Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury

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. [1]

Open to Public

Form 990 (2016)

		DIFFERENCE PINTORMATION ABOUT FORM 999 and its instructions is at www									
<u>A</u>	·	e 2016 calendar year, or tax year beginning OCTOBER 1 , 2016, and en	aing SEPT	EMBER 30							
B		applicable: C Name of organization MINNESOTA MILK PRODUCERS ASSOCIATION		D Emplo	yer identification number						
Ц	Address	s change Doing business as		41-146							
Ц	Name c	hange Number and street (or P.O. box if mail is not delivered to street address) Room	/suite	E Telepho	E Telephone number						
	Initial re			763-35	763-355-9697_						
	Final retu	miterminated City or town, state or province, country, and ZIP or foreign postal code									
	Amende	ed return BUFFALO MN 55313		G Gross	receipts \$ 607,219						
	Application pending F Name and address of principal officer: DAVE BUCK Hall Is this a group return for subordinates? Yes X No										
		108 MARTY DRIVE BUFFALO MN 55313			es included? Tyes No						
ī	Tax-exe	umpt status: ☐ 501(c)(3) 🗵 501(c) (6) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527	4 80 4		a list. (see Instructions)						
J		N: ➤ Www.mnmilk.org		p exemption	number ► N/A						
K			metion: 1977	· 1	of legal domicile: MN						
P	art I	Summary	· · · · · · · · · · · · · · · · · · ·								
Harita	1	Briefly describe the organization's mission or most significant activities: TO	AVE DURITO	THE VIET	AC AND OD TECTIVES OF						
ф	1	WHOLESALE MILK OR PRODUCER PRICING AND/OR PERTAIN TO MILK PRODUCE		165 ATO	AS AND ODUECTIVES OF						
Ĕ	1	MINDEGRAD HIER OR SKODOCE PRICING MIDION FERTANT TO MADE RODUCE	. N.D								
Ē	2	Check this box ▶ ☐ if the organization discontinued its operations or dispose	d of more the	n 25% of	ite not secote						
Š	3	he had all a figure to the same and the same		. 3	1						
(())	1	Number of independent voting members of the governing body (Part VI, line 1		}	14						
73	4		υ)		14						
題	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		. 5	0						
≂ູ່ສ	6	Total number of volunteers (estimate if necessary)		· 6	0						
ద	7a	Total unrelated business revenue from Part VIII, column (C), line 12		. <u>7a</u>	0						
11	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34		. 7b	0						
Revenue NIN - Dactivities & Governmence			Prior Y	ear	Current Year						
<2	8	Contributions and grants (Part VIII, line 1h)		515,498	525,015						
	9	Program service revenue (Part VIII, line 2g)		80,335	137,730						
چ∀ چ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		178	1,551						
•	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	8						
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		596,011	664,296						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		13,500	11,500						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0						
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		Ø	0						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		O	0						
8	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶									
iii	17	Other expenses (Part IX, column (A), lines 11a-11d, 11-249 FCFIVED		582,153	677,008						
	18	Total expenses. Add lines 13-17 (must equal Part IX column (A) tine 25)	10	595,653	688,508						
	1	Revenue less expenses, Subtract line 18 from line 12 2	181	358	(24,212)						
25		FEB 2 7 2018	Beginning of C		End of Year						
25	20	Total assets (Part X, line 16)	13	576,673	430,265						
30	21	Total liabilities (Part X, line 26)		147,662	25,466						
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		429,011	404,799						
	rt II.	Signature Block	1	123,011	,,						
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements and to	he hest of n	ny kaominina and helief il is						
true	, correct	, and complete. Declaration of prepayer (other than officer) is based on all information of which prepa	rer has any know	ledge.	ny salombago tata adominina						
		the Willer	<u> </u>	7/0	110						
Sig	n	Signature of officer	. Da	te	774						
Hei			esident	_							
	-	Type or print name and title	ratwi	_							
			Date		PTIN						
Pai		$ \mathcal{D}\mathcal{N} $		Check [1 17 1						
Pre	раге		1/30/2017		loyed P01370749						
Us	Only	/ Firm's name ► SCHMITZ & KETCHUM PA			1-1771683						
		Firm's address ▶ 600 25TH AVE S #102 ST CLOUD MN 56301	Pho	ne no. 320	-251-7444						
мау	the IR	S discuss this return with the preparer shown above? (see instructions)			🔀 Yes 🗌 No						

For Paperwork Reduction Act Notice, see the separate instructions.



Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
	complète Schedule A	1		 _
2 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		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	,	Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		x
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
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		x
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		x
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		X
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		х
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		x
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Part	V Checklist of Required Schedules (continued)			-
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		_^_	<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		Х
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			ļ
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		х
С	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		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		х
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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		х
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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
32	Part I	31		X
32	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		х
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	х	
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Part				
	Check if Schedule O contains a response or note to any line in this Part V			<u>. </u>
		F	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 22		1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		u y	25
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and			283
2a	reportable gaming (gambling) winnings to prize winners?	1c	**************************************	NO.
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Lig.	
b	Statements, filed for the calendar year ending with or within the year covered by this return [2a] [3] [4] [5] [6] [6] [7] [8] [8] [8] [9] [9] [9] [9] [9			
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2b	0.000	BENEFIT (
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	2	
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		X
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		x
b	If "Yes," enter the name of the foreign country: ► N/A	1.45		原品
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
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			1
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Х	├—
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	CL		
7	Organizations that may receive deductible contributions under section 170(c).	6b	X	300 M
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	#SCC entre	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	%-3.42°16	72336c27
•	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			222
9	Sponsoring organizations maintaining donor advised funds.	8	G Je An	estarii est
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	135/55	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b N/A			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	11275	A SERVICE AND
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	42		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	2000s	1000
b	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ONE PART	X
h	If "Voc " has it filed a Form 720 to report those payments? If "Ale " provide an explanation in School to C	4.4%		

Part					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change. Check if Schedule O contains a response or note to any line in this Part VI	s III Scriedule O-S	ee ins	tructi	ons 🗓
Secti	on A. Governing Body and Management	· · ·	<u> </u>	·	<u> </u>
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 14			,
	If there are material differences in voting rights among members of the governing body, or			:	
	if the governing body delegated broad authority to an executive committee or similar			- : 1	
	committee, explain in Schedule O	46		4	
р 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 in	1b 14		٠,	'
_	any other officer, director, trustee, or key employee?	·	2		
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	er person?	3	х	
4	Did the organization make any significant changes to its governing documents since the prior Form 98	90 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?	5		X_
6 7-	Did the organization have members or stockholders?		6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	elect or appoint	7-		
b	Are any governance decisions of the organization reserved to (or subject to approva		7a	X	
	stockholders, or persons other than the governing body?		7b	х	
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during			
	the year by the following				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule C				
Secti	on B. Policies (This Section B requests information about policies not required by the		9 UA C	ode)	X
occi.	on B. I diletes (This decilon B requests information about policies not required by th	o internal Neveri	000	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities o	f such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	•	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		40		
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	ve rise to conflicts?	12a 12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the i		125	Х	
·	describe in Schedule O how this was done		12c	x	ļ
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review a				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			L
a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization		15a 15b	Х	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	•	เจม		 -
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simi	ilar arrangement			
	with a taxable entity during the year?		16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps to	to safeguard the			igsqcut
0	organization's exempt status with respect to such arrangements?		16b		<u> </u>
<u> 17</u>	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► MINNESOTA	·			
18	List the states with which a copy of this Form 990 is required to be filed MINNESOTA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	and 990-T (Section	5016	c)(3)e	only)
	available for public inspection. Indicate how you made these available. Check all that apply		. 551(J,U/3	(((((((((((((((((((
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	•	erest (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	on's books and re	cords	>	
	MIDWEST DAIRY ASSOCIATION 2015 RICE ST #100 ST PAUL MN 55113 651-488-0261				

Form	990	(2016)
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Раде	•

Part VII	Compensation of Officers, Directors,	Trustees, k	Key Employees,	Highest	Compensated	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 nor any related organization compensated any current officer, director, or trustee

