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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service

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 www.irs.gov/form990.

Open to Public Inspection

Α	For the	2016 calendar year, or tax year beginning , 2016, and er	nding		, 20	
В	Check if	applicable C Name of organization Milk with Dignity Standards Council, Inc		D Employ	er identification number	
	Address	change Doing business as			81-3374809	
	Name ch	Description of the second seco	E Telepho	ne number		
V	Initial reti		112B		8028817054	
$\overline{\Box}$		n/terminated City or town, state or province, country, and ZIP or foreign postal code				
$\overline{\Box}$	Amende			G Gross re	ecelpts \$ 26,5	500
\Box		on pending F Name and address of principal officer Tom Fritzsche	H(a) Is this a		subordinates? Yes No	
	Applicati	Same as C above	l l		s included? Yes No	
_	T-11				a list. (see instructions)	U
÷	Website		'	p exemption	,	
K		rganization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of fo			of legal domicile VT	—
	art [Summary	mation 2010	IVI State	or regar domicile VI	—
			mitars complia	aco wuth a	nd anforces the Milk	—
m	1	Briefly describe the organization's mission or most significant activities. Mo				
Activities & Governance		with Dignity Code of Conduct on dairy farms that participate in the Milk with Dignity Code of Conduct on dairy farms that participate in the Milk with Dignity Code of Conduct on dairy farms that participate in the Milk with Dignity Code of Conduct on dairy farms that participate in the Milk with Dignity Code of Conduct on dairy farms that participate in the Milk with Dignity Code of Conduct on dairy farms that participate in the Milk with Dignity Code of Conduct on dairy farms that participate in the Milk with Dignity Code of Conduct on dairy farms that participate in the Milk with Dignity Code of Conduct on dairy farms that participate in the Milk with Dignity Code of Conduct on dairy farms that participate in the Milk with Dignity Code of Conduct on dairy farms that participate in the Milk with Dignity Code of Conduct on dairy farms that the Milk with Dignity Code of Conduct on dairy farms that the Milk with Dignity Code of Co			s dairy farms and mili	к
E		purchasers to remedy human rights abuses in dairy supply chains and to promo			Maria 1	
Š	1	Check this box ▶ ☐ if the organization discontinued its operations or dispos		1 . 1	its net assets.	_
ŏ	3					3
ع د	4	Number of independent voting members of the governing body (Part VI, line	•			_3
itie	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		· —		_2
₹	6	Total number of volunteers (estimate if necessary)		. 6		_3
ĕ	7a	Total unrelated business-revenue-from Part VIII, column (C), line 12				_0
	<u> b</u>	Net unrelated business taxable income from Form 990-T, line 34		. 7b		0
	1	NOV 1 5 2017 O	Prior \	ear	Current Year	
ā	8	Contributions and grants (Part VIII) line 1h)	·			0
를	9	Program service revenue (Part VIII, line 2g)	·			_0
Revenue	10	Investment income (Part) [[Column (A), lines 3, 4, and 7d)	·			_0
4	11	Other revenue (Part VIII) Column (A) lines 5, 6d, 8c, 9c, 10c, and 11e)			265	00
_	12	Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		265	00
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)) [17324.	.65
nse.	16a	Professional fundraising fees (Part IX, column (A), line 11e)	. [0
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	, , , , , ,		/	
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	. [6394	49
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			23719	14
	19	Revenue less expenses. Subtract line 18 from line 12			2780	86
- 5	3		Beginning of C	urrent Year	End of Year	_
Assets or Ralances	20	Total assets (Part X, line 16)		0	3450	11
ASS	21	Total liabilities (Part X, line 26)	. [265	00
Net/	22	Net assets or fund balances. Subtract line 21 from line 20		0	-23049	89
P	art II	Signature Block				_
Ur	nder pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and	statements, and to	the best of i	my knowledge and belief,	ıt ıs
tru	ue, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knov	wledge.	,	
		1 Demosantal		11/14/	2017	_
Si	gn	Signature of officer	C	Date		_
	ere	Thomas Fritzsehe, Executive Director				
		Type or pnnt name and title				_
	aid	Print/Type preparer's name Preparer's signature	Date	Check	T IT PTIN	
		w		self-em	<u> </u>	
	epare	1 - .	Fi	rm's EIN ▶		_
U	se Onl	Firm's address >	_	none no.		
Ma	ay the IF	RS discuss this return with the preparer shown above? (see instructions) .			Yes No	<u> </u>
-			Cat. No. 11282Y		Form 990 (20	

