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DLN: 93493319080166

OMB No 1545-0047

Department of the Treasury Internal Revenue

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at <u>www IRS qov/form990</u>

Open to Public Inspection

A Fo		2014 calendar year, or tax year beginning 09-01-2014 , and ending 08-31-2015	;					
B Che	eck if ap	oplicable C Name of organization MINNESOTA SOYBEAN GROWERS		D Employ	er iden	ntification number		
		ASSOCIATION		51-01	78016	5		
Addres	s chang	Doing business as		-				
				E Telepho	ne numb	her		
Name	change	Number and street (or P O box if mail is not delivered to street address) Room/sui 151 ST ANDREWS COURT SUITE 710	te					
_				(507)	388-1	635		
ı Inıtıal ı	return	City or town, state or province, country, and ZIP or foreign postal code MANKATO, MN 56001		G Gross re	ceipts \$	7,749,142		
	Ccum				<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>		
Fınal return/	termina'	ated						
г								
ı Amend	led retu	ım						
_								
1								
Аррпса	ition pe	F Name and address of principal officer	H(a) is t	this a group	return	for		
		TOM SLUNECKA 151 ST ANDREWS COURT SUITE 710		ordinates?		⊤Yes √ No		
		MANKATO, MN 56001						
				: all subordır luded?	iates	☐ Yes ☐ No		
I Ta	x-exem	pt status	If"	No," attach	a list i	(see instructions)		
J W	ebsite	::▶ WWW MNSOYBEAN ORG	H(c) Gr	oup exempti	on num	nber ▶		
			1(-)	formation 196		State of legal domicile		
K Forr Other i		ganization 🗸 Corporation Trust Association	L Teal of	TOTTIALION 190	MN			
Pa	rt I	Summary						
Governance	F 9	ESTABLISHED BY SOYBEAN FARMERS IN 1962, THE MINNESOTA SOYBEA PROFIT, FARMER-CONTROLLED MEMBERSHIP ORGANIZATION AIMED AT SUPPORTING RESEARCH ACTIVITIES AND MARKET DEVELOPMENT ACTI SOYBEAN FARMERS THROUGHOUT THE STATE	MONITOR	ING GOVER	RNMEN	NT POLICIES,		
(eII	-							
<u> </u>	2 (Check this box ▶ ┌─ if the organization discontinued its operations or disposed o	of more tha	n 25% of its	net as	ssets		
×ರ								
ties	3 1	Number of voting members of the governing body (Part VI, line 1a)			3	50		
Activit	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			4	50		
Ac		Fotal number of individuals employed in calendar year 2014 (Part V, line 2a) .			5	19		
		Total number of volunteers (estimate if necessary)			6			
		Fotal unrelated business revenue from Part VIII, column (C), line 12			7a 7b	88,930		
	D '	vet unrelated business taxable income from Form 330-1, fine 34		ior Year	76	42,888 Current Year		
	8	Contributions and grants (Part VIII, line 1h)		23,8	68	349,987		
ĕ	9	Program service revenue (Part VIII, line 2g)		8,697,3		7,340,673		
Ravenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)						
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		27,7	09	32,486		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	:	0 751 0	27	7 725 545		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		8,751,0	37	7,725,545		
	14	Benefits paid to or for members (Part IX, column (A), line 4)						
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines		462.0	0.5			
8		5-10)		162,8	05	1,520,383		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0		
ξ	b	Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 0						
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,597,8	62	6,137,549		
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		8,760,6	67	7,657,932		
	19	Revenue less expenses Subtract line 18 from line 12		-9,6	30	67,613		
Ce S			Beginni	ng of Currer Year	it	End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		2,306,7	57	2,705,034		
t As	21	Total liabilities (Part X, line 26)		1,412,2		1,742,962		
ξş	22	Net assets or fund balances Subtract line 21 from line 20		894,4		962,072		
Par	t II	Signature Block	_					
my kr	nowled	lties of perjury, I declare that I have examined this return, including accompanded and belief, it is true, correct, and complete $$ Declaration of preparer (other the same knowledge)						
		*****		2016-11-14				
Sign		Signature of officer		Date				
Here		COLE TRESBESCH TREASURER						
		Type or print name and title	nto I	-	DTIN			
			ate 016-11-14 C	heck [if	PTIN P00426	105		

Firm's address ► 20 E MAIN ST PO BOX 610

Firm's name ► WHITEWATER TAX & CONSULTING INC

DODGE CENTER, MN 559279117

Paid

Preparer **Use Only** self-employed Fırm's EIN ▶ 41-1987095

Phone no (507) 374-2240

rt IV	Checklist o	of Red	uired	Schedules
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4.11	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part 1	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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	Yes	
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 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11 f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Paits XI and XII is optional.	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
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? <i>If "Yes," complete Schedule J</i>	23	No
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	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	244	

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

b A family member of a current or former officer, director, trustee, or key employee? *If "Yes,"*

instructions for applicable filing thresholds, conditions, and exceptions)

Nο

Νo

Νo

Νo

Nο

Nο

Nο

Νo

Νo

Νo

Nο

Nο

Nο

25a

25b

26

27

28a

28h

28c

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34

35a

35h

36

37

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Yes

Form 990 (2014)