☐ Check this box if neither the organization h	or any relate	a org	arıız			ompe	risa	ited any curren	it onicer, airecto	r, or trustee.
				•	C) sition					
(A)	(B)			neck	more	than o		(D)	(E)	(F)
Name and Title	Average hours per					ıs both or/trust		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any	,			т—			from	related	other
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	eg dia	 	4	夏	yee yee	역	(W-2/1099-MISC)		organization
	below dotted line)	_ धू	함		Ş) mg				and related organizations
	<u> </u>	8	uste	İ	"	ensa				
			6		_	藍				
(1) KINDRA CARLSON	2									
DIRECTOR		_ x						0	0	0
(2) CASSIE CZECH	2									
DIRECTOR		х						1,300	0	0
(3) BOB DOMBECK	2				l					
DIRECTOR		х						1,550	0	0
(4) PATRICK LUNEMANN	2							1		
DIRECTOR		х						7,650	0	0
(5) GARRETT LUTHENS	2			ĺ			ļ			
DIRECTOR		x					L_	750	0	0
(6) ROGER PETERS	2								!	
DIRECTOR		x						1,750	0	0
(7) CRAIG ROERICK	2									
DIRECTOR		х						985	0	0
(8) TOM SEDGEMAN	2									
DIRECTOR		х	_				ļ	0	. 0	0
(9) RICK SMITH	2						İ			
DIRECTOR		х			<u> </u>		<u> </u>	1,325	0	0
(10) MICHAEL WHITE	2							1		
DIRECTOR		X	\vdash				ļ	2,150	0	0
(11) DAVE BUCK	8				li		İ			
PRESIDENT	ļ	Х		Х	_		<u> </u>	2,050	0	0
(12) SHELLY DEPESTEL	4							l		
VICE PRESIDENT		Х	Н	х	_			2,275	0	0
(13) MARIANNE PETERSON	3]		
SECRETARY	<u> </u>	Х		X	_		<u> </u>	1,150	. 0	0
(14) KRISTINE SPADGENSKE	3									
TREASURER		X		Х	╙			2,450	0	0

	. (A) Name and title	(B) Average hours per week (list any hours for	Position (do not check more than obox, unless person is both officer and a director/trust or director than obox officer and a director/trust or director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the director than obox of the dire			an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	am com	(F) timated lount of other pensation			
		related organizations below dotted line)		Institutional trustee) er	Key employee	Highest compensated employee	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org.	om the enization I related inizations	
	REG JANS	2							2 675				
	RECTOR RRY JENNISON	2	X		_				2,675	0	 		0
	RECTOR		х	-	<u> </u>			-	1,900	0	ļ		0
(18)			į										
(19)						<u> </u>			-		 		
(20)					-	_			 		 		_
						_							
(21)													
(22)													
(23)			-										_
(24)				-		 							
(25)											 		
			1					L					
C	Sub-total Total from continuation sheets to Part	VII, Sectio	n A			•		>	29,960	0			0
d2	Total (add lines 1b and 1c) Total number of individuals (including but	t not limited	to th		e list	ed	above	e) w	29,960 ho received m	ore than \$100.0			0
	reportable compensation from the organi			0									
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	•	est compensat	ed 3		No_
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	porta	ble (con	npe	nsatio		and other comp	ensation from t	he ich		X
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or individ	ual 4		X
Section	on B. Independent Contractors	700, 0	, o.i.i.p.			-				<u> </u>			<u>X</u>
1	Complete this table for your five highest compensation from the organization. Repyear.												
	(A) Name and business add	ress							(B) Description of s	ervices	(C Comper		
MIDWE	ST DAIRY ASSOCIATION							PR	OGRAM & ADMI	N SERVICES		256,	000
	RICE ST #100 UL MN 55113					_		-			·		_
<u> </u>	OD IN STIS							_				_	
	Total number of independent contractor	re (includu	na hi	ıt n	ot	limit	ed to	<u> </u>	nose listed ah	ove) who			

received more than \$100,000 of compensation from the organization ▶

Form **990** (2016)

