Interest				
22	Depreciation, depletion, and amortization .	6,172	5,555	617	
23	Insurance	4,460	4,014	446	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	DIRECTORS' EXPENSES	36,650	32,985	3,665	<u> </u>
b	POSTAGE	5,296	4,766	530	
C	PRINTING	20,488	18,439	2,049	
d	CONTRIBUTIONS/SPONSORSHIPS	14,225	14,225		
e 25	All other expenses SCHEDULE O Total functional expenses. Add lines 1 through 24e	17,873 545,605	17,366 497,521	507 48,084	
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)	343,603	4377,321	40,004	

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part	X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	112,437	1	145,840
İ	2	Savings and temporary cash investments	264,954	2	266,004
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
ıts		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	See See See	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
4	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	6,192	9	24,277
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 60, 283			4 6.00
	b	Less: accumulated depreciation 10b 46,213	16,222	10c	14,070
	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)	399,805	16	450,191
	17	Accounts payable and accrued expenses	9,291	17	10,852
	18	Grants payable		18	
	19	Deferred revenue	63,683	19	73,589
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	•	21	-
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
iab		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	·
	26	Total liabilities. Add lines 17 through 25	72,974	26	84,441
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.		1.3	144 144 144 144 144
ם	27	Unrestricted net assets	326,831	27	365,750
Ba	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and complete lines 30 through 34.		Şê	
ts (30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Å	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Net Assets	33	Total net assets or fund balances	326,831	33	365,750
_	34	Total liabilities and net assets/fund balances	399,805	34	450,191
					5 000 (0010)

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

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

Schedule O.

2c

3a

3b

Form 990 (2012)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

	of organization	inizations Complete Part III		Employer iden	tification number
	· ·				itilication number
Part	SOTA MILK PRODUCERS AS	SOCIATION e organization is exempt unde	or coation EO4/a	41-1469481	
	***************************************	the organization's direct and indire			organization.
1 2					
3					
3	volunteer nours			• • • • • • •	
Part		e organization is exempt und		<u> </u>	
1		excise tax incurred by the organiza			
2	-	excise tax incurred by organization	•		
3		ed a section 4955 tax, did it file For			🗌 Yes 🗌 No
4a					Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1		ly expended by the filing organiz		•	
2		filing organization's funds contrib			
	527 exempt function activ	vities			
3	Total exempt function e	expenditures. Add lines 1 and 2.	Enter here and	on Form 1120-POL,	
	line 17b			\$	
4	Did the filing organization	n file Form 1120-POL for this year	?		. Yes No
5	Enter the names, address	ses and employer identification nur	nber (EIN) of all se	ection 527 political organi	zations to which the filing
	organization made payme	ents. For each organization listed,	enter the amount	paid from the filing organi	zation's funds. Also enter
	the amount of political co	ontributions received that were pro-	mptly and directly	delivered to a separate p	olitical organization, such
	as a separate segregated	fund or a political action committee	e (PAC). If additio	nal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
(1)					
					<u> </u>
(2)					
(3)					
(4)					
(5)					
(6)					
					

chedule	c	/Form	990	or t	990.	F۷۱	2012	
Cliedale	·	(FUIIII	990	U	990-	ᄯ	20,12	

Page 2

OCITE	dule o (1 oill 330 of 330-LZ) 20,12					Page 4
	t II-A Complete if the organization section 501(h)).				•	ection under
A	Check ► ☐ if the filing organization bel name, address, EIN, exper					oup member's
В	Check > if the filing organization che				•	
	Limits on Lobb	ying Expendit	ures		(a) Filing	(b) Affiliated
	(The term "expenditures" me	eans amounts	paid or incurred.)	organization's totals	group totals
1	a Total lobbying expenditures to influence	public opinion	(grass roots lobby	ıng)		
	b Total lobbying expenditures to influence	a legislative bo	dy (direct lobbying	a)		
	Total lobbying expenditures (add lines 1	a and 1b) .				
	d Other exempt purpose expenditures .					
	e Total exempt purpose expenditures (add					
	f Lobbying nontaxable amount. Enter to columns.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	t is:		
	Not over \$500,000	 //	nount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000		10% of the excess			
	Over \$1,500,000 but not over \$17,000,000		5% of the excess or			
	Over \$17,000,000	\$1,000,000.				
	g Grassroots nontaxable amount (enter 25	% of line 1f)				in the state of th
	h Subtract line 1g from line 1a. If zero or le	ess, enter -0-				
	Subtract line 1f from line 1c. If zero or le	ss, enter -0-				
	j If there is an amount other than zero	on either line	1h or line 1i, did	the organization	file Form 4720	
	reporting section 4911 tax for this year?	·				Yes No
	(Some organizations that ma columns below.	de a section 5 See the instru	ctions for lines 2a	not have to com through 2f on p		e
	Lobbying	Expenditures	During 4-Year Av	eraging Period	1	
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2	a Lobbying nontaxable amount			-		
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures		ļ			