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To monitor compliance with, and enforce, the Milk with Dignity Code of Conduct on dairy farms participating in the Milk with Dignity
	Program, which enlists dairy farms and milk purchasers to remedy human rights abuses in dairy supply chains and to promote social
	responsibility.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
2	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	Tes © NO
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
	(Code) \(\sigma_1 \sigma_2 \sigma_1 \sigma_1 \sigma_2 \sigma_2 \sigma_1 \sigma_2 \si
4a	(Code:) (Expenses \$ 7826 including grants of \$ 0) (Revenue \$ 0)
	Development of Milk with Dignity Program tools, materials and resources MDSC has developed informational materials for farms
	participating in the program and for workers on those farms. MDSC has developed materials for use in program audits of working
	standards on participating farms, corrective actions when needed, for a worker support line and the investigation and resolution of
	complaints that arise

4b	(Code:) (Expenses \$ 3697 including grants of \$ 0) (Revenue \$ 0)
	Development of Milk with Dignity Infrastructure for future farm enrollment and investigation of worker complaints. We began our
	work near the end of 2016, so much of our work was to build for future provision of program services. With respect to farm
	enrollment, this included beginning development of our website and database. For worker complaints, development of infrastructure
	included hotline technology and database development
4c	(Code:) (Expenses \$ 7474 including grants of \$ 0) (Revenue \$ 0)
	Staff training for Program monitoring and enforcement services. Much of the portion of 2016 for which we were operational was
	dedicated to staff development activities in order to be able to provide our program services of audits and complaint investigations
	and resolutions in the future.
	Other program convices (Departs in Cabadula C.)
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Total program service expenses ▶ 18997
	lotal program service expenses ► 18997

	W. Charlist of Doguirod Schodules			Page 3
Part	V 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	~	110
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		V
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		v
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</i> "Yes," <i>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		,
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		v
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		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		~
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		,
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.			水流・
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		
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		~
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		,
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		,
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		~
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
Ь	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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	~
14 a	J / / / / J	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	-	,
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		,
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		v
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		~

Part	Checklist of Required Schedules (continued)			-3-
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		,
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		v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			 -
23	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	00		,
24-	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		- -
24a	\$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		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
J	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200	 	
20	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		~
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	 	v
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30	-	_
٠.	Part 1	31	1	~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	131	 	<u> </u>
	complete Schedule N, Part II	32		~
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		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
0.5	or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		·
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	ļ	V
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	 	~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> ,			
	Part VI	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	~	

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	• •		
1.	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		•
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
5 ~	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		-
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	- <u>-</u>		
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b	_	\vdash
С	required to file Form 8282?	7c		,
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	İ		
a	Gross income from members or shareholders]	ĺ	
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ.,
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	ļ	├
a	Is the organization licensed to issue qualified health plans in more than one state?	138	ļ	
ь	r and the state of the state o		Ì	
~	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
		Fon	n 990	(2016)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	_	ions.
Coati	Check if Schedule O contains a response or note to any line in this Part VI			<u>. [۲]</u>
Secu	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		103	
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			~
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		,
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		~
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		,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	~	
ь 9	Each committee with authority to act on behalf of the governing body?	_8b_	~	_
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	'
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		-
10-	Did the eventualities have been been broaden by another or office.	40-	Yes	No
b	Did the organization have local chapters, branches, or affiliates?	10a		-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	V
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	~	
13	Did the organization have a written whistleblower policy?	13	~	
14 15	Did the organization have a written document retention and destruction policy?	14	~	
а	The organization's CEO, Executive Director, or top management official	15a	V	
a 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).	130		
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		V
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 18	List the states with which a copy of this Form 990 is required to be filed ► 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.	າ 501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.			y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶	

	•		
-orm	aan	(2016)	

		- age
Part VII	Compensation of Officers, Directors, Trustees, Key Empl	ovees, Highest Compensated Employees, and
		e year, inglier componented Employees, and
	Independent Contractors	

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization noi	any relate	d org	anız	atıo	n c	ompe	nsa	ted any currer	t officer, directo	r, or trustee.	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	office office or direct	unles	Pos eck s pe	rson	e than or trust or/trust employee	an	(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 and related organizations	
(1)Marıta Canedo, Chair	1	,						0	0		 o
(2) Sean Sellers, Treasurer	1	~						0			0
(3) Samuel Fuller, Secretary	1							0	0		0
(4) Thomas Fritzsche, Executive Director	40+			7				9879	0		0
(5)										· · · · · ·	<u> </u>
(6)						_					_
(7)											_
(8)											_
(9)											_
(10)											_
(11)			-								_
(12)											
(13)		-			-		-	-			_
(14)											_

