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# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Ā	For the	2013 cale	ndar year, or tax year beg	inning	OCTOBER 1	2013, and	ending	SEPTEN	BER 30	, 20 14			
В	Check If	applicable:	C Name of organization MINN	ESOTA MILK	PRODUCEERS ASSOC	IATION			D Employ	er identification number			
	Address		Doing Business As						41-1469	481			
$\Box$	Name ch	•	Number and street (or P.O b	ox if mail is no	delivered to street addres	ss) Ro	om/suite		E Telephone number				
H		•	108 MARTY DRIVE						· ·				
	Initial ret		763-355-9697										
	Termina		City or town, state or province	o, country, are	211 of loreign postal cool	•			• •				
	Amende		BUFFALO MN 55313						G Gross re				
Ш	Applicat	on pending	F Name and address of princip	oal officer: PAT	RICK LUNEMANN					subordinates? Yes X No			
			108 MARTY DRIVE BUFF		5313					s included? 🗌 Yes 🔲 No			
<u></u>	Tax-exe	mpt status:	☐ 501(c)(3) X	501(c) (6	) ◀ (insert no.) 🗌 4947(a	)(1) or 🔲	527	If "N	o," attach a	a list. (see instructions)			
J	Website	: ► www.m	nmilk.org					H(c) Group	exemption	number ► N/A			
K	Form of	organization	Corporation Trust	Association	Other ►	L Year of	formation	1977	M State	of legal domicile MN			
	art I	Summ	nary							<u> </u>			
	<u> </u>	Briefly de	escribe the organization's	s mission or	most significant act	ivities: T	O MAKE	PUBLIC '	THE VIEW	S AND OBJECTIVES OF			
0			RODUCERS IN MINNESOTA										
SI S	1		LE MILK OR PRODUCER F					TODATORE	<u> </u>	AWS THAT STABILIZE			
Ë	2		nis box ▶ ☐ if the organiz	·				more than	25% of	ite not accote			
Š.	2		of voting members of the		•	•			1	1			
Ğ	3		•	•	•	•			3	1			
φ φ	4		of independent voting m							1			
Activities & Governance	5		mber of individuals empl	-	•	•	•		5				
Ę.	6		mber of volunteers (estim		• •				6				
ĕ	7a		related business revenue			2			7a				
	b	Net unre	lated business taxable in	come from			<u> </u>	<u></u>	7b				
	1				RECEIV	البان	1 L	Prior Y	ear	Current Year			
•	8	Contribu	itions and grants (Part VI	ll, line 1h) .					531,791	517,74			
Ž	9	Program	service revenue (Part VI	II, line 2g)	<u>                                      </u>	giā ·	`. [		14,688				
Revenue	10	Investme	ent income (Part VIII, colu			1,100	T						
ă	11	Other rev	venue (Part VIII, column			36,945	<del>                                     </del>						
	12		enue—add lines 8 throug	12) 🗀		584,524							
2014 -	13		nd similar amounts paid	<del>'-'</del>	js', 1	6,700							
2	14		paid to or for members (	<u> </u>	0,700								
$\sim$	146		•	<u> </u>			<del></del>						
⇔ se	15		other compensation, emp	-	• • • • • • • • • • • • • • • • • • • •	), intes 5–	'" ⊢		219,574	<del></del>			
<u>ن</u> ا	16a		onal fundraising fees (Pa						0´				
MAN ®	-   b		ndraising expenses (Part					<u> </u>	<u></u>				
_	117		penses (Part IX, column	• •	•		$\cdot$ $\vdash$		319,331				
CHE.	18		penses. Add lines 13–17			•	·  _		545,605	553,68			
2	19	Revenue	less expenses. Subtrac	t line 18 fror	<u>n line 12</u>	<u> </u>	·		38,919	22,00			
Netrasseta de	8						Be	ginning of C	urrent Year	End of Year			
(8)	[ 20	Total ass	sets (Part X, line 16) .				. [		450,191	466,85			
ĭŞ,	21	Total liab	oilities (Part X, line 26) .						84,441	79,10			
ž,	된 <b>22</b>	Net asse	ets or fund balances. Sub	tract line 21	from line 20		. [		365,750	387,75			
	art II	Signa	ture Block										
- 1	nder pena	<del>-</del> -	ury, i declare that I have examin	ned this return.	including accompanying s	chedules ar	nd stateme	ents, and to	the best of	my knowledge, and belief, it			
			olete Declaration of preparer (of							m, resemble 2 and some, m			
_													
Si	ign	Sign	neture of office		~				ate	<del></del>			
	ere	J. J.g.	0////				•	7/1	100				
1.6		1 750	e or print name and title					77	///	<del></del>			
		17 2.		Date		1	DOTAL						
Р	aid	id Print/Type preparer's name Preparer's signature						3	Check				
Р	repare	BETHA	NY A KETCHUM	13	Jetchu-		10/	29/2014	self-em	ployed P01370749			
	se On	1	name ► SCHMITZ & KET	CHUM PA	<i>I</i>			Fir	m's EIN ▶	41-1771683			
		Firm's	address ► 600 25TH AVE					<u>P</u> h	one no. 32	0-251-7444			
M	ay the II	RS discus	ss this return with the pre	parer show	n above? (see instru	ctions) .				X Yes No			
	r Danes	uark Badi	uction Act Notice see the	congrate inc	tructions		_			Form 990 (201)			