F	age	4

Par	t V	Statements Regarding Other IRS Filings and Tax Compliance	е				
		Check if Schedule O contains a response or note to any line in this Part V $$.					
12	Enter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	13		Yes	No
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	13			
		e organization comply with backup withholding rules for reportable payments to					
Ľ		g (gambling) winnings to prize winners?		· · · · · ·	1 c	Yes	
2a		the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered s return	2a	19			
b	•	east one is reported on line 2a, did the organization file all required federal emp					
		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	the v	vear?	3a	Yes	
		s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i>			3b	Yes	
		time during the calendar year, did the organization have an interest in, or a si					
		a financial account in a foreign country (such as a bank account, securities acc	ount,	or other financial	4a		No
		nt)?					NO
b	If "Ye	s," enter the name of the foreign country ▶	/ and	Financial Accounts			
	(FBAF		anu	i illanciai Accounts			
5a	Was t	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
b	Dıd ar	ly taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		No
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
					5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6 a	Yes	
h	_	zation solicit any contributions that were not tax deductible as charitable cont s," did the organization include with every solicitation an express statement th					
		not tax deductible?		· · · · · ·	6b		No
7	Organ	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contributi			7a		
Ь		es provided to the payor?			7b		
		e organization sell, exchange, or otherwise dispose of tangible personal proper			70		
Ĭ		rm 8282?		· · · · · · · ·	7 c		
d	If"Ye	s," indicate the number of Forms 8282 filed during the year \ldots	7d				
_	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	ercon	al henefit			
C		ict?		· · · · ·	7e		
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7 f		
g		organization received a contribution of qualified intellectual property, did the o	rganız	ation file Form 8899 as	- -		
L	requir	ed '	· ·	the organization file a	7 g		
••		1098-C?	• , uiu •		7h		
8	-	oring organizations maintaining donor advised funds.					
		donor advised fund maintained by the sponsoring organization have excess but the year?	siness	s holdings at any time	_		
0-	_	,			8 9a		
		e sponsoring organization make any taxable distributions under section 49667 e sponsoring organization make a distribution to a donor, donor advisor, or rela		orcon?	9a 9b		
10		e sponsoring organization make a distribution to a donor, donor advisor, or rela on 501(c)(7) organizations. Enter	.ccu p	C. 3011: 1 1	70		
		tion fees and capital contributions included on Part VIII, line 12	10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facılıtı						
11	Section	n 501(c)(12) organizations. Enter					
а	Gross	income from members or shareholders	11a				
b		Income from other sources (Do not net amounts due or paid to other sources stamounts due or received from them)	11b				
	ayanı	traniounts due of received from them)	110				
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 I) in lie	eu of Form 1041?	12 a		
b	If"Ye year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	•	on 501(c)(29) qualified nonprofit health insurance issuers.					
		organization licensed to issue qualified health plans in more than one state?			13-		
		See the instructions for additional information the organization must report on	Sche	dule O	13a		
b		the amount of reserves the organization is required to maintain by the states of the organization is licensed to issue qualified health plans	13b				
С		the amount of reserves on hand	13c				
		e organization receive any payments for indoor tanning services during the tax		7	14a		l No
		s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	•		14b		

orm	990 (2014)			Page 6
Par	TOTAL SET OF SE			
	Check if Schedule O contains a response or note to any line in this Part VI			🔽
Se	ection A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax		Yes	No
	year			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		No.
_	filed?	5		No No
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	Yes	NO
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		163	
74	more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even		'e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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?	10 b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
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	12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
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?	16 b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Vpon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record PCFO	S		
	151 ST ANDREWS COURT 710 MANKATO, MN 56001 (507) 388-1635			

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

(A) Name and Title	(B) Average hours per week (list any hours	A verage hours per week (list any hours and a direc		(C) (do not check one box, unless both an officer rector/trustee)				(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated emptovies	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•		
c	Total from continuation sheets to Part VII, Section A	▶		
d	Total (add lines 1b and 1c)	•	218,080	
	Total number of industrials (including but not limited to those listed above	١ ١		

\$100,000 of reportable compensation from the organization \$2

_	\$100,000 of reportable compensation from the organization >2				
			Yes	No	_
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	,		No.	_

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . .

Yes	No
	No
	No
	No
-	,
	Yes

Section B. Independent Contractors

5

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

Part V	/	Statement o	of Revenue					
		Check If Sched	ule O contains a respo	nse or note to any lii	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated cam	paigns 1a					312-314
nts nts	ь	Membership du						
s, Grants Amounts		•		· · · · · ·				
Gifts, Grants iilar Amounts	C	Fundraising ev						
Giff	d	Related organiz	zations 1d					
ons, Gift Similar	e	Government grant	rs (contributions) 1e					
tion er S	f	All other contribution	ons, gifts, grants, and 1f	21,320				
tributio Other	g	Noncash contributi	ons included in lines					
Contributions, and Other Sim	h	1a-1f \$ Total. Add lines	s 1a-1f		349,987			
				Business Code				
Program Service Revenue	2a	MSR&PC CONTRAC	СТ	Business code	6,755,727	6,755,727		
₹ ₹	ь	MAGAZINE		519100	322,730	233,800	88,930	
ج 1	c	SPONSORSHIPS			166,824	166,824	·	
P. X	d	AG EXPO			94,942	94,942		
S S	e	FARM IT ROYALTIE	ES		450	450		
grar	f	All other progra	am service revenue					
Æ	g	Total. Add line	s 2a-2f	•	7,340,673			
	3		come (including dividen					
			aramounts)		2,399			2,399
	4 5	Royalties .	stment of tax-exempt bond	proceeds P				
		Royalties :	(ı) Real	(II) Personal				
	6a	Gross rents	(1,711231	(.,,				
	ь	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	ь	Less cost or other basis and						
		sales expenses						
	c d	Gain or (loss)	ss)					
		Gross income f						
<u>•</u>		events (not inc						
e e		\$ of contributions	 s reported on line 1c)					
و ا		See Part IV, Iır	ne 18					
<u>.</u>	<u> </u>		a	56,083				
Other Revenue	c		penses b (loss) from fundraising		32,486			32,486
0			from gaming activities					
		See Part IV, Iir	ne 19					
	ь	Less directev	a:penses b					
	l		(loss) from gaming acti					
								
	IUa	Gross sales of returns and allo	• •					
			a					
	b		oods sold b					
			(loss) from sales of inv					
	11a	Miscellaneou	s Reveille	Business Code				
	ь							
	c							
	d	All other reven	ue					
	e	Total. Add line	s 11a-11d	•				
	12	Total revenue.	See Instructions .	🕨			_	
	I			- 1	7.725.545	7.251.743	88.930	l 34.885

Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4)	organizations must complete all columns	s All other organizations must complete column (A)	
01 1 (0 1 1 1 0		II D ITY	

Do n	Check if Schedule O contains a response or note to any line in this ot include amounts reported on lines 6b,	(A)	(B)	(c)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	218,080			
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	995,399			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	60,313			
9	Other employee benefits	159,125			
10	Payroll taxes	87,466			
11	Fees for services (non-employees)	,			
а	Management	2,530			
b	Legal	4,285			
С	Accounting	7,200			
d	Lobbying	106,676			
e	Professional fundraising services See Part IV, line 17	,			
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	133,743			
12	Advertising and promotion	93,920			
13	Office expenses	64,268			
14	Information technology	29,694			
15	Royalties				
16	Occupancy	25,014			
17	Travel	49,827			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	10,52			
19	Conferences, conventions, and meetings	62,114			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,417			
23	Insurance				
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		1,498,113			
b	INTERNATIONAL MARKETING	1,440,705			
c	DOMESTIC MARKETING	979,449			
d	RESEARCH COORDINATION	680,674			
e	All other expenses	948,920			
25	Total functional expenses. Add lines 1 through 24e	7,657,932	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				

Form	990 (2	2014)			Page 11
Par	rt X	Balance Sheet			_
		Check if Schedule O contains a response or note to any line in this Part X			· · · [
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1	
	2	Savings and temporary cash investments	543,312	2	973,395
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,669,386	4	1,605,399
	5	Loans and other receivables from current and former officers, directors, trustees, k employees, and highest compensated employees Complete Part II of Schedule L	еу	_	
s	6	Loans and other receivables from other disqualified persons (as defined under sect 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employed and sponsoring organizations of section 501(c)(9) voluntary employees' beneficial organizations (see instructions) Complete Part II of Schedule L	ers	5	
Assets				6	
As	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	24,059	9	36,657
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 100	000		
	b	Less accumulated depreciation 10b 10,	417	10 c	89,583
	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	70,000	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,306,757	16	2,705,034
	17	Accounts payable and accrued expenses	1,188,819	17	1,537,140
	18	Grants payable		18	
	19	Deferred revenue	223,479	19	205,822
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
gel		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	

Liabilities
Assets or Fund Balances

32

33

34

		employees, and highest compensated employees Complete Par Schedule L	t II of			_	
its	6	Loans and other receivables from other disqualified persons (as 4958(f)(1)), persons described in section 4958(c)(3)(B), and coand sponsoring organizations of section 501(c)(9) voluntary emorganizations (see instructions) Complete Part II of Schedule L		6			
Assets	7	Notes and loans receivable, net				7	1
A	8	Inventories for sale or use				8	1
	9	Prepaid expenses and deferred charges		[24,059	9	Ī
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	100,000			1
	ь	Less accumulated depreciation	10b	10,417		10 c	
	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			70,000	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,306,757	16	
	17	Accounts payable and accrued expenses		. [1,188,819	17	
	18	Grants payable				18	
	19	Deferred revenue		[223,479	19	
	20	Tax-exempt bond liabilities		20	_		
Š	21	Escrow or custodial account liability Complete Part IV of Sched	ule D			21	_
Liabilities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualifie		tees,			
jej		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 relate and other liabilities not included on lines 17-24) Complete Part D		25			
	26	Total liabilities. Add lines 17 through 25		·	1,412,298	26	1
se:		Organizations that follow SFAS 117 (ASC 958), check here ► [, lines 27 through 29, and lines 33 and 34.		complete	1,112,200	20	
anc	27	Unrestricted net assets			887,961	27	
3a l	28	Temporarily restricted net assets		.	6,498	28	1
שַ	29	Permanently restricted net assets		.		29	1
sets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check her complete lines 30 through 34.	re► [and and			
0 S	30	Capital stock or trust principal, or current funds				30	
set	31	Paid-in or capital surplus, or land, building or equipment fund				31	†
i.	I			- F			+

Retained earnings, endowment, accumulated income, or other funds $% \left(1\right) =\left(1\right) \left(1\right) \left($

Total liabilities and net assets/fund balances

Total net assets or fund balances . . .

1,742,962

944,095 17,977

962,072

2,705,034

Form **990** (2014)

32

33

34

894,459

2,306,757

7,725,545

Part XII Reconcilliation of Net Assets

Check if Schedule O	contains	a res

Other changes in net assets or fund balances (explain in Schedule O) .

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Single Audit Act and OMB Circular A-133?

Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

Check if Schedule O contains a response or note to any line in this Part XII

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight 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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Total expenses (must equal Part IX, column (A), line 25) . . .

Revenue less expenses Subtract line 2 from line 1 . .

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities . .

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

✓ Separate basis

basis, consolidated basis, or both

Part XII

Prior period adjustments .