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
					•	C)					ŀ	
	(A)	(B)	(do n	ot ch		ition more	e than o	one	(D)	(E)		(F)
	Name and title	Average box, unless person is both hours per officer and a director/trus							Reportable compensation	Reportable compensation		Estimated amount of
		week (list any			_	_	,		from	related		other
		hours for related	Individual trustee or director	Institutional truste	Officer	Key employee	Highest compensated employee	Former	the organization	organization (W-2/1099-MI		compensation from the
		organizations	dual	합	¥	mpl	st c	eq	(W-2/1099-MISC)	(/	organization
		below dotted	े हूं	<u>a</u>		oye	§					and related organizations
		<u> </u>	stee	uste			ensa					5. ga.// _
				•			řed	i				
(15)												
(16)								1				
								ļ				
(17)		ļ										
				_		_		-				
(18)		}	}]]		
(4.0)					├—	-	-	┝	-			
(19)		 			ĺ							
(20)		 						├	-		-	
1201		 						l				
(21)										_		
3=:2		†	1			ŀ						
(22)						1						
J6								l				
(23)												
			<u> </u>					L				
(24)		ļ	Į							-		
					_			<u> </u>				
(25)		ļ				1						
	Coll 1-1-1		<u> </u>			L.	l	Ļ	0070			
1b c	Sub-total	 VII Contin	· ·	•	•		•		9879	 	0	0
q	Total (add lines 1b and 1c)			•	•		•		9879		0	
2	Total number of individuals (including but						abov.	- V				
_	reportable compensation from the organi		ו נט נו	1036	1151	eu .	above	3) VV	no received in	Ore man \$10	0,000	7 01
												Yes No
3	Did the organization list any former of	ficer, direc	tor, c	r tr	ust	ee,	key e	emp	oloyee, or high	nest comper	sated	
	employee on line 1a? If "Yes," complete											3 1
4	For any individual listed on line 1a, is the											
	organization and related organizations	greater th	an \$1	50,	000)? <i>I</i> i	f "Ye	s, "	complete Sch	nedule J for	suct	, [23]
	ındıvıdual						•					4 /
5	Did any person listed on line 1a receive of											
	for services rendered to the organization	r if "Yes," c	ompi	ete	Scr	nedu	ile J f	or s	such person	<u> </u>	· ·	5 /
	on B. Independent Contractors										A	
1	Complete this table for your five highest of	compensat	ed ind	depe	end	ent	contr	act	ors that receive	ed more than	1 \$10(),000 of
	compensation from the organization. Repyear.	ort compe	risaud	או ווכ	or tr	ie c	aleno	iar y	year ending wil	in or within ti	ne org	janization's tax
	<u> </u>							г-				
	(A) Name and business add	ress							(B) Description of s	services		(C) Compensation
								+	_			
	· · · · · · · · · · · · · · · · · · ·							\vdash				
								\vdash	-			
								1		1		
2	Total number of independent contractor							th	nose listed ab	ove) who		
	received more than \$100,000 of compens	ation from 1	the or	gan	ızat	ion	>		0	į		

Form **990** (2016)