Schedule C (Form 990 or 990-EZ) 2012

Part	II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
For ea	ach "Y	es" response to lines 1a through 1i below, provide in Part IV a detailed description	(8	a)		(b)	
of the	lobby	ing activity.	Yes	No	A	moun	t
1	legisla	the year, did the filing organization attempt to influence foreign, national, state or local tion, including any attempt to influence public opinion on a legislative matter or ndum, through the use of:					
а	Volunt	eers?					
b		taff or management (include compensation in expenses reported on lines 1c through 1i)?			A.	1 .5 % 1 .5 %	
C		advertisements?					
d		gs to members, legislators, or the public?					
e		ations, or published or broadcast statements?					
f		s to other organizations for lobbying purposes?		 			
g		contact with legislators, their staffs, government officials, or a legislative body?					
h :		demonstrations, seminars, conventions, speeches, lectures, or any similar means? activities?	-				
:			N. N.				
J 2a		Add lines 1c through 1i		3			ŽŠESA.
b		s," enter the amount of any tax incurred under section 4912	7.7			. 3.6	<u> </u>
C		s," enter the amount of any tax incurred by organization managers under section 4912		3			
d		iling organization incurred a section 4912 tax, did it file Form 4720 for this year?			1 200		\$0.9\$.1
Part		Complete if the organization is exempt under section 501(c)(4), section 501(c))(5). ((Mariana)
		501(c)(6).	Д•,, ч	,, 00,	J		
			•			Yes	No
1	Were	substantially all (90% or more) dues received nondeductible by members?			1		x
2		e organization make only in-house lobbying expenditures of \$2,000 or less?			2		x
3	Did th	e organization agree to carry over lobbying and political expenditures from the prior year? .			3		х
Part		Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O answered "Yes."				line 3	3, is
1 2	Section	assessments and similar amounts from members in 162(e) nondeductible lobbying and political expenditures (do not include amounts al expenses for which the section 527(f) tax was paid).	of	1		53	1,79
а	Currer	ntyear		2a		3	3,60
b	Carry	over from last year	•	2b			
C	Total			2c		3	3,60
3	Aggre	gate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3		10	6,35
4	exces	ces were sent and the amount on line 2c exceeds the amount on line 3, what portion of s does the organization agree to carryover to the reasonable estimate of nondeductible lobb olitical expenditure next year?	ying	4			
5	Taxab	le amount of lobbying and political expenditures (see instructions)		5			
Part		Supplemental Information					
		s part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; lete this part for any additional information.	Part II	⊦A; ar	ıd Part	II-B,	line
							·
							
					-		
						- -	

	orm 990 or 990-EZ) 2012	Page 4
Part IV	Supplemental Information (continued)	·-·
		•
		·
		-

SCHEDULE D (Form 990)

Supplemental Financial Statements

ed "Yes," to Form 990, 1d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047
2012

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

Open to Public Inspection

Employer Identification number

	SOTA MILK PRODUCERS ASSOCIATION	41-1469481
Par	Organizations Maintaining Donor Advised Funds or O	ther Similar Funds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised	funds (b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year) .	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing funds are the organization's property, subject to the organization's exception of the organization	
6	Did the organization inform all grantees, donors, and donor advisors only for charitable purposes and not for the benefit of the donor or conferring impermissible private benefit?	in writing that grant funds can be used lonor advisor, or for any other purpose
Par	t II Conservation Easements. Complete if the organization	answered "Yes" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check	
	☐ Preservation of land for public use (e.g., recreation or education)	Preservation of an historically important land area
	☐ Protection of natural habitat	Preservation of a certified historic structure
	☐ Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conservation
	easement on the last day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure inc	
d	Number of conservation easements included in (c) acquired after historic structure listed in the National Register	8/17/06, and not on a 2d
3	Number of conservation easements modified, transferred, released, extax year ►	
4 5	Number of states where property subject to conservation easement is Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it holds?	ic monitoring, inspection, handling of
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfo	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing \$\Bigsec\$	conservation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy (i) and section 170(h)(4)(B)(ii)?	the requirements of section 170(h)(4)(B) • • • • • • • • • • • • • • • • • • •
9	In Part XIII, describe how the organization reports conservation easembalance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements.	nents in its revenue and expense statement, and
Par	Organizations Maintaining Collections of Art, Historic	
	Complete if the organization answered "Yes" to Form 990	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), works of art, historical treasures, or other similar assets held for pupublic service, provide, in Part XIII, the text of the footnote to its finance	ublic exhibition, education, or research in furtherance of
b	If the organization elected, as permitted under SFAS 116 (ASC 958 works of art, historical treasures, or other similar assets held for pupulic service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasure following amounts required to be reported under SFAS 116 (ASC 958)	
а	Revenues included in Form 990, Part VIII, line 1	•
<u>b</u>	Assets included in Form 990, Part X	<u> </u>