Total revenue (must equal Part VIII, column (A), line 12)

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

1

2

3

4

5

6

7

8

10

7,657,932

67,613 894,459

Yes

Yes

Yes

Form 990 (2014)

2a

2b

2c

3а

3b

962,072 No Νo Νo

Software ID: Software Version:

EIN: 51-0178016

Name: MINNESOTA SOYBEAN GROWERS

ASSOCIATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensation of Compensated Employees, and Index	Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors									
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	ŕ		and related organizations
(1) BRUCE SCHMOLL PAST PRESIDE	5 00	×		x				0	0	C
(1) GEORGE GOBLISH	5 00	х		х				0	0	Q
PRESIDENT (2) JOEL SCHREURS	2 00									
COUNTY DIREC		X						0	0	C
(3) KURT KRUEGER	2 00	х						0	0	Q
COUNTY DIREC (4) KEVIN AMIOT	2 00									
COUNTY DIREC		Х						0	0	C
(5) WILLIAM GORDON	2 00	х						0	0	Q
COUNTY DIREC (6) DANA BLUME	2 00									
COUNTY DIREC		Х						0	0	C
(7) DAN BRANDT	2 00	х						0	0	(
COUNTY DIREC (8) BRIAN FRUECHTE	2 00									
DIRECTOR AT		×						0	0	C
(9) MARK BROWN	2 00	х						0	0	0
COUNTY DIREC (10) STEVE BRUSVEN	2 00									
COUNTY DIREC		×						0	0	d
(11) RON BUNJER	2 00	×						0	0	0
COUNTY DIREC (12) CECIL DESCHENE	2 00									
COUNTY DIREC		×						0	0	d
(13) IAN SANDAGER	2 00	x						0	0	0
COUNTY DIREC (14) PAUL FREEMAN	5 00	,,								
VICE PRESIDE		x		Х				0	0	d
(15) THERESIA GILLIE	5 00	X		x				0	0	
SECRETARY (16) COREY HANSON	2 00	^							-	
COUNTY DIREC		×						0	0	C
(17) ED HEGLAND	2 00	×						0	0	
COUNTY DIREC (18) CHRISTOPHER HILL	2 00	^							0	
COUNTY DIREC		×						0	0	d
(19) BRAD HOVEL	2 00	х						0	0	
COUNTY DIREC (20) STEVE HULKE	2 00							0	0	
COUNTY DIREC		×						0	0	C
(21) GARY JOACHIM	2 00	х							0	
COUNTY DIREC								0	0	,
(22) MIKE PETEFISH COUNTY DIREC	2 00	×						0	0	C
(23) JIM KUKOWSKI	2 00	v							0	
COUNTY DIREC		X							U	<u> </u>
(24) BOB LINDEMAN COUNTY DIREC	2 00	х						0	0	q
COUNTY DIVICE	I	l	l	I	I	I	1	I		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other organization any hours officer and a organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the MISC) MISC) organizations organization individual to or director Highest compensated employee below Institutional and related dotted line) organizations employee trustee Trustee (26) JEREMY HANSON Χ 0 COUNTY DIREC (1) LARRY MUFF Χ COUNTY DIREC (2) BRUCE NELSEN Х 0 COUNTY DIREC (3) KEITH NELSEN Χ 0 COUNTY DIREC (4) ROBERT NELSEN Χ COUNTY DIREC (5) RON OBERMOLLER 2 00 Χ COUNTY DIREC (6) TOM GRUNDMAN Х 0 COUNTY DIREC (7) LANCE PETERSON 2 00 Х 0 0 COUNTYDIRECT (8) SHELDON STEVERMER Х COUNTY DIREC (9) MIKE O'LEARY 0 Х COUNTY DIREC (10) CAL SPRONK 2 00 Х 0 0 COUNTY DIREC (11) LAWRENCE SUKALSKI Χ COUNTY DIREC (12) DOUG TOREEN Χ 0 COUNTY DIREC (13) COLE TREBESCH 5.00 Х Х 0 0 TREASURER (14) ROBERT WAYNE Х COUNTY DIREC (15) MATT WIDBOOM 0 COUNTY DIREC (16) KAROLYN ZURN 2 00 0 Χ COUNTY DIREC (17) EARL ZIEGLER 2.00 Х COUNTY DIREC (18) MIKE SKAUG Χ 0 0 COUNTY DIREC (19) NICK BJORNBERG 2 00 Χ COUNTY DIREC (20) JEREMY HANSON Х COUNTYDIRECT (21) RAY HEWITT 2 00 Х 0 COUNTY DIREC (22) RYAN WONDERCHECK Χ 0 COUNTY DIREC (23) AARON YAGGIE Χ COUNTY DIREC (24) THOMAS SLUNECKA 40 00 117,000 EXECUTIVE DI

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B)

	week (list any hours for related organization below dotted line)
(51) SHANNON LAWRENCE	40 00

Name and Title

SENIOR FINAN

Average hours per (E)

Reportable

compensation

from related

organizations

(W-2/1099-

MISC)

(F)

Estimated

amount of

other

compensation

from the

organization

(C)

Position (do not check

more than one box,

unless person is both an

officer and a

director/trustee)

ions

⁽D) Reportable compensation from the organization (W-2/1099-MISC) 101,080

Institutio and related ne) organizations employee compensated

SCHEDULE C (Form 990 or 990-EZ)

Department of the

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Inspection

Treasury Internal Revenue Service

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

• f th ine	Section 501(c)(3) organizations that Section 501(c)(3) organizations that e organization answered "Yes" 35c (Proxy Tax) (see separate in Section 501(c)(4), (5), or (6) organization	have NOT filed Form 5768 (ele to Form 990, Part IV, Line 5 instructions), then	ction under section	501(h)) Comple	ete Part II-B D	o not complete Part II-A
N a MIM	nme of the organization NNESOTA SOYBEAN GROWERS SOCIATION				Employer ide	ntification number
Par	t I-A Complete if the orga	nization is exempt und	er section 501			
1	Provide a description of the organ	nization's direct and indirect po	olitical campaign ac	ctivities in Part	IV	
2	Political expenditures	·	. 5		>	\$
3	V olunteer hours					
Par	rt I-B Complete if the orga	nization is exempt und	er section 501	(c)(3).		
1	Enter the amount of any excise to	ax incurred by the organization	under section 495	5	>	\$
2	Enter the amount of any excise to	ax incurred by organization ma	nagers under section	on 4955	>	\$
3	If the organization incurred a sec	tion 4955 tax, did it file Form	4720 for this year?	•		☐ Yes ☐ No
4 a	Was a correction made?					☐ Yes ☐ No
	If "Yes," describe in Part IV					
Par	t I-C Complete if the orga	nization is exempt und	er section 501	(c), except	section 50	01(c)(3).
1	Enter the amount directly expend	led by the filing organization fo	r section 527 exem	npt function ac	tivities 🕨	\$
2	Enter the amount of the filing organized exempt function activities	anızatıon's funds contributed t	o other organization	ns for section 5	527 ▶	\$
3	Total exempt function expenditur	es Add lines 1 and 2 Enter h	ere and on Form 11	20-POL, line 1	.7b ►	\$
4	Did the filing organization file For	m 1120-POL for this year?				Yes No
5	Enter the names, addresses and organization made payments For amount of political contributions separate segregated fund or a po	each organization listed, ente received that were promptly ai	r the amount paid find directly delivered	rom the filing o d to a separate	rganızatıon's political org	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount filing orga funds If non	nization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -
(1)	MINN SOYBEAN PAC	151 SAINT ANDREWS COURT SUITE 710 MANKATO,MN 56001	51-0178016			16,820