Par	VIII	Statement of Reve Check if Schedule C		nonce or note t	o any lina in thi	n Port VIII	· · ·	
		Crieck if Scriedule C	Contains a res	polise 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
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns Membership dues . Fundraising events . Related organizations	1b	475,015				
ntributions, I Other Simi	e f	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above		50,000				
	h	Total. Add lines 1a-1	•	Business Code	525,015			
Program Service Revenue	2a b c d	EXPO TOUR EQA MISCELLANEOUS		900099 900099 900099 900099	76,785 48,285 10,000 2,660	76,785 48,285 10,000 2,660		arous front estation, and a second
Prograr	f g	All other program ser Total. Add lines 2a-2	f		137,730			
	3 4 5	Investment income and other similar amount income from investmen Royalties	ounts)	•	1,551			1,55
	6a b c	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	d 7a b	Net rental income or of Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other	0			
	c d	Gain or (loss) Net gain or (loss) .		▶	0			
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte						
ther	b	See Part IV, line 18 . Less: direct expenses	a					
0	С	Net income or (loss) for Gross income from ga	rom fundraising	events . ►	0			
	С	Less: direct expenses Net income or (loss) fi Gross sales of in returns and allowance	rom gaming acti ventory, less	vities ►	0			
	b c	Less: cost of goods s Net income or (loss) fi	old b rom sales of inve	entory ► Business Code	0			
	11a b c				Appropries and make the second second	La Live and a Constitution		
	d e 12	All other revenue . Total Add lines 11a— Total revenue. See in			0	127 720	0	1 55

Part IX Statement of Functional Expenses											
Section	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
Check if Schedule O contains a response or note to any line in this Part IX											
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic individuals. See Part IV, line 22	11,500	11 500								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	117,500	11,000								
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees										
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)										
7 8	Other salaries and wages										
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (non-employees):			·							
а	Management	256,000	243,200	12,800							
b	Legal	25	·	25							
C	Accounting	3,590	3,052	538							
d	Lobbying	38,400	38,400								
e f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)										
12	Advertising and promotion										
13	Office expenses	4,374	4,155	219							
14	Information technology	8,395	7,975	420							
15	Royalties										
16	Occupancy	18,892	17,947	945							
17 18	Travel	1,130	1,074	56							
19 20	Conferences, conventions, and meetings . Interest	24,333	23,116	1,217	!						
21	Payments to affiliates										
22	Depreciation, depletion, and amortization .	2,093	1,988	105							
23	Insurance	3,692	3,507	185							
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	DAIRY CONFERENCE & EXPO	94,291	94,291								
b	MEMBERSHIP RECRUITMENT	11,545	11,545								
c d	SPONSORSHIP TOUR	17,934	17,934								
e	All other expenses SCHEDULE O	45,765 146,549	45,765 135,034	11,515							
25	Total functional expenses. Add lines 1 through 24e	688,508	660,483	28,025							
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)	2337,230	230, 102	20,023							

.: Form 990 (2016) Page 11 **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 31,386 91,065 2 Savings and temporary cash investments 419,441 385,671 3 3 4 363 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 7 Prepaid expenses and deferred charges . . . 9 5.577 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation 32.523 10,005 11 11 Investments—publicly traded securities 12 12 13 Investments—program-related. See Part IV, line 11 13 14 14 15 Other assets. See Part IV, line 11 15 50,000 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 576,673 430,265 17 Accounts payable and accrued expenses 17 73,368 8,471 18 18 19 74,294 19 16,995 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 26 147,662 25,466 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔯 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 410,604 384,663 28 28 18,407 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds.

Total liabilities and net assets/fund balances

31

32

33

34

430,265 Form 990 (2016)

404,799

31 32

33

429,011

576,673

- OIIII 3	35 (2515)			Pa	age I∠
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		664	4,296
2	· Total expenses (must equal Part IX, column (A), line 25)	2			8,508
3	Revenue less expenses. Subtract line 2 from line 1	3		(24	4,212
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			9,011
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		404	4,799
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain ir	-	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both:	 piled o	2a r		X
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	 ed on a	2b	×	
С	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	•			
3a	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	rgo the udits.	3b		
			Form	n 990	(2016)

. SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service

roi organizations exempt from income tax onder section 301(c) and section 321

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.