Schedu	ule D (Form 990) 2012										_
	18 D (1 01111 930) 2012										Da 2
	t III Organizations Maintaining	Collec	ctions of Art	Ні	storical T	reactires	or Ot	her Similar A	cote /		Page 2
3	Using the organization's acquisition,										
	collection items (check all that apply):		on, and other		, onco	it dily or til	101101	virig triat are a .	ngi iinca	iii use	OI ILS
а	☐ Public exhibition			d	□ Loan	or exchang	a prod	rame			
b	Scholarly research			e	☐ Other						
	☐ Preservation for future generations	_		е	☐ Other						
С 4	Provide a description of the organiza		allastiana and	01/0	lain haw th	ou further	the ere	onization'o ava	nnt nur	i	n Dad
4	XIII.	ILION S C	onections and	exp	iain now ti	ley furtifier	trie org	janization s exe	ript pur	pose i	n Pan
_		!! . !4				hinkawinal A					
5	During the year, did the organization assets to be sold to raise funds rather										- ,
					·					Yes [
Par	t IV Escrow and Custodial Arra	_	•		_	anization	answe	rea "Yes" to F	orm 99	u, Par	t IV,
	line 9, or reported an amour								 		
1a										_	
	included on Form 990, Part X?									Yes [_ No
b	If "Yes," explain the arrangement in P	Part XIII a	and complete	the f	ollowing ta	able:					
								<i>F</i>	mount		
С	Beginning balance						10	;			
d	Additions during the year						10	l			
е	Distributions during the year						1e	1			
f	Ending balance						11				
2a	Did the organization include an amou	int on Fo	orm 990, Part	X, lir	e 21? .					Yes [☐ No
b	If "Yes," explain the arrangement in P	art XIII.	Check here if	the (explanation	n has been	provide	ed in Part XIII .		. [
Pai	t V Endowment Funds. Comp	lete if th	ne organizati	on a	nswered	"Yes" to F	Form 9	90, Part IV, lin	1 0.		
		(a) Cı	urrent year	(b) P	nor year	(c) Two yea	rs back	(d) Three years bad	k (e) Fo	our years	back
1a	Beginning of year balance										-
b	Contributions										-
С	Net investment earnings, gains, and						·				•
	losses								_		
d	Grants or scholarships									_	
е	Other expenditures for facilities and										
	programs		1								
f	Administrative expenses						•				_
g	End of year balance										
2	Provide the estimated percentage of	the curr	ent year end b	oalar	ice (line 1g	, column (a	a)) held	as:		. ''	
а	Board designated or quasi-endowme	ent 🕨	%	•							
b	Permanent endowment ▶	%									
С	Temporarily restricted endowment ▶	•	%								
	The percentages in lines 2a, 2b, and	2c shou	ild equal 100%	ó.							
3a	Are there endowment funds not in th	ne posse	ession of the o	orgai	nization tha	at are held	and ad	ministered for t	ne		
	organization by:									Yes	No
	(i) unrelated organizations								3a(
	(ii) related organizations								3a(
b	If "Yes" to 3a(ii), are the related organ								3b		
4	Describe in Part XIII the intended use										
	t VI Land, Buildings, and Equi								•		,
لنجم	Description of property		(a) Cost or other			or other basis	(c)	Accumulated	(d) P	ook valu	
	F		(investment)		1	ther)	, , ,	epreciation	, -		-
	Land				-		3:582				
		·					Sand Call Contract	200			