Other exempt purpose expenditures

Over \$500,000 but not over \$1,000,000

Over \$1,000,000 but not over \$1,500,000

Over \$1,500,000 but not over \$17,000,000

section 4911 tax for this year?

Lobbying nontaxable amount

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

Lobbying ceiling amount (150% of line 2a, column(e))

g Grassroots nontaxable amount (enter 25% of line 1f)

Calendar year (or fiscal year

beginning in)

columns

Not over \$500,000

Over \$17,000,000

under section 501(h)). Check ightharpoonup if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures) B Check ▶ ☐ If the filing organization checked box A and "limited control" provisions apply (a) Filing (b) Affiliated **Limits on Lobbying Expenditures** organization's group (The term "expenditures" means amounts paid or incurred.) totals totals **1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

Total exempt purpose expenditures (add lines 1c and 1d)

Lobbying nontaxable amount Enter the amount from the following table in both If the amount on line 1e, column (a) or (b) is:

\$1,000,000

\$100,000 plus 15% of the excess over \$500,000

\$175,000 plus 10% of the excess over \$1,000,000

\$225,000 plus 5% of the excess over \$1,500,000

4-Year Averaging Period Under section 501(h)

Lobbying Expenditures During 4-Year Averaging Period

(a) 2011

The lobbying nontaxable amount is:

(b) 2012

20% of the amount on line 1e

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ┌ Yes

(c) 2013

nplete all of	the five
•	the me
ugh 2f.)	

(Some organizations that made a section 501(h) election do not have to con columns below. See the separate instructions for lines 2a throug

(d) 2014

e f.	of	the	five	

(e) Total

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ЮТ				
or o	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)	
activ		Yes	No		A moun	it
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?			4		
Ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			4		
C	Media advertisements?			+		
d	Mailings to members, legislators, or the public?			+		
e	Publications, or published or broadcast statements?			1		
f	Grants to other organizations for lobbying purposes?			+		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			+		
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			+		
i	Other activities?			+		
ј Э-	Total Add lines 1c through 1i	ı				
2a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912			4		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	, , , , , , , , , , , , , , , , , , , ,	ı				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? THE III-A Complete if the organization is exempt under section 501(c)(4), section 5	:01/6	\/E\		ostio	
Pall	501(c)(6).	יסדוני)(5),	UI S	ectio	11
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		No
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" O)(5), R (b)	or s Pai	ection	n ·A,
1 2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	1				
	expenses for which the section 527(f) tax was paid).	2a				
a b	Current year Carryover from last year	2b				
c	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	-				
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
	political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pa	art IV Supplemental Information					
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou (see instructions), and Part II-B, line 1 Also, complete this part for any additional information	p list),	Part I	I-A,	ines 1	and
	Return Reference Explanation					

Page 4	.3	Schedule C (Form 990 or 990-EZ) 2013
	ormation <i>(continued)</i>	Part IV Supplemental Informa
	Explanation	Return Reference

Schedule C (Form 990 or 990EZ) 2014

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

SCHEDULE D

(Form 990)

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

DLN: 93493319080166

Department of the Treasury Internal Revenue

Open to Public Inspection

	me of the organization INESOTA SOYBEAN GROWERS		Employer identification number
	SOCIATION		51-0178016
Pa	organizations Maintaining Donor Ad organization answered "Yes" to Form 990		unds or Accounts. Complete if the
	organization answered Tes to Form 990	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		or advised Yes No
6	Did the organization inform all grantees, donors, and oused only for charitable purposes and not for the beneated conferring impermissible private benefit?		
Pa	rt II Conservation Easements. Complete	f the organization answered "Yes" to	o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the or	ganızatıon (check all that apply)	
	Preservation of land for public use (e g , recreation education)		n 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 easement on the last day of the tax year	a qualified conservation contribution in t	he form of a conservation
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified hist	` ′	2c
d	Number of conservation easements included in (c) ac historic structure listed in the National Register		2d
3	Number of conservation easements modified, transfer	rred, released, extinguished, or terminate	d by the organization during
	the tax year ▶		
4	Number of states where property subject to conserva	tion easement is located >	<u> </u>
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of violations , and Yes No
6	Staff and volunteer hours devoted to monitoring, inspi	ecting, and enforcing conservation easen	nents during the year
7	A mount of expenses incurred in monitoring, inspectin \$ \\$	g, and enforcing conservation easements	during the year
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(ı)
9	In Part XIII, describe how the organization reports cobalance sheet, and include, if applicable, the text of the	he footnote to the organization's financial	d expense statement, and
Par	the organization's accounting for conservation easem TIII Organizations Maintaining Collection	ns of Art, Historical Treasures,	or Other Similar Assets.
1a	Complete if the organization answered " If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide, in Part XIII, the text of the footnote	116 (ASC 958), not to report in its rever ets held for public exhibition, education, o	or research in furtherance of public
b	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide the following amounts relating to the:	116 (ASC 958), to report in its revenue ets held for public exhibition, education, of	statement and balance sheet
	(i) Revenue 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, histo following amounts required to be reported under SFAS		
а	Revenue included in Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,	▶ \$
b	Assets included in Form 990 Part Y		b ¢