_e Part	VIII						D+ 1/00		_
		Check if Schedule O	contains a	a res	oonse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns		1a	0				
ara Iou	b	Membership dues .		1b	0				
S, (С	Fundraising events .		1c	0]			
Giff	d	Related organizations		1d	0	į			
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (con		1e	0			ĺ	
tior S. S.	f	All other contributions, g				•			
ib F		and similar amounts not inc	luded above	1f	0	j			
d tr	g	Noncash contributions include			0				
	h	Total. Add lines 1a-1	<u>f</u>	· ·		0			
ĭe					Business Code		 		
š	2a	None						<u> </u>	
ď	b								
Š	С	•••••							
Se	ď		- 						
'n,	е								
Program Service Revenue	f	All other program ser				0	0	0	0
	g	Total. Add lines 2a-2 Investment income				0			T
	3	and other similar amo						_	
		Income from investmen			<u> </u>	0	0	0	<u>-</u>
	4 5			•	· · · · · · · · · · · · · · · · · · ·	0		0	
	3	Royalties	(i) Real		(ii) Personal	<u>0</u>			0
	6a	Gross rents	\(\tau_{\tau} \)	0					
	b	Less. rental expenses		0		İ			
	C	Rental income or (loss)		0					
	d	Net rental income or	(loss)		· · · · · · · · · · · · · · · · · · ·	0	0	0	0
	7a	Gross amount from sales of	(i) Secunti		(II) Other				<u>-</u>
		assets other than inventory		0	o				
	b	Less' cost or other basis							
		and sales expenses .		0	o	1			
	C	Gain or (loss)		0	0	į			
	d	Net gain or (loss)			▶	0	0	0	0
Other Revenue	8a	Gross income from fu		.0					
ther Re		of contributions reporte See Part IV, line 18 Less: direct expenses		· a					
0	b	Net income or (loss) f				0		0	
		Gross income from ga			events .				
		See Part IV, line 19		· a	o]			
	b	Less: direct expenses	s	. b	0				
	С	Net income or (loss) f			vities 🕨	0	0	0	0
	10a	Gross sales of in							
		returns and allowance	es	· a	o				
	b	Less: cost of goods s							
	С	Net income or (loss) f		of inv	entory 🕨	o	0	0	0
		Miscellaneous F	Revenue		Business Code				
	11a	Loan				26500			
	b						_		
	С								
	d	All other revenue .			L				
	е	Total. Add lines 11a-			▶	26500			
	112	Total revenue See II	netruetione		.	24500	•		

Form 990 (2016)

	on 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. A	Il other organizations	s must complete colu	mn (A).
	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	о			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	9879	7409	1976	494
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o			-
7 8	Other salaries and wages	7445 0	7072	373	0
9 10 11	Other employee benefits	0 1400	1170	190	40
a b c	Management	0 0 0			
d e f	Lobbying	0 0 0			
g 12	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1475	1475	0	0
13 14 15	Office expenses	788 1313 0	0 657	788 656	0
16 17 18	Occupancy	890	890	0	0
19 20	for any federal, state, or local public officials Conferences, conventions, and meetings Interest	0			
21 22 23	Payments to affiliates	0 0 0			
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.)				
a b c	Fees for trainings Fees for payroll and banking	324 204	324 0	0 204	0
d e 25	All other expenses Total functional expenses. Add lines 1 through 24e	23719	18997	4187	534
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)				

	990 (20				Page 11
, P	art X				
		Check if Schedule O contains a response or note to any line in this Part >		· · · ·	
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	2780 86
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	0	8	0
-	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 669.25			· · ·
	ь	Less: accumulated depreciation 10b 0	0	10c	669 25
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
•	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	o	16	3450.11
	17	Accounts payable and accrued expenses	o	17	0
	18	Grants payable	o	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	Ō
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
တ္ဆ	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	0	22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	26500
	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	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	26500
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
ŭ	27	Unrestricted net assets	 	27	
<u>a</u>	28	Temporarily restricted net assets		28	
8	29	Permanently restricted net assets		29	
Net Assets or Fund Balances	23	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.			· · · · · · · · · · · · · · · · · · ·
Š	30	Capital stock or trust principal, or current funds	0	30	0
set	31	Paid-in or capital surplus, or land, building, or equipment fund	0		0
As	32	Retained earnings, endowment, accumulated income, or other funds .	0	_	0
let	33	Total net assets or fund balances	0	-	3450 11
. ~	34	Total liabilities and net assets/fund balances	0	34	0
					Form 990 (2016)

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

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.

За

Form 990 (2016)

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

Open to Public Inspection

Milk v	with Dignity Standards Council, Inc					81-33	74809		
Par					<u>_</u>		ons.		
1	organization is not a private founda	hes, or associati	on of churches descri	bed in s e	ection 17	0(b)(1)(A)(i).			
2									
3 4	☐ A mospital or a cooperative no ☐ A medical research organization hospital's name, city, and state	on operated in co					(iii). Enter the		
5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)			-		al unit described in		
6 7	=								
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)					
9	An agricultural research organ or university or a non-land-grauniversity:	nt college of agr	iculture (see instructio	ns). Ente	r the nan	ne, city, and state of	the college or		
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fu t income and uni	nctions—subject to co related business taxal	ertain exc ole incom	eptions, le (less se	and (2) no more tha ection 511 tax) from	n 331/3% of its		
11	An organization organized and	•		-		· · · ·			
12	An organization organized and of one or more publicly support Check the box in lines 12a through	orted organizatio	ns described in <mark>secti</mark>	on 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).		
а		(s) the power to	regularly appoint or e	lect a ma	jority of t				
b	Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same					
С	Type III functionally integ its supported organization						ally integrated with,		
d	Type III non-functionally that is not functionally interrequirement (see instructionally interrequirement)	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an			
е	functionally integrated, or	Type III non-func					e II, Type III		
f	Enter the number of supported or Provide the following information		orted organization(a)				[]		
9	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the c	rganization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
			above (see instructions),	Yes	No	instructions,	mandenonsy		
(A)				100					
(B)									
(C)									
(D)									
(E)									
Total	<u> </u>					<u> </u>			