Part			
1	Briefly describe the organization's	lins a response or note to any line in this Part III	· · <u>· </u>
•		OBJECTIVES OF DAIRY PRODUCERS IN MINNESOTA BY LOBBYING AT THE STAT	É AND
•	FEDERAL LEGISLATURES FOR LAW	S THAT STABILIZE WHOLESALE MILK OR PRODUCER PRICING AND/OR PERTAIN	TO MILK
			*
2	Did the organization undertake ar	ny significant program services during the year which were not listed on the	
			Yes ⊠ No
_	If "Yes," describe these new servi	ices on Schedule O.	
3	Did the organization cease con	ducting, or make significant changes in how it conducts, any program	
			Yes 🗓 No
4	If "Yes," describe these changes		
4	expenses. Section 501(c)(3) and	ram service accomplishments for each of its three largest program services, as 501(c)(4) organizations are required to report the amount of grants and allocati	measured by
	the total expenses, and revenue.	if any, for each program service reported.	ons to others
	, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4a	(Code: ) (Expenses \$	502,246 including grants of \$ 7,700 ) (Revenue \$	}
		THE VIEWS AND OBJECTIVES OF DAIRY PRODUCERS IN MINNESOTA IN AN EFF	
	•••••		
4b	(Code: \ (Expenses \$	including grants of \$) (Revenue \$	<u> </u>
		, (revenue v	
4c	(Code: ) (Expenses \$	including grants of \$ ) (Revenue \$	
40	(οσασ) (εχροίδες ψ	) (nevertee \$	'
		•	
A =1	Other program continue (December	a in Sahadula (C.)	
4d	Other program services (Describe (Expenses \$ includes)	uding grants of \$ ) (Revenue \$ )	
4e	Total program service expenses		<del></del>
	TOTAL PROGRAM SELVICE EXPENSES	P 306,630	

?				
Form 99	D (2013)		F	age S
Part I	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	<u> </u>	Yes	No
•	complete Schedule A	1		х
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		Х
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		Х
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		_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, 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	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
	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		х
	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	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			
15		14b		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	ļ	x
.0	assistance to or for foreign individuals? If "Yes." complete Schedule F. Parts III and IV.	16		۱

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) . . . . . .

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

17

18

17

18

19

20a

20b

Form 99	00 (2013)		F	Page 4
Part	Checklist of Required Schedules (continued)			
04	Did the assertion assert was a few 05 000 ft.		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States	21		X
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		X	
	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 25a			
b		24a 24b	_	X
C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	246	-	X
	to defease any tax-exempt bonds?	24c	,	x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		x
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	L	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ŀ		1
	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	054		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b	<b>-</b>	ļ
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, 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			
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
20	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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	001		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b	<del>  -</del> -	Х
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
24	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		1	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	├	X
	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? If "Yes," complete Schedule R, Part I	33		х
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			
35a	or IV, and Part V, line 1	34	<del> </del>	Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a	+	X
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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	T	<u> </u>	

Part		
	Check if Schedule O contains a response or note to any line in this Part V	<del> </del>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   19	Yes No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	
2a		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 21	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<del></del>
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)?	a x
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.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5.	<del>.                                     </del>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5
b	organization solicit any contributions that were not tax deductible as charitable contributions?	a x
	gifts were not tax deductible?	b x
7	Organizations that may receive deductible contributions under section 170(c).	Part and Artificial
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	
	required to file Form 8282?	
d		THE STATE OF
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . 7	<del> </del>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<del></del>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	h
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	
	organization, have excess business holdings at any time during the year?	3
9	Sponsoring organizations maintaining donor advised funds.	
a	Did the organization make any taxable distributions under section 4966?	<del></del>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	0
10 a	Intrinsican face and another constitutions to decided on Paul VIII. Paul 40	<u>.</u>
b	Gross receipts, included on Form 990, Part VIII, line 12	
11	Section 501(c)(12) organizations. Enter:	
а	Gross income from members or shareholders	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	
12a b		la l
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	
а		3a
	Note. See the instructions for additional information the organization must report on Schedule O.	
b	Enter the amount of reserves the organization is required to maintain by the states in which	
	the organization is licensed to issue qualified health plans	
С	Enter the amount of reserves on hand	<b>新聞報 報酬</b>
14a		la x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14	lb

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se			
	Check if Schedule O contains a response or note to any line in this Part VI			
Section	on A. Governing Body and Management	<u>· · ·                                  </u>	<u> </u>	<u> </u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 14			
	If there are material differences in voting rights among members of the governing body, or	17 S.Z. 1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 14			:
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3	х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	_5		х
6	Did the organization have members or stockholders?	6	Х	ļ
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?	_		l
	· · · · · · · · · · · · · · · · · · ·	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	71.		}
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	X	1000
U	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	B - 32 /B3
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	420		}
13	Did the organization have a written whistleblower policy?	12c	X	-
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by		^	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		•	
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► MINNESOTA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(	c)(3)s	only)
	Own website Another's website  Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.			y, and
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•	
	organization: ► LIZ PURCELL 108 MARTY DR BUFFALO MN 55313 763-355-9697			