	edule D (Form 990) 2014										Page Z
	Organizations Maintaining Co										continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds,ch	ieck a	ny of t	the follo	wing that	are a	sıgnıfıcant use	e of its	
а	Public exhibition		d		Loan	orexc	hange pro	gram:	s		
b	Scholarly research		е	Γ	Othe	er					
c	Preservation for future generations										
4	Provide a description of the organization's c Part XIII	ollections and expl	ain hov	w they	furthe	er the o	rganızatıo	n's ex	kempt purpose	ın	
5	During the year, did the organization solicit assets to be sold to raise funds rather than	to be maintained as	part o	of the o	organı	zation's	collectio	n?		┌ Yes	□ No
Pai	TEXT Escrow and Custodial Arrang Part IV, line 9, or reported an ar						answere	ed "Y	es" to Form !	990,	
1a	Is the organization an agent, trustee, custor included on Form 990, Part X?						r other as	sets	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	e follov	ving ta	ble		_				
									An	nount	
C	Beginning balance						-	1 c			
d	Additions during the year						-	1d			
е	Distributions during the year						-	1e			
f	Ending balance						L	1 f			
2 a	Did the organization include an amount on F	orm 990, Part X, Iır	ne 21,	for es	crow o	rcusto	dıal accou	ınt lıa	ability?	Yes	No
b	If "Yes," explain the arrangement in Part XI	II Check here If th	e expla	anatio	n has	been pr	ovided in	Part	×III		
Pa	rt V Endowment Funds. Complete										
		(a)Current year	(b)	Prior ye	ear	b (c) Tw	o years bac	k (d)	Three years back	(e)Four	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										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balan	ice (lin	e 1g,	colum	n (a)) h	eld as				
а	Board designated or quasi-endowment >										
b	Permanent endowment ▶										
c	Temporarily restricted endowment ▶										
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
3a	Are there endowment funds not in the posse	ssion of the organiz	zation	that ar	e held	d and ac	dministere	d for	the		
	organization by									Ye	s No
	(i) unrelated organizations		-						3a		
ь	(ii) related organizations							•		(ii) b	
4	Describe in Part XIII the intended uses of t							•	· · · <u>3</u>	U	<u> </u>
	t VI Land, Buildings, and Equipme					n answ	ered 'Ye	s' to	Form 990. Pa	art IV.	line
	11a. See Form 990, Part X, line			. 9							
	Description of property					or other estment)	(b)Cost o basis (o		(c) Accumulat depreciation		Book value
1 a	Land			Ĺ							
b	Buildings										
c	Leasehold improvements										
d	Equipment										
_ e	Other						1	00,000	10,	417	89,583
	I. Add lines 1a through 1e (Column (d) must a	equal Form 990, Part	X, colu	mn (B), line	10(c))			>		89,583

Part VII Investments—Other Securities. Co See Form 990, Part X, line 12.	mplete if the organizatio	n answered 'Yes' to Form 990, Part IV, line 11b
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		and a second of the second of
Part VIII Investments—Program Related. C See Form 990, Part X, line 13.		on answered 'Yes' to Form 990, Part IV, line 1:
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. Complete if the organization (a) Description		90, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line : Part X Other Liabilities. Complete if the org		to Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25.		To roll 350, Part IV, line Tie of Til. See
1 (a) Description of liability	(b) Book value	4
Federal income taxes		-
		-
		_
		_
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	1
2. Liability for uncertain tax positions. In Part XIII, providing organization's liability for uncertain tax positions under F.		
XIII		and the second of the second o

1	Total revenue, gains, and other	support per audited financial statements .		1	7,599,697
2	A mounts included on line 1 but	not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) or	ninvestments	2a		
b	Donated services and use of fac	ulities	2b		
c	Recoveries of prior year grants		2c		
d	Other (Describe in Part XIII)		2d -125,848		
e	Add lines 2a through 2d .	. .		2e	-125,848
3	Subtract line ${f 2e}$ from line ${f 1}$.			3	7,725,545
4	A mounts included on Form 990,	, Part VIII, line 12, but not on line 1			
а	Investment expenses not includ	ded on Form 990, Part VIII, line 7b . 4	4a		
b	Other (Describe in Part XIII)		4b		
c	Add lines 4a and 4b	.		4c	
5	Total revenue Add lines 3 and 4	4c. (This must equal Form 990, Part I, line 12		5	7,725,545
Part		penses per Audited Financial State		per	Return. Complete
	•	wered 'Yes' to Form 990, Part IV, line 12	2a		
1		audited financial statements		1	7,532,084
2		not on Form 990, Part IX, line 25	ı		
а	Donated services and use of fac	_	2a		
b	Prior year adjustments		2b		
C	Other losses		2c		
d	Other (Describe in Part XIII)		2d -125,848		
e	Add lines 2a through 2d			2e	-125,848
3	Subtract line $2e$ from line 1 .			3	7,657,932
4	Amounts included on Form 990,	Part IX, line 25, but not on line 1:			
а	Investment expenses not includ	led on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)		4b		
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and	4c. (This must equal Form 990, Part I, line 1	.8)	5	7,657,932
Part	XIII Supplemental Info	rmation			
Part		art II, lines 3, 5, and 9, Part III, lines 1a and ines 2d and 4b, and Part XII, lines 2d and 4b			de any additional
	Return Reference	Explanation			
SCHE INE		SPECIAL EVENT EXPENSES 23,597 MEMBE SATISFIED BY PAYMENTS 5,364	ERSHIP DUES TO ASA -15	4,809	RESTRICTIONS
SCHE INE	DULE D, PAGE 4, PART XII,	SPECIAL EVENT EXPENSES 23,597 MEMBE SATISFIED BY PAYMENTS 5,364	ERSHIP DUES TO ASA -15	4,809	RESTRICTIONS

chedule D (Form 990) 2013		Page 5
Part XIII Supplemental Informati	on (continued)	
Return Reference	Explanation	
	_	

Schedule D (Form 990) 2014

filers are not required to complete this part.