Part									
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under								
_	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, p	<u>lease comple</u>	te Part III.)			
Secti	on A. Public Support				_				
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	o	0	0	o	o	0		
2	Tax revenues levied for the								
_	organization's benefit and either paid				İ				
	to or expended on its behalf	l	0	o	o	o	0		
3	The value of services or facilities	-	<u>~</u>				<u> </u>		
3	furnished by a governmental unit to the								
	organization without charge	ا	0	o	o	ا	0		
4	Total. Add lines 1 through 3	0	0	0		0	0		
4	_	· ·		0	U	U			
5	The portion of total contributions by								
	each person (other than a								
	governmental unit or publicly								
	supported organization) included on	}							
	line 1 that exceeds 2% of the amount	ŀ							
_	shown on line 11, column (f)				<u> </u>		0		
6	Public support. Subtract line 5 from line 4	i		L		كـــــــــــــــــــــــــــــــــــــ	0		
	on B. Total Support		# N 0040	4 3 2044	400015	43,0040			
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
7	Amounts from line 4	0	0	0	0	0	0		
8	Gross income from interest, dividends,	ļ ļ		}					
	payments received on securities loans,								
	rents, royalties and income from similar								
	sources	0	0	0	0	0	0		
9	Net income from unrelated business								
	activities, whether or not the business								
	is regularly carried on	0	0	0	0	0	0		
10	Other income. Do not include gain or			_					
	loss from the sale of capital assets				ł				
	(Explain in Part VI.)	o	0) о	o	0	0		
11	Total support. Add lines 7 through 10						0		
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	0		
13	First five years. If the Form 990 is for the	he organization	n's first, secon	d, third, fourth	i, or fifth tax ye	ear as a sectio	n 501(c)(3)		
	organization, check this box and stop he	re	. <u></u>	<u> </u>		<u> </u>	🕨 🕜		
Secti	on C. Computation of Public Support	rt Percentag	е						
14	Public support percentage for 2016 (line	6, column (f) dı	vided by line 1	1, column (f))		14	%		
15	Public support percentage from 2015 Sci	hedule A, Part	II, line 14 .			15	%		
16a	331/3% support test-2016. If the organ	ization did not	check the box	x on line 13, ai	nd line 14 is 33	31/3% or more,	check this		
	box and stop here. The organization qua	ilifies as a publ	icly supported	organization			▶ 🗆		
b	331/3% support test-2015. If the organ	zation did not	check a box o	on line 13 or 16	Sa, and line 15	is 331/3% or m	ore, check		
	this box and stop here. The organization	qualifies as a j	publicly suppo	orted organizat	ion		. ▶ 🗆		
17a	10%-facts-and-circumstances test-2	016. If the ora	anization did r	ot check a bo	x on line 13. 1	6a. or 16b. and	d line 14 is		
• • • •	10% or more, and if the organization m								
	Part VI how the organization meets the								
	organization						▶ □		
L	<u> </u>	Ode If the are	anization did -	nat chaol: a b-	v on line 19 1	60 16h 07 17	in and line		
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization								
	Explain in Part VI how the organization is								
	supported organization				me organizati	on qualifies as	a publicly ► □		
40	Private foundation. If the organization d						🗆		
18	instructions	io not check a	DOX ON HITE 13	, וטמ, וטט, ו/מ	a, or 170, chec	k uns box and	>ee		