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Dogo	- 4

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

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

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

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						from	related organizations	(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
(1) GREG BLAINE	2									
DIRECTOR		х						2,050	0	0
(2) JOSEPH BORGERDING	2					-	╁	2,030	0	
DIRECTOR	† <u>-</u> -	x						1,500	0	0
(3) ROBERT DOMBECK	1	<u> </u>					┢┈	1,300		
DIRECTOR	<b></b>	х						1,200	0	0
(4) greg jans	4	<u> </u>	-					1,200		
DIRECTOR	<b></b>	x			l			3,650	0	0
(5) GARRETT LUTHENS	3		$\vdash$	i						
DIRECTOR	<b></b>	х						2,150	0	0
(6) ROGER PETERS	2			_						
DIRECTOR	T	x						1,850	o	0
(7) DENNIS RITTER	1									
DIRECTOR	1	x						500	0	0
(8) CRAIG ROERICK	1									
DIRECTOR	1	x						600	0	0
(9) RICK SMITH	3						ĺ			
DIRECTOR	Ţ	х						2,475	0	0
(10) KRISTINE SPADGENSKE	3									
DIRECTOR	T	х						2,500	0	0
(11) BRUCE STONE	1		1							
DIRECTOR	1	х					1	500	0	0
(12) MICHAEL WHITE	4			Ī						
DIRECTOR	<u> </u>	x		L		Ì		3,200	0	0
(13) PATRICK LUNEMANN	8									
PRESIDENT	<u> </u>	x	L	x	L		L	6,700	0	0
(14) DAVID BUCK	4									
VICE PRESIDENT		x		х			L	3,100	0	0

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	ees	, ar	nd H	lighes	st C	ompensated E	mployees (co	ntinue	ed)	. ago c
	, (A) Name and title	(B) Average hours per week (list any	box, u	ot ch unles r and	s pe	tion more	than of the than the the than the the than the the than the the than the the than the the the than the	an lee)	(D)  Reportable compensation from	(E) Reportable compensation f	rom	(F) Estima amoun othe	ated at of
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		compens from to organize and relations organize	sation the ation ated
	RIANNE PETERSON	3											
	CRETARY ELLY DEPESTEL	3	Х		Х			-	2,350	1	0		0
	REASURER		x		х				2,450		0		
(17)		<b></b>							_				
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)									-				
(25)								<u> </u>					
1b	Sub-total		· ·	<u>.</u>	<u> </u>	<u> </u>		<b>&gt;</b>	36,775		0		(
d	Total (add lines 1b and 1c)							<b>&gt;</b>	36,775		0		
2	Total number of individuals (including bu reportable compensation from the organ	t not limite						e) v	<del></del>		0,000	of	
3	Did the organization list any former of	fficer, direc	ctor, o	or ti	rust	ee,	key	emį	ployee, or higi	hest comper	sated		res No
4	employee on line 1a? If "Yes," complete							•				3	х
4	For any individual listed on line 1a, is the organization and related organizations individual												х
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indi			Х
Section	on B. Independent Contractors												1
1	Complete this table for your five highest compensation from the organization. Re year.												n's tax
	(A) Name and business add	iress							(B) Description of	services	(	(C) Compensat	tion
NONE								+					
								I					
						-		+					
2	Total number of independent contractor received more than \$100,000 of compen							o t	hose listed ab	oove) who			

Part	VIII	Statement of Revenue									
		Check if Schedule O co	ntains a resp	onse or note to	any line in this	Part VIII	<u> </u>	🗆			
	.,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, and similar amounts not include	1b 1c 1d utions) 1e grants, ed above 1f	517,747	;	,					
ont	g h	Noncash contributions included in <b>Total.</b> Add lines 1a-1f.			512 242			,			
		Total. Add lines 1a-11 .	<del>: : : :</del>	Business Code	517,747	<del></del>		<del></del>			
Program Service Revenue	2a b c d e f	All other program service Total. Add lines 2a–2f	e revenue .		0						
	3	Investment income (inc	luding divide	ends, interest,	- 1			<u> </u>			
	4 5	and other similar amount Income from investment of Royalties	tax-exempt bo	•	761			761			
	6a b c d 7a	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (los Gross amount from sales of	o s) (i) Secunties		0						
	b	Less: cost or other basis and sales expenses .  Gain or (loss)	0	0							
	d	Net gain or (loss)		<b>.</b>	0						
Other Revenue		Gross income from fund events (not including \$ of contributions reported of See Part IV, line 18 Less: direct expenses .	on line 1c).	101/222							
0		Net income or (loss) from			54,747			54,747			
	9a	Gross income from gamır See Part IV, line 19	ng activities.		34,747		,				
		Less: direct expenses .			· ·			i 1			
		Net income or (loss) from Gross sales of inver returns and allowances	ntory, less		0	,		!			
	b	Less: cost of goods sold	_		1			1			
	c	Net income or (loss) fron			0						
		Miscellaneous Reve		Business Code				1			
		MEET AND GREET LEGISI		900099	2,406		0	<u> </u>			
	b	MISCELLANEOUS		900099	30	30					
	d e	All other revenue  Total. Add lines 11a–11a			2 426		· · · · · · · · · · · · · · · · · · ·				
	12	Total revenue See instr			2,436						

## Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any lin	ie in this Part IX .		🛚
	t include amounts reported on lines 6b, 7b, b, 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	7,700	7,700	ing the state of t	e e e e e e e e e e e e e e e e e e e
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	184,383	165,945	18,438	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,386	3,049	337	
9	Other employee benefits	2,477	2,229	248	
10	Payroll taxes	16,900	15,210	1,690	
11	Fees for services (non-employees):	24.025	22 212	2.404	
a b	Management	34,236	30,812	3,424	<del></del>
c	Accounting	3,425		3,425	
d	Lobbying	36,700	36,700	0,120	<del></del> .
е	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.)	3,000		3,000	
12	Advertising and promotion	20,485	20,485	3,000	
13	Office expenses	5,122	4,610	512	
14	Information technology	18,517	16,665	1,852	···-
15	Royalties				
16	Occupancy	15,184	13,666	1,518	
17	Travel	95,929	86,336	9,593	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	3.776	3,398	378	
23	Insurance	4,829	4,346	483	
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column			April 2	
	(A) amount, list line 24e expenses on Schedule O.)				
а	DIRECTORS' EXPENSES	36,775	33,097	3,678	
b	POSTAGE	7,408	6,667	741	
С	PRINTING	19,057	17,151	1,906	
d	CONTRIBUTIONS/SPONSORSHIPS	13,490	13,490	<del></del>	
e	All other expenses schedule o	20,908	20,690		
25	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	553,687	502,246	51,441	
26	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 or note to any line in this Part X (A) (B) Beginning of year End of year 1 145,840 166,857 2 2 266,004 266,765 3 3 4 4 n Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 7 7 Inventories for sale or use . . . . . . . . . . . . 8 Prepaid expenses and deferred charges . . . 24,277 19,937 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 61,469 10b b Less: accumulated depreciation . . . . 14,070 10c 13,299 11 Investments - publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 . 12 Investments -- program-related. See Part IV, line 11 . . . . . . . . 13 13 14 14 Other assets. See Part IV, line 11 . . . . . . . . . . . . . . . . . 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . 16 450,191 466,858 17 10,852 17 14,889 18 19 19 73,589 64,215 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 . . . . . 26 26 84.441 79,104 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔯 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . . . . . . . . . . . . 27 349,085 364,410 28 16,665 28 23,344 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . . . . 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 33

Total liabilities and net assets/fund balances . . . . . . . . . . .

387,754

466,858

365,750

450,191

01111 30	0 (2010)				rage iz
Part	XI Reconciliation of Net Assets	-			
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> .		. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	75,691
2	Total expenses (must equal Part IX, column (A), line 25)	2		5	53,687
3	Revenue less expenses. Subtract line 2 from line 1	3		-	22,004
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			65,750
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		ł		
	33, column (B))	10		3	87,754
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	
				Ye	s No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other		<u> </u>		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in		
	Schedule O.				
2a	The same of the sa			а	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or		
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				-
b	Were the organization's financial statements audited by an independent accountant?		·	b x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ed on	i a		1
	·		:		
		<b></b> .	- L- A		
С	of the audit, review, or compilation of its financial statements and selection of an independent acco		_	ł	į
	If the organization changed either its oversight process or selection process during the tax year, e		L	C x	
	Schedule O.	хріаін	III		
32	As a result of a federal award, was the organization required to undergo an audit or audits as se	forth	in		
Jd	the Single Audit Act and OMB Circular A-133?	· iOitii	"   <sub>3</sub>		
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	orgo ti	_	d	X
IJ	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such			h	
					90 (2013
			r	UIIII J	IZU I 3

#### 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

201

Schedule C (Form 990 or 990-EZ) 2013

OMB No. 1545-0047

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.
 ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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.

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

Open to Public Inspection

		on 501(c)(3)) organizations: Complete F	arts I-A and C belo	w. Do not complete Part I-B.	
	ection 527 organizations: Com	•	000 EZ D- 418		
		," to Form 990, Part IV, line 4, or Form			
		that have filed Form 5768 (election und that have NOT filed Form 5768 (electio			
		," to Form 990, Part IV, line 5 (Proxy			
	ection 501(c)(4), (5), or (6) orga		182,01101111990-1	.z., rait v, iiile soc (rioxy ia	A), tilon
Name (	of organization	anzations. Complete Fait III.		Employer iden	tification number
MINNE	SOTA MILK PRODUCERS AS	SOCIATION		41-1469481	
Part		e organization is exempt und	er section 501(		rganization.
1	Provide a description of t	the organization's direct and indire	ct political campa	aign activities in Part IV.	
2	Political expenditures .			▶ \$	
3	Volunteer hours				
Part		e organization is exempt und			
1		excise tax incurred by the organiza			
2		excise tax incurred by organization			
3 4a	Was a correction made?	ed a section 4955 tax, did it file Fo	•	ear?	Yes No
ъъ b	If "Yes," describe in Part				Yes No
Part		e organization is exempt und	er section 501(	c) except section 501	(c)(3)
1		ly expended by the filing organiz			0)(0).
	activities			<b>&gt;</b> \$	
2	Enter the amount of the	filing organization's funds contrib	outed to other org	ganizations for section	
	527 exempt function acti	ivities	<sup>.</sup>	<b>▶</b> \$	
3	Total exempt function eline 17b	expenditures. Add lines 1 and 2		l on Form 1120-POL, ▶ \$	
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes No
5	organization made paymethe amount of political co	ses and employer identification nu- ents. For each organization listed, ontributions received that were pro I fund or a political action committe	enter the amount mptly and directly	paid from the filing organized to a separate part of the part of t	zation's funds. Also enter olitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)			-		
(5)			-		
(6)					