DLN: 93493319080166

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

MINNESOTA SOYBEAN GROWERS

Department of the

Internal Revenue

ASSOCIATION

Treasury

Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

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

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

51-0178016

a Mail solicitations e Solicitation of i b Internet and email solicitations f Solicitation of i c Phone solicitations g Special fundrai d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including offi or key employees listed in Form 990, Part VII) or entity in connection with profession. b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agree to be compensated at least \$5,000 by the organization (i) Name and address of individual or entity (fundraiser) (ii) Name and address of contributions? 1 Yes No 1 Yes No 5 No 6 7 8 9 10 Internet and email solicitation of f Solicitation of general field fundraiser 10 Internet and email solicitation of f Solicitation of general field fundraisers 10 Internet and email solicitation of general fundraisers 11 Internet and email solicitation of general fundraisers 12 Internet and email solicitation of general fundraisers 13 Internet and email solicitation of general fundraisers 14 Internet and email solicitation of general fundraisers 15 Internet and email solicitation of general fundraisers 16 Internet and email solicitation of general fundraisers 17 Internet and email solicitation of general fundraisers 18 Internet and email solicitation of general fundraisers 19 Internet and email solicitation of general fundraisers 19 Internet and email solicitation of general fundraisers 10 Internet and email solicitation of general fundraisers 19 Internet and email solicitation of general fundraisers 10 Internet and email solicitation of general fundraisers 11 Internet and email solicitation of general fundraisers 12 Internet and email solicitation of general fundraisers 13 Intern	heck all that apply	
b Internet and email solicitations f Solicitation of sc Phone solicitations g Special fundral d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including offinor key employees listed in Form 990, Part VII) or entity in connection with profession. b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agree to be compensated at least \$5,000 by the organization (i) Name and address of individual or entity (fundraiser have custody or control of contributions? Yes No 1 2 Yes No 1 2 3 4 5 6 7 7 8 9 9 10	on-government grants	
c Phone solicitations d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including offi or key employees listed in Form 990, Part VII) or entity in connection with profession. b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agree to be compensated at least \$5,000 by the organization (i) Name and address of individual or entity (fundraiser) (ii) Name and address of control of contributions? Yes No 1 2 3 4 5 6 7 8 9 10 Cotal	•	
Did the organization have a written or oral agreement with any individual (including offi or key employees listed in Form 990, Part VII) or entity in connection with profession. If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agree to be compensated at least \$5,000 by the organization (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No		
Did the organization have a written or oral agreement with any individual (including off or key employees listed in Form 990, Part VII) or entity in connection with profession. If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agree to be compensated at least \$5,000 by the organization (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No 1 2 3 4 5 6 7 8 9 10 Total	and a vente	
individual or entity (fundraiser) Solution Fundraiser have custody or control of contributions?	Il fundraising services? Yes ments under which the fundraiser is	N
Yes No Yes No	(v) A mount paid to (or retained by) fundraiser listed in col (i) (vi) A mount paid to (or retained by) organization	Э
2 3 4 5 6 7 8 9 10 Total		_
3 4 5 6 7 8 9 10 Total		
4 5 6 7 8 9 10 Total		
5 6 7 8 9 10 Total		
6 7 8 9 10 Total		
7 8 9 10 Total		
8 9 10 Total		
9 10 Total		
Total		
Total		
List all states in which the organization is registered or licensed to solicit contribution:		
	or has been notified it is exempt from	

8 Entertainment 9 Other direct expenses . 23,597 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part I \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo	(c) Other events (total number)	(d) Total events (add col (a) through col (c)) 56,083 56,083 23,597 (23,597) 32,486 ted more than
events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 GOLF SPECIAL EV (event type) 1 Gross receipts	(c) Other events (total number)	(d) Total events (add col (a) through col (c)) 56,083 56,083 23,597 (23,597) 32,486 ted more than
(a) Event #1 (b) Event #2 GOLF SPECIAL EV (event type) 1 Gross receipts	(total number)	(add col (a) through col (c)) 56,083 56,083 23,597 (23,597) 32,486 ted more than
The second state of the se	(total number)	(add col (a) through col (c)) 56,083 56,083 23,597 (23,597) 32,486 ted more than
Cevent type Cevent type Cevent type		23,597 (23,597) 32,486
1 Gross receipts		23,597 (23,597) 32,486 ted more than
3 Gross income (line 1 minus line 2)		23,597 (23,597) 32,486 ted more than
3 Gross income (line 1 minus line 2)		23,597 (23,597) 32,486 ted more than
3 Gross income (line 1 minus line 2)		23,597 (23,597) 32,486 ted more than
S Noncash prizes		(23,597) 32,486 ted more than
6 Rent/facility costs		(23,597) 32,486 ted more than
8 Entertainment 9 Other direct expenses . 23,597 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part I \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo		(23,597) 32,486 ted more than
8 Entertainment 9 Other direct expenses . 23,597 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part I \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo		(23,597) 32,486 ted more than
Direct expense summary Add lines 4 through 9 in column (d) Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part I \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo		(23,597) 32,486 ted more than
Direct expense summary Add lines 4 through 9 in column (d) Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part I \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo		(23,597) 32,486 ted more than
Net income summary Subtract line 10 from line 3, column (d)		32,486 ted more than
Fart III Gaming. Complete if the organization answered "Yes" to Form 990, Part I \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo		ted more than
\$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo 1 Gross revenue		
(a) Bingo (b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	
bingo/progressive bingo 1 Gross revenue	(c) Other gaming	
		(d) Total gaming (add col (a) through col (c))
2 Cash prizes		
ទី 2 Cash prizes		
ឃ 4 Rent/facility costs		
4 Rent/facility costs . 5 Other direct expenses .		
6 Volunteer labor	Yes% — No	
7 Direct expense summary Add lines 2 through 5 in column (d)	•	
8 Net gaming income summary Subtract line 7 from line 1, column (d)	•	
 Enter the state(s) in which the organization conducts gaming activities Is the organization licensed to conduct gaming activities in each of these states? 		
a Is the organization licensed to conduct gaming activities in each of these states?		
		. Yes No
b If "No," explain		
b If "No," explain		