	le A (Form 990 or 990-EZ) 2016						Page
Part	Support Schedule for Organiza (Complete only if you checked the					l 4 a	
	If the organization fails to qualify						under Part II.
Secti	on A. Public Support	under the te	sts listed bei	ow, please co	ompiete Fart	11.)	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2012	(0) 2013	(0) 2014	(4) 2010	(e) 2010	(i) Total
•	received. (Do not include any "unusual grants.")	,	}	1	1	•	1
2	Gross receipts from admissions, merchandise		-				
	sold or services performed, or facilities	}		1	4		
	furnished in any activity that is related to the organization's tax-exempt purpose	ļ		(,		1
3	Gross receipts from activities that are not an		 				+
_	unrelated trade or business under section 513	l	l	ľ		ı	Į
4	Tax revenues levied for the		 	 			
•	organization's benefit and either paid]			1
	to or expended on its behalf	1	İ]	Ì		
5	The value of services or facilities		 	 	 		
3	furnished by a governmental unit to the			1	1		}
	organization without charge	ł	-	1	1		
6	Total. Add lines 1 through 5	ļ	 	 	 		+
7a	Amounts included on lines 1, 2, and 3	ļ	 	 	 		
	received from disqualified persons .	ļ	ĺ.		Į i		· (
b	Amounts included on lines 2 and 3		 		·		
D	received from other than disqualified		1		[[
	persons that exceed the greater of \$5,000]			
	or 1% of the amount on line 13 for the year]		1
С	Add lines 7a and 7b		 	 			+
8	Public support. (Subtract line 7c from						
	line 6.)	l		}			
Secti	on B. Total Support		'		·		
	idar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6					3-7	1,7,1,3,1,1
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	ļ	ļ	l	į į		
	royalties and income from similar sources .			1	l l		
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		1	l			
	acquired after June 30, 1975]	Ì]	j j		
C	Add lines 10a and 10b						<u> </u>
11	Net income from unrelated business						
	activities not included in line 10b, whether		}	1	!		!
	or not the business is regularly carried on	1	}	1	!		
12	Other income. Do not include gain or		1				1
	loss from the sale of capital assets		1		!		
	(Explain in Part VI.)			<u> </u>			
13	Total support. (Add lines 9, 10c, 11,						7
	and 12.)						1
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he	re	<u></u> .	<u> </u>	<u> </u>		<u>.</u> ▶ □
Secti	on C. Computation of Public Suppor	rt Percentag	e				
15	Public support percentage for 2016 (line					15	%
16	Public support percentage from 2015 Sch			<u> </u>	_ 	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2016 (line 10c, colur	nn (f) divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2015					18	%
19a	331/3% support tests-2016. If the organ						
	17 is not more than 331/3%, check this box		-			•	
b	331/3% support tests—2015. If the organiz						
	line 18 is not more than 331/3%, check this	box and stop h	nere. The organ	ization qualifies	s as a publicly so	upported orga	anization 🕨 📋

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part	Supporting Organizations (continued)		T	
	Here the average transported a gift or contribution from any of the following paragraps?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c))
a	below, the governing body of a supported organization?	11a		
ь	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
ě			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
•		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		******
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		}	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,		1	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2		2b		تنتيتا
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		للجيد
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>ani</u>	zations					
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1 Net short-term capital gain	1		<u> </u>				
2 Recoveries of prior-year distributions	2						
3 Other gross income (see instructions)	3						
4 Add lines 1 through 3.	4						
5 Depreciation and depletion	5						
6 Portion of operating expenses paid or incurred for production or							
collection of gross income or for management, conservation, or							
maintenance of property held for production of income (see instructions)	6						
7 Other expenses (see instructions)	7						
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8						
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1 Aggregate fair market value of all non-exempt-use assets (see							
instructions for short tax year or assets held for part of year):							
a Average monthly value of securities	1a						
b Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d						
e Discount claimed for blockage or other			1				
factors (explain in detail in Part VI):							
2 Acquisition indebtedness applicable to non-exempt-use assets	2						
3 Subtract line 2 from line 1d.	3						
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,							
see instructions).	4		j				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6 Multiply line 5 by .035.	6						
7 Recoveries of prior-year distributions	7		T				
8 Minimum Asset Amount (add line 7 to line 6)	8						
Section C - Distributable Amount			Current Year				
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2 Enter 85% of line 1.	2						
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4 Enter greater of line 2 or line 3.	4						
5 Income tax imposed in prior year	5						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to							
emergency temporary reduction (see instructions).	6						
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supportir	ng organization (see				
instructions).	-		,				

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets		·	
5	Qualified set-aside amounts (prior IRS approval required)		 	· ·
6	Other distributions (describe in Part VI). See instructions.		·	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.		 	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
a_	 			
<u>b</u>	5			
<u>c</u>	From 2013			
d	From 2014			
<u>e</u> _	From 2015			
f_	Total of lines 3a through e Applied to underdistributions of prior years			
9 _h	Applied to dilderdistributions of prior years Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
<u></u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
•	Section D, line 7:			
	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3 _j and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	·
	······································
	
	

SCHÈDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on 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