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

1,580

12,490

2,460

43,753

4,040

56,243

(a) Description of exacutry or category (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Cost	Part VII	Investments—Other Securitie	s. See Form 990, Part)	(, line 12.
(2) Closely-held equity interests	((b) Book value	
(3) Other (A) (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				
(G) (G) (G) (G) (G) (G) (G) (G) (G) (G)	(3) Other		- 	
(C) (C) (C) (C) (C) (C) (C) (C) (C) (C)				
(5) (6) (7) (8) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				
(E) (F) (G) (G) (P) (Dobal, Column (b) must equal Form 990, Part X, col. (B) line 12) ▶ Part VIII Investments — Program Related. See Form 990, Part X, line 13.				
(F) (G) (F) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D				
(6) (6) (7) (8) (9) (9) (9) (9) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (19) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (19) (19) (19) (10) (10) (10) (10) (10) (10) (10) (10				
(++++++++++++++++++++++++++++++++++++				
Total (Column (b) must equal Form 990, Part X, col. (B) line 12.)			-	
Investments	(I)	·	-	
(a) Description of investment type (b) Book value Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) (5) (6) (7) (8) (9) (9) (10) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Labilities. See Form 990, Part X, col. (B) line 15.) Part X Other Labilities. See Form 990, Part X, col. (B) line 15. Part X Other Labilities. See Form 990, Part X, col. (B) line 15. (6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Labilities. See Form 990, Part X, col. (B) line 15.) (a) Description of lability (b) Book value (1) Foderal income taxes (2) (3) (4) (5) (6) (6) (7) (8) (9) (10) (10) (11) (11) (12) (13) (14) (5) (6) (6) (7) (8) (9) (10) (11) (11) (12) (13) (14) (5) (6) (6) (7) (7) (8) (9) (10) (11) (11) (12) (13) (14) (5) (6) (6) (7) (7) (8) (9) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (10) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (10) (10) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (18) (18) (18) (18) (18) (18	Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.) ▶	•	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (f) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶ Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (f) Federal income taxes (2) (3) (4) (5) (6) (7) (7) (8) (9) (10) (17) (8) (9) (10) (10) (10) (10) (11) (10) (11) (11	Part VIII	Investments - Program Relate	ed. See Form 990, Part	X, line 13.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (7) (8) (9) (10) Total, (Column (a) must equal Form 990, Part X, col. (B) line 25.) (a) (b) Book value (c) (d) (d) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f		(a) Description of investment type	(b) Book value	
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.] Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description (b) Book value (1) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.] Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of Instituty (b) Book value (7) (8) (9) (10) (17) (8) (9) (10) (17) (18) (9) (10) (10) (11) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (10) (10) (11) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (10) (10) (11) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (10) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (10) (11) (17) (17) (18) (19) (19) (10) (11) (17) (18) (19) (19) (19) (10) (11) (17) (18) (19) (19) (19) (10) (11) (17) (18) (19) (19) (19) (19) (10) (11) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	(1)			
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, ine 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (3) (4) (5) (6) (7) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶ Part X Other Liabilities. See Form 990, Part X, ine 25. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11) (11) (10) (11) (11) (11				
(6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of Inability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11) Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col. (β) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (β) line 15.) ▶ Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (b) line 15.) ▶				
(9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
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.)				
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		(b) must equal Form 990, Part X, col. (B) line 13.) ▶	>	SECTION OF THE PROPERTY OF THE
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	Part IX	Other Assets. See Form 990, F		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶ Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			(a) Description	(b) Book value
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶ Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶ Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of hability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	•			
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶ Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			-	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶ Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	Part X			
(2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		· · · · · · · · · · · · · · · · · · ·	(b) Book value	
(3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		Il income taxes		
(4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
, ,				organization's financial statements that reports the organization's

	e D (Form 990) 2012 , , ,			Page 4
Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements		1	720,865
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a	and the same of th	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 136,34	1	
е	Add lines 2a through 2d		2e	136,341
3	Subtract line 2e from line 1		3	584,524
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i		301,321
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	^
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	5	594 524
Part			1 - 1	584,524
1	Total expenses and losses per audited financial statements	· · · · · · · · · · · · · · · ·	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			681,946
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d	<u> </u>	-	
3	Subtract line 2e from line 1		2e	136,341
4			3	545,605
=	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C				0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5	545,605
Part				
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b	9; Part III, lines 1a and 4; b. Also complete this part	Part IV, lines 1 to provide any	b and 2b; additional
inform	ation.			
PART	XI LINE 2d, PART XII LINE 2d		•••••	
DIR	ECT EVENT EXPENSES 136,341			
	150) 54 EN EN EN EN EN EN EN EN EN EN EN EN EN			
	······································			