Sche	edule G (Form 990 or 990-EZ) 2	014		Page 3		
11	Does the organization conduct nonmembers?	gaming activities with		Yes No		
12	Is the organization a grantor, b	eneficiary or trustee of a trust o	r a member of a partnership or other entity			
	formed to administer charitable	e gamıng?		· · 「Yes 「No		
13	Indicate the percentage of gan			' '		
а	The organization's facility .			%		
b	An outside facility			%		
14	Enter the name and address of	the person who prepares the org	ganization's gaming/special events books and rec	ords		
	Name ▶					
	Address ►					
15a b	revenue?		whom the organization receives gaming	··· Yes No		
c	If "Yes," enter name and addre	· · · · · · · · · · · · · · · · · · ·				
	2. 100, and mand and addition of the time party					
	Name ►					
	Address ▶					
16	Gaming manager information					
	Name ▶					
	Gaming manager compensatio	n ▶ \$	······			
	Description of services provide	ed ▶				
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to					
а						
L	retain the state gaming license?					
b		ns required under state law disti ipt activities during the tax year				
Pa	-		inations required by Part I, line 2b, columns	s (III) and (v) and		
			as applicable. Also provide any additional i			
	Return Reference		Explanation			

efile GRAPHIC print	- DO NO	T PROCESS	As Filed Data -		DLN: 9	93493319080166	
SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	C	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.			2014 Open to Public Inspection		
Name of the organization MINNESOTA SOYBEAN GROWERS ASSOCIATION	5				Employer identification number 51-0178016		
990 Schedule O, Sup	plemen	tal Informati	on				
Return Reference		Explanation					
FORM 990 - ORGANIZATION'S MISSION							
FORM 990, PAGE 2, PART III, LINE 4C		MAGAZINE IS DI SURROUNDING		HARGE TO OVER 23,000 I	NDIVIDUALS IN MIN	NNESOTA AND THE	

990 Schedule O, Supplemental Information

·	ANY PERSON IN MINNESOTA WHO WANTS TO BECOME A MEMBER OF THE ASSOCIATION MUST MEET THE QUALIFICATIONS SET FORTH IN THE GOVERNING DOCUMENTS
FORM 990, PAGE 6, PART	THE ASSOCIATION'S BOARD OF DIRECTORS CONSISTS OF ONE DIRECTOR FROM EACH OF THE ORGANIZED C

MEMBERS OF THE ASSOCIATION'S BOARD OF DIRECTORS WITH FULL VOTING POWER

Explanation

VI. LINE 7A

Return Reference

OUNTY ASSOCIATIONS AN ORGANIZED COUNTY MAY CHOOSE NOT TO SEND A REPRESENTATIVE. BUT IS AN

NUALLY NOTIFIED OF ELIGIBILITY THESE DIRECTORS ARE SELECTED BY THE ORGANIZED COUNTY ASSOC IATIONS IF A COUNTY'S DIRECTOR CANNOT ATTEND. THE COUNTY SHALL SEND AN ALTERNATIVE FROM T HE COUNTY'S BOARD WHO WILL HAVE FULL VOTING POWER MSGA'S ASA NATIONAL DIRECTORS SERVE AS

Return Reference Explanation

FORM 990. PAGE 6. PART VI. LINE

990 Schedule O, Supplemental Information

7B	
FORM 990, PAGE 6, PART VI, LINE 11B	BOARD MEMBERS HAVE A CHANCE TO REVIEW THE 990 DURING A BOARD MEETING BEFORE FILING STAFF IN CHARGE OF COMPLETING THE 990 ARE AVAILABLE TO DISCUSS THE 990 AND ANSWER ANY QUESTIONS THE BOARD MAY HAVE

Return Reference Explanation

FORM 990, PAGE 6, PART VI, LINE

990 Schedule O, Supplemental Information

120

120	
FORM 990, PAGE 6, PART VI, LINE	ANNUALLY, THE EXECUTIVE COMMITTEE MEETS TO REVIEW AND APPROVE COMPENSATION FOR THE
15A	EXECUTI
	VE DIRECTOR THE BOARD ALSO HAS OBTAINED SALARY SURVEYS FOR A COMPARABLE POSITION
	FOR THE
	EXECUTIVE DIRECTOR AND THAT INFORMATION IS USED IN PART TO DETERMINE COMPENSATION

Return Reference Explanation

FORM 990, PAGE 6, PART VI.

990 Schedule O, Supplemental Information

LINE 15B

FORM 990, PAGE 6, PART VI,
LINE 19

THE ORGANIZATION DOES NOT MAKE AVAILABLE TO THE PUBLIC THE GOVERNING DOCUMENTS, CONFLICT
OF INTEREST POLICY OR FINANCIAL STATEMENTS

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990, PART IX, LINE 24E	
FORM 990, PART XI, LINE 9	SPECIAL EVENT EXPENSES 23,597 MEMBERSHIP DUES TO ASA -154,809 RESTRICTIONS SATISFIED BY PA YMENTS 5,364 SPECIAL EVENT EXPENSES -23,597 MEMBERSHIP DUES TO ASA 154,809 RESTRICTIONS SA
	TISFIED BY PAYMENTS -5,364