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

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

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

• Se	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name	of organization			Employer ide	entification number
MINNE	SOTA MILK PRODUCERS AS			41-1469481	
Part	I-A Complete if th	e organization is exempt und	ler section 501(c) or is a section 527	organization.
1	definition of "political car		-		·
2	Political campaign activit	y expenditures (see instructions)			\$
3 _	Volunteer hours for politi	cal campaign activities (see instrue organization is exempt unc	ctions)	<u> </u>	
Part	I-B Complete if th	e organization is exempt und	ler section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organiz	ation under sectio	n 4955 ▶	\$
2	Enter the amount of any	excise tax incurred by organizatio	n managers under	section 4955 ▶	\$
3	If the organization incurre	ed a section 4955 tax, did it file Fo	orm 4720 for this ye	ear?	LYes LNo
4a					Yes No
b	If "Yes," describe in Part				
		e organization is exempt und			1(c)(3).
1		ly expended by the filing organia			\$
2	Enter the amount of the	filing organization's funds contril	outed to other org	anizations for section	**************************************
	527 exempt function acti	vities			\$
3		expenditures. Add lines 1 and 2			
	line 17b				\$
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes No
5	organization made payme the amount of political co	ses and employer identification nu ents. For each organization listed, ontributions received that were pro- fund or a political action committe	enter the amount mptly and directly	paid from the filing organ delivered to a separate	nization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

_	•
Page	~

Schedule C (Form 990 or 990	D-EZ) 2016
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Pa	rt II-A Complete if the organization section 501(h)).	n is exempt	under section 50	01(c)(3) and file	d Form 5768 (ele	ection under
A	Check ▶ ☐ if the filing organization be name, address, EIN, expe					oup member's
В	Check ► ☐ if the filing organization ch	ecked box A	and "limited cont	rol" provisions a	apply.	
	Limits on Lob (The term "expenditures" m)	(a) Filing organization's totals	(b) Affillated group totals
1:	a Total lobbying expenditures to influence	public opinion	(grass roots lobby	ing)		
-	Total lobbying expenditures to influence	•		••		
	Total lobbying expenditures (add lines 1	a and 1b) .				
	d Other exempt purpose expenditures .				1	
	e Total exempt purpose expenditures (ad	d lines 1c and 1	1d)			
1	f Lobbying nontaxable amount. Enter columns.	the amount f	rom the following	table in both		
	If the amount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amount	t is:		
	Not over \$500,000		mount on line 1e.			
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.					
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess o	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
	Grassroots nontaxable amount (enter 2	5% of line 1f)				
1	Subtract line 1g from line 1a. If zero or I	ess, enter -0-				
į	Subtract line 1f from line 1c. If zero or le	ess, enter -0-				
j	If there is an amount other than zero reporting section 4911 tax for this year		1h or line 1i, did	•		Yes No
	(Some organizations that made a se	ction 501(h) el	Period Under sec ection do not have ructions for lines	e to complete all	of the five colum	ns below.
	Lobbyin	Expenditures	During 4-Year Av	eraging Period	1 1	
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2	a Lobbying nontaxable amount					
-	Lobbying ceiling amount (150% of line 2a, column (e))					
	Total lobbying expenditures					
•	d Grassroots nontaxable amount					
	Grassroots ceiling amount (150% of line 2d, column (e))					
1	Grassroots lobbying expenditures			· - 		

	(election under section 501(h)).		a)	_ ·	(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	Ī	A	moun	ıt
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:					
a b	Volunteers?		25-26-15			
c d	Media advertisements?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?		ļ			
g h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
j	Other activities?		-476			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	artices ration	Personal Age			
c b	If "Yes," enter the amount of any tax incurred under section 4912					-
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<u> </u>	建筑的		额效
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), (or se	ction		
		-			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			3	<u></u>	X
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes.")(5), (R (b)	or se Part	ction III-A,	line	3, is
1	Dues, assessments and similar amounts from members		1		47	5,015
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
a	Current year	•	2a		3	8,400
b	Carryover from last year	•	2b			
C	Total	•	2c		3	8,400
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	the ing	3		9	5,003
5	and political expenditure next year?	•	4			
Part	Taxable amount of lobbying and political expenditures (see instructions)	<u>. </u>	5			
Provid	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list	t); Par	t II-A, I	ines 1	l and