Open to Public Inspection

	the organization		Employer identification number
	th Dignity Standards Council, Inc		81-3374809
2ar	Organizations Maintaining Donor Adv		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6. (a) Donor advised funds	
ı	Total mumbay at and of year	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
2	Aggregate value of grants from (during year) .		
	Aggregate value of grants from (during year)		
ļ 5	Did the organization inform all donors and donor	advisors in writing that the assets h	yeld in donor advised
•	funds are the organization's property, subject to the		
;	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene conferring impermissible private benefit?	and donor advisors in writing that grai fit of the donor or donor advisor, or f	nt funds can be used or any other purpose
art	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g., recrea	tion or education) 🔲 Preservation o	f a historically important land area
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
	Preservation of open space		
	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Yea
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified to		
d	Number of conservation easements included in historic structure listed in the National Register .	(c) acquired after 8/1//06, and not	1 [
	Number of conservation easements modified, trans		
	tax year ►	sierred, released, extinguished, or terr	miliated by the organization during the
	Number of states where property subject to conse	nvation easement is located ▶	
	Does the organization have a written policy re-		pection, handling of
	violations, and enforcement of the conservation ea	sements it holds?	· · · · · · · · · · · · · · · · · · ·
i	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
•	Amount of expenses incurred in monitoring, inspectir ▶\$		
	Does each conservation easement reported on line and section $170(h)(4)(B)(II)^2$		· · · · · · · · · · · · · · · · · · ·
	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of	_	nancial statements that describes the
_	organization's accounting for conservation easeme		
Ι'n	Organizations Maintaining Collection		
_	Complete if the organization answered		
3	If the organization elected, as permitted under SF works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the f	assets held for public exhibition, ed	ducation, or research in furtherance of
)	If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide the following amounts relative	assets held for public exhibition, eding to these items.	ducation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
	(ii) Assets included in Form 990, Part X		
!	If the organization received or held works of art following amounts required to be reported under S	, historical treasures, or other similar SFAS 116 (ASC 958) relating to these it	r assets for financial gain, provide th tems.
а	Revenue included on Form 990, Part VIII, line 1 .		▶ \$
h	Assets included in Form 990 Part X		•

Part									
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and oth	ner record	ls, chec	k any of the	follow	ving that are a	significant use o	f its
а	☐ Public exhibition		d [Loan	or exchange	e progi	rams		
b	☐ Scholarly research		е [Other					
С	☐ Preservation for future generations								•
4	Provide a description of the organizatio XIII.	n's collections a	nd explai	n how th	ney further t	he org	anızation's exe	mpt purpose in l	Part
5	During the year, did the organization so assets to be sold to raise funds rather the								No
Part									
	Complete if the organization a 990, Part X, line 21.								·
	Is the organization an agent, trustee, cincluded on Form 990, Part X?								No
b	If "Yes," explain the arrangement in Part	t XIII and comple	te the foll	owing ta	able:	[Amount	
С	Beginning balance		. <i>.</i> .			1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount					stodial	account liabili	ty? 🗌 Yes 🔲	No
b	If "Yes," explain the arrangement in Part								
Part									
	Complete if the organization a	ınswered "Yes"	on Forn	n 990, F	art IV, line	10.			
		(a) Current year	(b) Prio	year	(c) Two years	back	(d) Three years ba	ck (e) Four years ba	ack
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	e current year en	d balance	(line 1g	, column (a)) held	as:		
а	Board designated or quasi-endowment	•	%			•			
b	Permanent endowment ▶	%	-						
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c	should equal 10	00%.						
3a	Are there endowment funds not in the organization by:	possession of th	e organız	ation tha	at are held a	and ad	ministered for		No
	(i) unrelated organizations							. 3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related org							3b	
4	Describe in Part XIII the intended uses of					•			
Part									
	Complete if the organization a		on Forr	n 990. F	Part IV. line	11a.	See Form 990). Part X. line 10) .
	Description of property	(a) Cost or oth	ner basis	(b) Cost c	r other basis ther)	(c)	Accumulated epreciation	(d) Book value	 -
	Land	 	0		0				
b	Buildings		0		0				_ 0
C	Leasehold improvements		0		0		0		_ 0
d	Equipment	-	669 25		0		0	66	9 25
e	Other		00723		0				0
	Add lines 1a through 1e. (Column (d) mu	ıst equal Form 99		column		c.) .		66	9 25