Part	II-A Complete if the organization section 501(h)).	is exempt u	nder section 50	1(c)(3) and filed	Form 5768 (ele	ction under	
A C	heck ► ☐ if the filing organization beloname, address, EIN, expense					up member's	
в С	heck ▶ ☐ if the filing organization che	cked box A a	nd "limited cont	rol" provisions a	pply.		
	Limits on Lobby (The term "expenditures" me				(a) Filing organization's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to influence p	ring expenditures to influence public opinion (grass roots lobbying)					
b	Total lobbying expenditures to influence a	legislative bo	dy (direct lobbying	)			
С	Total lobbying expenditures (add lines 1a	and 1b)					
d	Other exempt purpose expenditures		. <b></b> .				
е	Total exempt purpose expenditures (add					<u> </u>	
f	Lobbying nontaxable amount. Enter the columns.	ne amount fro	om the following	table in both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:			
	Not over \$500,000	20% of the am	ount on line 1e.				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000.			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000.			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	/er \$1,500,000.			
	Over \$17,000,000	\$1,000,000.					
g	g Grassroots nontaxable amount (enter 25% of line 1f)						
h	Subtract line 1g from line 1a. If zero or les	ss, enter -0-					
i	Subtract line 1f from line 1c. If zero or les	•					
j 	If there is an amount other than zero reporting section 4911 tax for this year?		1h or line 1i, did	•		Yes No	
	4-Yea (Some organizations that mad columns below. S	de a section 5		not have to com		<b>;</b>	
	Lobbying	Expenditures	During 4-Year Av	eraging Period			
	Calendar year (or fiscal year	(a) 2010	(b) 2011	(c) 2012	(4) 2012		
	beginning in)		(=, == : :	(0) 2012	(d) 2013	(e) Total	
2a			<b>\-,</b> · · ·	(6) 2012	(0) 2013	(e) Total	
2a	Lobbying nontaxable amount			(6) 2012	(d) 2013	(e) Total	
	Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column (e))			(6) 2012	(0) 2013	(e) Total	
b	Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column (e))  Total lobbying expenditures  Grassroots nontaxable amount			(6) 2012	(0) 2013	(e) Total	
b	Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column (e))  Total lobbying expenditures  Grassroots nontaxable amount			(6) 2012	(0) 2013	(e) Total	
b c	Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column (e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount			(6) 2012	(0) 2013	(e) Total	

Part	I-B Complete if the organization is exempt under section 501(c)(3) and has NOT file (election under section 501(h)).	d F	orm	5768
	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed pition of the lobbying activity.	(a)		(b)
uesci	phon of the lobbying activity.	es	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	1	:	
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
C	Media advertisements?			
d	Mailings to members, legislators, or the public?	$\dashv$		
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?		Í	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	7		
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)	i), o	r se	ction
	501(c)(6).			
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1 X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 X
_ 3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3 x
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes."			
1	Dues, assessments and similar amounts from members		1	517,747
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	of		,
а	Current year	. [	2a	36,700
b	Carryover from last year	. [	2b	
С	Total	. [	2c	36,700
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	. [	3	103,549
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	g	:	-
_	and political expenditure next year?	. [	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	· <u> </u>	5	0
Par				
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group -B, line 1. Also, complete this part for any additional information.	list)	; Pai	t II-A, line 2; and
<b></b>				

	m 990 or 990-EZ) 2013	Page <b>4</b>
Part IV	Supplemental Information (continued)	
·	***************************************	
•		
		***************************************
	***************************************	·
		·

### **SCHEDULE D** (Form 990)

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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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer Identification number

	OTA MILK PRODUCERS ASSOCIATION		41-1469481
Part		or Advised Funds or Other Similar Fu	
	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line 6	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate contributions to (during year) .  Aggregate grants from (during year)		
	Aggregate grants from (during year)		
	Did the organization inform all donors and	donor advisors in writing that the assets	held in donor advised
	funds are the organization's property, subje		
	Did the organization inform all grantees, do	-	
	only for charitable purposes and not for the		
			• •
Part			
	Complete if the organization ansv	vered "Yes" to Form 990, Part IV, line 7	7.
1	Purpose(s) of conservation easements held	by the organization (check all that apply).	
	Preservation of land for public use (e.g.,	recreation or education)   Preservation	of an historically important land area
	<ul> <li>Protection of natural habitat</li> </ul>	☐ Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribu	
	easement on the last day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
b	Total acreage restricted by conservation ea		
C	Number of conservation easements on a ce	• • •	
d	Number of conservation easements include historic structure listed in the National Regis		i i
3	Number of conservation easements modifie		· ·   2d
	tax year ►	a, transferred, released, extinguished, or te	or a constant and organization during the
4	Number of states where property subject to	conservation easement is located ►	
5	Does the organization have a written po		nspection, handling of
	violations, and enforcement of the conserva	ation easements it holds?	· · · · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing conservation	on easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring	, inspecting, and enforcing conservation ea	sements during the year
_	<b>&gt;</b> \$		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
8	Does each conservation easement reported	* * * * * * * * * * * * * * * * * * * *	
•	()		Yes No
9	In Part XIII, describe how the organization r balance sheet, and include, if applicable, the		
	organization's accounting for conservation		illianciai statements that describes the
Part		ections of Art, Historical Treasures,	or Other Similar Assets
		vered "Yes" to Form 990, Part IV, line 8	
	If the organization elected, as permitted ur		The state of the s
	works of art, historical treasures, or other	•	
	public service, provide, in Part XIII, the text	of the footnote to its financial statements to	hat describes these items.
b	If the organization elected, as permitted u	inder SFAS 116 (ASC 958), to report in it	ts revenue statement and balance sheet
	works of art, historical treasures, or other	•	education, or research in furtherance of
	public service, provide the following amour	_	
	<ul><li>(i) Revenues included in Form 990, Part VII</li><li>(ii) Assets included in Form 990, Part X .</li></ul>	I, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X .		<b>▶</b> \$
2	If the organization received or held works		
	following amounts required to be reported		
a	Revenues included in Form 990, Part VIII, li	ne 1	• \$