Schedule D (Fo	rm 990) 2012 ••	Page 5
Part XIII	Supplemental Information (continued)	
		
		·
		•••
		
		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, Ilnes 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

<u> INNE</u>	SOTA MILK PRODUCERS ASSOCIA					41-1469481				
Part	Fundraising Activities	•	•		rered "Yes" to Fo	orm 990, Part IV, li	ne 17.			
	Form 990-EZ filers are									
1	Indicate whether the organizati	on raised funds t			-	• • •				
а	Mail solicitations		e L		on of non-governi	_				
b	Internet and email solicitation	ons	t L		on of government	_				
C	☐ Phone solicitations		gL	」Special f	fundraising events	;				
d	☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees									
2a										
	or key employees listed in Form	•	•		•	•				
D	If "Yes," list the ten highest pa compensated at least \$5,000 b			draisers) pi	ursuant to agreen	ients under Which tr	e fundraiser is to be			
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization			
			Yes	No						
1]					
2										
3										
4										
5										
6										
7										
8										
J										
9										
10										
Total				<u> </u>						
3	List all states in which the org registration or licensing.	ganization is reg	istered or lic	censed to s	solicit contribution	s or has been notifi	ed it is exempt from			

						_				

Part II

		gross receipts greater than	(a) Event #1	(b) Event #2	(c) Other events	
			DAIRY EXPO	TOURS (event type)	· ·	(d) Total events OPS (add col. (a) through col (c))
Revenue	1	Gross receipts	90,226	67,923	7,120	CONTINUE
Ä	2	Less: Contributions Gross income (line 1 minus				
		line 2)	90,226	67,923	7,120	CONTINUE
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	6,247			CONTINUE
Expe	7	Food and beverages	2,269			CONTINUE
Direct	8	Entertainment	4,850			CONTINUE
	9	Other direct expenses .	40,391	66,840	9,815	CONTINUE
Pa	10 11	Direct expense summary. Add Net income summary. Combin Gaming. Complete if the	ne line 3, column (d), a	nd line 10	▶ ▶	CONTINUES CEPORTED MORE
		than \$15,000 on Form 99				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
uses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .	- Van	- N		
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes %	
	7	Direct expense summary. Add	d lines 2 through 5 in co	olumn (d)		
	8	Net gaming income summary	. Combine line 1, colum	nn d, and line 7	<u></u> >	
	a Is		erate gaming activities			· · Pes No
10		Vere any of the organization's ga	aming licenses revoked	, suspended or terminat	ted during the tax year?	

Pa	rt II	Fundraising Events. Com than \$15,000 of fundraisin gross receipts greater that	g event contributions a			
			(a) Event #1 OTHER (event type)	(b) Event #2	(c) Other events	(d) Total events (add coi (a) through coi (c))
Revenue	1	Gross receipts	0			165,269
<u></u>	2	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs		· · · · · · · · · · · · · · · · · · ·		6,247
Direct Expenses	7	Food and beverages				2,269
Direct	8	Entertainment				4,850
	9	Other direct expenses .	5,929			122,975
Pa	10 11 rt	Direct expense summary. Ad Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 99	ine line 3, column (d), a c organization answer	nd line 10		(136,341) 28,928 reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Reve	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .				2307
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	Yes %	
	7	Direct expense summary. Ad	ld lines 2 through 5 in co	olumn (d)		()
	8	Net gaming income summary	y. Combine line 1, colun	nn d, and line 7		
ç	a Is	nter the state(s) in which the or the organization licensed to op "No," explain:		in each of these states		
10		Vere any of the organization's g "Yes," explain:	aming licenses revoked	•	,	

Schedu	le G (Form 990 or 990-EZ) 2012		Page 3
11	Does the organization operate gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	☐ No
13	Indicate the percentage of gaming activity operated in:	∟ res	∐ ио
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	∐ les	□ 140
С	If "Yes," enter name and address of the third party:		
	Name ►		·
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶	•	••••
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	□Yes	□No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		_ 140
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, I columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also co part to provide any additional information (see instructions).	line 2b, implete th	nis
			·
			

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Othe Governments, and

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.

2012 OMB No 1545-0047

Open to Public Inspection

► Attach to Form 990.