Part VII	Investments—Other Securities				
	Complete if the organization ans		rm 990, Part IV, Iır	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or categor (including name of security)	У	(b) Book value		hod of valuation -of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(A)				<u> </u>	
(B)					
(C)				ļ	
(D)				 	
(E)				ļ	
(F) (G)				 	
(H)					
	b) must equal Form 990, Part X, col (B) line 12)	••			
Part VIII	Investments—Program Relate	d.	<u> </u>	<u> </u>	
	Complete if the organization ans		rm 990. Part IV. lir	e 11c. See Form	990 Part X line 13
	(a) Description of investment		(b) Book value		hod of valuation.
	(5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5		(2, 200	, , ,	of-year market value
(1)				 	
(2)		 			
(3)					
(4)					
(5)					
(6)					
_(7)					
(8)				<u> </u>	· · · · · · · · · · · · · · · · · · ·
(9)	(1) 15 000 D 1V 1/DV 101 D		 		
	(b) must equal Form 990, Part X, col (B) line 13) ► Other Assets.		l		
Part IX	Complete if the organization ans	wored "Vee" on Fo	rm 000 Part IV Jun	o 11d Soc Form	000 Part V line 15
		(a) Description	1111 990, Fait IV, III	ie i iu. See Foiiii	(b) Book value
(1)					(D) DOOK TAILOO
(2)					
(3)					
(4)					
(5)				-	
(6)					
(7)					
(8)					
(9)	4)	(0) (1)			
	mn (b) must equal Form 990, Part X, o	oi (B) line 15.) .	·	· · · •	
Part X	Other Liabilities.		000 David IV I		- F 000 D4 V
	Complete if the organization ans	swered Yes on Fo	rm 990, Part IV, III	e He or Hit. See	e Form 990, Part X,
1.	line 25. (a) Description of liability	(b) Book value			
(1) Federal in		(b) Book value			
(2)		 			
(3)		 			
(4)					
(5)		† 			
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col (B) line 25) ▶				
	r uncertain tax positions. In Part XIII, prov				
organization'	s liability for uncertain tax positions unde	er FIN 48 (ASC 740). Ch	eck here if the text of	the footnote has bee	n provided in Part XIII

Schedul	le D (Form 990) 2016	Pág
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1 265
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3 265
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0	
b	Other (Describe in Part XIII.)	
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 265
Part		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1 23719
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	23717
	Donated services and use of facilities	
a		
b	· · · · · · · · · · · · · · · · · · ·	
r C		
d	` <u> </u>	0-
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3 23719
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0	
b	Other (Describe in Part XIII.)	
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 23719
	XIII Supplemental Information.	<u></u>
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b	. Part V. line 4: Part X. lii
2; Par	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inf	
	tru, med 22 and 15, and 1 and 15, med 22 and 15, med 25 and 15, and 15 a	
		ormation.
		ormation.

Schedulè D (Form 990) 2016 Part XIII Supplemental Information (continued)				
Part XIII	Supplemental Information (continued)			
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Schedule D (Form 990) 2016

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2016

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 Milk with Dignity Standards Council, Inc. 81-3374809 Part III, Line 2. MDSC began operating in November, 2016, and as such, all of our 2016 program services were new Because we did not exist prior to 2016, we did not file a 2015 form 990, so none of our program services were listed on any prior year's form 990. The significant services that we conducted in November and December of 2016 are those described on Form 990, Part III, lines 4a through 4c Part VI, line 12c: MDSC enforces compliance with our conflict of interest policy. MDSC's directors, officer (the Executive Director), and other employees have all reviewed the conflict of interest policy. The Executive Director annually ensures that all directors and emloyees review and confirm their compliance with the policy Part VI, line 15a. MDSC's conflict of interest policy provides for regular review of all compensation arrangements. In 2016, this consisted of the review of a published report regarding compensation of non-profit organization staff in Vermont and in other New England states This review found that compensation for MDSC's director was reasonable in light of data regarding the average compensation of Vermont-based non-profit organizations' executive directors Part VI, line 15b: MDSC's conflict of interest policy provides for regular review of all compensation arrangements. No officers of the MDSC were compensated in 2016. Aside from the Executive Director, there was only other MDSC employee in 2016. Her compensation was reviewed by the Executive Director and was found to be reasoanble in light of available data on compensation for non-profit organization staff in Vermont and in other New England states Part VI, line 19: MDSC makes its governing documents, conflict of interest policy and financial statements available upon request.

Schedule O (Form 990 or 990-EZ) (2016)	Páge 2
Name of the organization	Employer identification number
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