,

Part	III Organizations Maintaining	Colle	ctions of	Art, Hist	orical T	reasures,	or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		sion, and ot	her recor	ds, checl	k any of the	follow	ving that are a s	ignificant use of its
,a	☐ Public exhibition	•		<b>d</b> [		or exchange	prog	rams	
	Scholarly research			е [	☐ Other				
_	☐ Preservation for future generations								
4	Provide a description of the organizat XIII.			-			_		
5	During the year, did the organization assets to be sold to raise funds rather								ar ☐ Yes ☐ No
Part									
	Complete if the organization			" to Forn	n 990, P	art IV, line	9, or r	eported an am	ount on Form
	990, Part X, line 21.				·	-	·	•	
1a	Is the organization an agent, trustee,								
	included on Form 990, Part X?								☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIII	and comple	ete the fo	lowing ta	able:			
							<u> </u>	A	mount
C	Beginning balance						10		
d	Additions during the year						1d		
е	Distributions during the year						1e		<u> </u>
f	Ending balance								
2a	Did the organization include an amou								
	If "Yes," explain the arrangement in P  Endowment Funds.	an XII	i. Cneck ner	e if the ex	pianatio	n nas been	orovia	ed in Part XIII .	🛚
Par	Complete if the organization	anev	vered "Vee	" to For	n 000 P	art IV lina	10		
	Complete if the organization		Current year		or year	(c) Two years		(d) Three years bac	k (e) Four years back
1a	Beginning of year balance	,,,		, , , ,					<u> </u>
b	Contributions				<u> </u>				
c	Net investment earnings, gains, and			<b></b>					
	-losses	<del> </del> -							
d	Grants or scholarships		· .						
е	Other expenditures for facilities and					i i			
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of				e (line 1g	, column (a)	) held	as:	
а	Board designated or quasi-endowme			%					
b	Permanent endowment ▶	%							
C	Temporarily restricted endowment		%						
0-	The percentages in lines 2a, 2b, and 3					الملمط حسساهم		taniminanunal fau al	
3a	Are there endowment funds not in the organization by:	e pos	session of the	ne organi	zation th	at are neid a	ano ac	iministered for t	
									Yes No
	(i) unrelated organizations (ii) related organizations								3a(i) 3a(ii)
h	If "Yes" to 3a(ii), are the related organ								3b
4	Describe in Part XIII the intended use						• •		00
Par									
. Ci	Complete if the organization			" to Fon	n 990. F	Part IV. line	11a.	See Form 990.	Part X. line 10.
	Description of property		(a) Cost or o			or other basis		Accumulated	(d) Book value
	F · · · F F · · ·		(investr			other)		lepreciation	
1a	Land								<del></del>
b	Buildings			_					
C	Leasehold improvements					4,040		2,728	1,31
d	Equipment					57,429		45,442	11,98
	Other								
Total	Add lines 1a through 1e. (Column (d)	must e	equal Form 9	990, Part .	X, columi	n (B), line 10	(c).)	<b></b>	13,29