_	
tioi	F
eci	Ē
nspecti	Ę
<u>.=</u>	ification number
	7
	idel
	ployer ider
	ď
	Ш

Schedule I (Form 990) (2012) **2** □ Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance □ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 41-1469481 (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable General Information on Grants and Assistance the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. (p) EIN MINNESOTA MILK PRODUCERS ASSOCIATION 1 (a) Name and address of organization or government Name of the organization Part II Part | E 2 <u>ල</u> € 3 8 13 9 8 <u></u> 9 (12)

Page 2

Schedule I (Form 990) (2012)

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. N/A (e) Method of valuation (book, FMV, appraisal, other) 0 N/A (d) Amount of non-cash assistance 6,700 (c) Amount of cash grant Part III can be duplicated if additional space is needed 21 (b) Number of recipients (a) Type of grant or assistance 1 SCHOLARSHIPS Part IV Part III S ဖ

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Inspection

Name of the organization	Employer identification number
MINNESOTA MILK PRODUCERS ASSOCIATION 4	41-1469481
PART VI LINE 6, 7a, AND 7b	
THE ASSOCIATION HAS MEMBERS WHO VOTE FOR DIRECTORS SERVING ON THE BO	OARD OF DIRECTORS AND WHO
VOTE ON DECISIONS OF THIS GOVERNING BODY, AS DEEMED APPROPRIATE BY THIS	S BODY.
PART VI LINE 11a	
THE 990 IS REVIEWED BY THE BOARD OF DIRECTORS AT A MEETING OF THE DIREC	TORS AND APPROVED FOR
FILING BY THE DIRECTORS PRIOR TO FILING.	
	·····
PART VI LINE 12c	
THE ASSOCIATION REQUIRES EACH CONTINUING DIRECTOR, OFFICER AND STAFF M	MEMBER TO SIGN A CONFLICT
OF INTEREST STATEMENT ANNUALLY. NEW DIRECTORS, OFFICERS AND STAFF MEM	MBERS ARE REQUIRED TO SIGN
THIS DISCLOSURE UPON BEING ELECTED/APPOINTED OR HIRED. THE DISCLOSURE	E STATEMENT INCLUDES A
STATEMENT REQUIRING THESE PERSONS TO DISCLOSE ANY POTENTIAL CONFLICTS	THEY BECOME AWARE OF
TO THE PRESIDENT ON AN ONGOING BASIS, AS THEY BECOME AWARE OF THEM.	
PART VI LINE 15a	
THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS RECOMMENDED TO THE BOA	ARD OF DIRECTORS BY THE
EXECUTIVE COMMITTEE OF THE BOARD. NO PERSONS WITH CONFLICTS OF INTERE	EST WITH RESPECT TO THE
COMPENSATION ARRANGEMENT ARE INVOLVED IN THE REVIEW AND APPROVAL OF	COMPENSATION. FINAL
APPROVAL IS GIVEN BY THE BOARD OF DIRECTORS. THE COMPENSATION OF THE E	EXECUTIVE DIRECTOR IS
REVIEWED AND APPROVED ANNUALLY, USING DATA AS TO COMPARABLE COMPENSA	ATION FOR SIMILARLY
QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITU	UATED ORGANIZATIONS,
TAKING INTO CONSIDERATION THE BUDGET CONSTRAINTS OF THE ASSOCIATION.	

Name of the organization			Employer identification num	rage Z
MINNESOTA MILK PRODUCERS ASS	41-1469481	Der		
PART VI LINE 19	•			
THE ASSOCIATION MAKES ITS GOV	ERNING DOCUME	NTS, CONFLICT OF I	NTEREST POLICY, AND FINANCIAL	·
STATEMENTS AVAILABLE TO THE F	PUBLIC UPON REQU	JEST.		
PART 1X LINE 24e				
	mom.,	PD00D414	NOVEM (ODV	
	TOTAL	PROGRAM	MGMNT/GEN	
PROJECT EXPENSES	11,000	11,000	0	
DUES AND SUBSCRIPTIONS	1,458	1,312	146	
REGISTRATION	725	725	0	
BANK/CREDIT CARD FEES	2,410	2,111	299	
SCHOLARSHIP EXPENSES	2,218	2,218	0	
MISCELLANEOUS	62	0	62	
TOTAL	17,873	17,366	507	
			·	
	•	·	······································	
	•••••	·		
				
***************************************				************
•				
	•			
•				