.,

Part VII	Investments - Other Securiti				
	Complete if the organization a	nswered "Yes" to Forn	n 990, Part IV, line 1	11b. See Form 990,	Part X, line 12.
	(a) Description of security or cate (including name of security)	gory	(b) Book value	(c) Method of Cost or end-of-yea	
(1) Financial	derivatives			,	<del></del>
(2) Closely-I	neld equity interests	[			
(3) Other					
(A)					
(B)				· · · · · ·	
(C)					
(D)					
(E)					
(F)					
(G)				····-	
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)			Land 1987 By Commercial Control Control	العدد أهيده عنظة أريال المعادرة
Part VIII	Investments—Program Rela		- 000 D + N + P	44 0 5 000	D 1 1 1 10
	Complete if the organization a			·····	
	(a) Description of investmen	t	(b) Book value	(c) Method o Cost or end-of-ye	
					ar market value
(1)					
(2)					· · <u> </u>
(3)	-			····	
(4)					<u> </u>
(5)					
(6)					
<u>(7)</u> (8)					
(9)	· · · · · · · · · · · · · · · · · · ·	· <del> · _ · · · · · · · · · · · · · · · </del>			
	(b) must equal Form 990, Part X, col. (B) line 13.)	1 🕨		المدوون أترفث كمدينة بالمالك بالمالية بالمعالمة والم	
Part IX	Other Assets.			kelikulakan di 16 so <u>dah al</u> awan 1933 dialah 1	eri, sad sessende sädställikken kadistanti
	Complete if the organization a	answered "Yes" to Fon	m 990. Part IV. line	11d. See Form 990	. Part X. line 15.
		(a) Description			(b) Book value
(1)			· · · · · · · · · · · · · · · · · · ·		
(2)					
(3)					
(4)					
(5)					
(6)		* * * * * * * * * * * * * * * * * * * *			
(7)					
(8)					
(8)					
(8) (9) <b>Total.</b> (Colu	ımn (b) must equal Form 990, Part 2	X, col. (B) line 15.)			
(8)	Other Liabilities.			<u> </u>	
(8) (9) <b>Total.</b> (Colu	Other Liabilities. Complete if the organization a		m 990, Part IV, line	<u> </u>	rm 990, Part X,
(8) (9) Total. (Colu	Other Liabilities. Complete if the organization a line 25.	answered "Yes" to For		<u> </u>	rm 990, Part X,
(8) (9) Total. (Columbia) Part X	Other Liabilities. Complete if the organization a line 25.  (a) Description of liability			<u> </u>	rm 990, Part X,
(8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization a line 25.	answered "Yes" to For	m 990, Part IV, line	<u> </u>	rm 990, Part X,
(8) (9) <b>Total.</b> (Columbra 1) <b>1.</b> (1) Federal in (2)	Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	answered "Yes" to For	m 990, Part IV, line	<u> </u>	rm 990, Part X,
(8) (9) <b>Total.</b> (Colt <b>Part X</b> <b>1.</b> (1) Federal i (2) (3)	Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	answered "Yes" to For	m 990, Part IV, line	<u> </u>	rm 990, Part X,
(8) (9) <b>Total.</b> (Colt <b>Part X</b> 1. (1) Federal i (2) (3) (4)	Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	answered "Yes" to For	m 990, Part IV, line	<u> </u>	m 990, Part X,
(8) (9) <b>Total.</b> (Columnation of the columnation of	Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	answered "Yes" to For	m 990, Part IV, line	<u> </u>	rm 990, Part X,
(8) (9) <b>Total.</b> (Columnation of the columnation of	Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	answered "Yes" to For	m 990, Part IV, line	<u> </u>	rm 990, Part X,
(8) (9) Total. (Colt Part X 1. (1) Federal i (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	answered "Yes" to For	m 990, Part IV, line	<u> </u>	rm 990, Part X,
(8) (9) <b>Total.</b> (Colt <b>Part X</b> 1. (1) Federal i (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	answered "Yes" to For	m 990, Part IV, line	<u> </u>	rm 990, Part X,
(8) (9) Total. (Colt Part X  1. (1) Federal i (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	(b) Book value	m 990, Part IV, line	<u> </u>	m 990, Part X,

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part				e per не	turn.	
	Complete if the organization answered "Yes" to Form 990, P	art IV,	line 12a.			
1	Total revenue, gains, and other support per audited financial statements			🗀	<u> </u>	705,166
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	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	12	9,475		
е	Add lines 2a through 2d			2	e	129,475
3	Subtract line <b>2e</b> from line <b>1</b>			· · <u>[</u>	3	575,691
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines <b>4a</b> and <b>4b</b>				lc	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line				5	575,691
Part			_	ses per l	Return	l•
	Complete if the organization answered "Yes" to Form 990, F	Part IV,	line 12a.			
1					1	683,162
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	t _ t				
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
C	Other losses	2c				
d	,	2d		29,475		
е	Add lines 2a through 2d			_	2e	129,475
3	Subtract line 2e from line 1				3	553,687
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 _ 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			1	
b	Other (Describe in Part XIII.)	4b	<del></del>			
C					lc	0
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ie 18.) .		• •	5	553,687
Pari						
	XIII Supplemental Information.		. 0.4 0 41		5	
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an					
Provid 2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ant XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part					
Provid 2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an					
Provid 2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ant XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part					
Provid 2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ant XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part					
Provid 2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI LINE 2d, PART XII LINE 2d					
Provid 2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI LINE 2d, PART XII LINE 2d					
Provid 2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI LINE 2d, PART XII LINE 2d					
Provid 2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI LINE 2d, PART XII LINE 2d					
Provid 2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI LINE 2d, PART XII LINE 2d					
Provid 2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI LINE 2d, PART XII LINE 2d					
Provid 2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI LINE 2d, PART XII LINE 2d					
Provid 2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI LINE 2d, PART XII LINE 2d					
Provid 2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI LINE 2d, PART XII LINE 2d					
Provid 2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI LINE 2d, PART XII LINE 2d					
Provid 2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI LINE 2d, PART XII LINE 2d					
Provid 2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI LINE 2d, PART XII LINE 2d					
Provid 2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI LINE 2d, PART XII LINE 2d					
Provid 2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI LINE 2d, PART XII LINE 2d					
Provid 2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI LINE 2d, PART XII LINE 2d					
Provid 2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI LINE 2d, PART XII LINE 2d					
Provid 2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI LINE 2d, PART XII LINE 2d					
Provid 2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI LINE 2d, PART XII LINE 2d					
Provid 2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI LINE 2d, PART XII LINE 2d					
Provid 2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI LINE 2d, PART XII LINE 2d					

Chedule D (Form 990) 2013 Page 5					
Part XIII	Supplemental Information (continued)	<del></del>			
•					
•					
	<b>'</b>				
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

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

3

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2013

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** MINNESOTA MILK PRODUCERS ASSOCIATION 41-1469481 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants а b Internet and email solicitations ☐ Solicitation of government grants ☐ Phone solicitations Special fundraising events **d** In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to M Name and address of individual (or retained by) fundraiser listed in (Iv) Gross receipts (ii) Activity custody or control of contributions? (or retained by) from activity or entity (fundraiser) organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

 	 	•••
 	 	**
 	 	••••••
 ·	 	

ľ			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			DAIRY_EXPO (event type)	TOURS (event type)	(total number)	col. (c))
Revenue	1	Gross receipts	100,381	74,281	9,560	184,222
_	2 3	Less: Contributions Gross income (line 1 minus				0
		line 2)	100,381	74,281	9,560	184,222
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	17,460		3,534	20,994
Direct Expenses	7	Food and beverages			3,718	3,718
Direc	8	Entertainment	4,120			4,120
	9	Other direct expenses .	27,242	68,210	5,191	100,643
Pa	10 11 rt III	Direct expense summary. Ac Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 9	act line 10 from line 3, c e organization answe	olumn (d)	▶ [	129,475 54,747 eported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from I	ine 1, column (d)		
		nter the state(s) in which the or			7	🔲 Yes 🗌 No
	a Is	the organization licensed to o "No," explain:				

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

Schedu	ele G (Form 990 or 990-EZ) 2013				Pag	је <b>З</b>
11 12	Does the organization operate gaming activities with nonmembers?	entity		Yes Yes		
13,	Indicate the percentage of gaming activity operated in:					
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 book records:	s and				
	Name ►					
	Address►					
15a	revenue?			Yes		No
b c	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ lf "Yes," enter name and address of the third party:	10				
	Name ▶					
	Address ▶					
16	Gaming manager information:					
	Name ►					
	Gaming manager compensation ► \$					
	Description of services provided ▶					
	□ Director/officer □ Employee □ Independent contractor					
17 a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming procedure retain the state gaming license?			Yes		No
Part					nd	
			·			
		, <b></b>				

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

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

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

OMB No 1545-0047

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Open to Public Inspection 2013

Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

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Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, °N □ (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 Empl (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. (d) Amount of cash grant cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (P) EIN MINNESOTA MILK PRODUCERS ASSOCIATION 1 (a) Name and address of organization or government (3) Part I Part II 6 8 N € © (12) Ξ 9 (8) <u></u> 5  $\Xi$ 

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

Schedule I (Form 990) (2013)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2013)

Part III Grants ar

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	20	7,700	0	N/A	N/A
2					
4					
5					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information r	equired in Part I, lin	e 2, Part III, columr	(b), and any other additi	onal information.
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					Schedule I (Form 990) (2013)

#### SCHEDULE 0 (Form 990 or 990-EZ)

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## 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer Identification number
MINNESOTA MILK PRODUCERS ASSOCIATION	41-1469481
	•••••••••••••••••••••••••••••••••••••••
PART V1 LINE 6, 7a, AND 7b	
THE ASSOCIATION HAS MEMBERS WHO VOTE FOR DIRECTORS SERVING ON THE BOARD	OF DIRECTORS AND WHO VOTE
ON DESCRIPTIONS OF MUTE COMEDNATIC DODY. AS DEPMED ADDRODULATE DV MUTE DODY.	
ON DECISIONS OF THIS GOVERNING BODY, AS DEEMED APPROPRIATE BY THIS BODY.	
PART VI LINE 11a	
THE COLUMN TO DESCRIPT OF THE DOUBLE OF THE DESCRIPTION OF THE DESCRIP	IODG AND ADDDOVED FOR
THE 990 IS REVIEWED BY THE BOARD OF DIRECTORS AT A MEETING OF THE DIRECT	ORS AND APPROVED FOR
FILING BY THE DIRECTORS PRIOR TO FILING.	
PART VI LINE 12c	•••••
THE ASSOCIATION REQUIRES EACH CONTINUING DIRECTOR, OFFICER AND STAFF MEM	BER TO SIGN A CONFLICT OF
INTEREST STATEMENT ANNUALLY. NEW DIRECTORS, OFFICERS AND STAFF MEMBERS	ARE REQUIRED TO SIGN THIS
DISCLOSURE UPON DEING BLEGGED (ADDOINGED OF UIDED GUE DISCLOSURE CHAREN	APNO INCILIDES A STATEMENT
DISCLOSURE UPON BEING ELECTED/APPOINTED OR HIRED. THE DISCLOSURE STATEM	iENT 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 ASSOCIATION CONTRACTS FOR EXECUTIVE DIRECTOR SERVICES FROM ANOTHER (	ORGANIZATION. THIS CONTRACT
IS REVIEWED AND APPROVED AT LEAST ANNUALLY BY THE BOARD OF DIRECTORS.	NO PERSONS WITH CONFLICTS OF
INTEREST WITH RESPECT TO THE CONTRACT ARE INVOLVED IN THE REVIEW AND AP	PROVAL OF THE CONTRACT.
PART VI LINE 19	
THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST PO	LICY, AND FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	

Schedule O (Form 990 or 990-EZ) (2013)				Page 2
Name of the organization MINNESOTA MILK PRODUCERS ASSOC	CIATION		Employer identification numb	oer Oer
PART 1X LINE 24e				
	TOTAL	PROGRAM	MGMNT/GEN	
PROJECT EXPENSES	12,000	12,000	0	
DUES AND SUBSCRIPTIONS	1,205	1,084	121	
REGISTRATION	2,411	2,411	0	
BANK/CREDIT CARD FEES	3,500	3,445	55	
MEET AND GREET LEGISLATORS	1,750	1,750	0	<del></del>
MISCELLANEOUS	42	0	42	
TOTAL	20,908	20,690	218	
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