Schedule C (For	chedule C (Form 990 or 990-EZ) 2016 Page 4					
Part IV	Supplemental Information (continued)					
•						
	·					

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*						
·	······································	***************************************				
	······································					
		·				

SCHEDULE D (Form 990)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	the organization		Employer identification number
	OTA MILK PRODUCERS ASSOCIATION		41-1469481
Par			
	Complete if the organization answered		
		(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 dono	r advisors in writing that the assets h	eld in donor advised
	funds are the organization's property, subject to t	he organization's exclusive legal contro	ol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors,	and donor advisors in writing that grain	nt funds can be used
	only for charitable purposes and not for the bene	efit of the donor or donor advisor, or f	or any other purpose
	conferring impermissible private benefit?		· · · · · · □ Yes □ No
Par	Conservation Easements.	•	
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea		f a historically important land area
	Protection of natural habitat	·	f a certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemer	nts	2b
C	Number of conservation easements on a certified		
d	Number of conservation easements included in		
			l I
3	Number of conservation easements modified, trar	nsferred, released, extinguished, or terr	
	tax year ▶	•	
4	Number of states where property subject to conse	ervation easement is located ▶	
5	Does the organization have a written policy re		pection, handling of
	violations, and enforcement of the conservation ea	asements it holds?	· · · · · · Yes . No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
	•		•
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
	▶ \$		•
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	and expense statement, and
	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem	ents.	
Part	III Organizations Maintaining Collection	ns of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other simila		
	public service, provide, in Part XIII, the text of the	footnote to its financial statements tha	t describes these items.
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other simila		lucation, or research in furtherance of
	public service, provide the following amounts related		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of an	t, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under §		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X	<u></u>	> \$

n	•
rage	4

Pari	III Organizations Maintaining	Collections of	Art, His	torical 7	reasures	, or O	her Similar A	Assets (co	ontinued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her reco	rds, chec	k any of the	ne follov	wing that are a	significan	t use of its
а	. Public exhibition		ď	☐ Loan	or exchan	ge prog	rams		
b	☐ Scholarly research		е	☐ Other	r				
C	☐ Preservation for future generations								
4	Provide a description of the organizati XIII.	ion's collections a	and expl	ain how t	hey further	the org	ganization's ex	empt purp	ose in Parl
5	During the year, did the organization assets to be sold to raise funds rather			•			•		es 🗌 No
Pari	IV Escrow and Custodial Arra	ngements.							
	Complete if the organization 990, Part X, line 21.								n Form
ia	Is the organization an agent, trustee, included on Form 990, Part X?							_	es 🗌 No
þ	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing to	able:				
						<u> </u>		Amount	
C	Beginning balance					10	;		
d	Additions during the year					10	1		
e	Distributions during the year					16			
f	Ending balance								<u>_</u>
2a	Did the organization include an amoun								
	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the e	xplanatio	n has beer	provid	ed on Part XIII	<u></u>	
Par	tV Endowment Funds.								
	Complete if the organization								
	<u> </u>	(a) Current year	(b) Pri	or year	(c) Two yea	ers back	(d) Three years ba	ack (e) Fou	r years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs	'		_					
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the			e (line 1g	, column (a	a)) held	as:		
а	Board designated or quasi-endowmen	t ▶	_%						
b	Permanent endowment	%							
¢	Temporarily restricted endowment ▶	<u></u> %							
	The percentages on lines 2a, 2b, and 2								
3 a	Are there endowment funds not in the	possession of the	ne organi	zation tha	at are held	and ad	ministered for	the	
	organization by:							<u></u>	Yes No
	(i) unrelated organizations							. 3a(i)	ļ
	(ii) related organizations							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related or							. 3b	
4	Describe in Part XIII the intended uses		on's endo	wment fu	unds.				
Part									
	Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, lin	<u>e 11a.</u>	See Form 990	0, Part X,	line 10.
	Description of property	(a) Cost or ot (investm			or other basis ther)	de	Accumulated epreciation	(d) Boo	ok value
1a	Land								
b	Buildings								
c	Leasehold improvements				4,040	ļ	2,954		1,086
d	Equipment				36,395	<u> </u>	29,569		6,826
e_	Other					l			
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 9	90, Part X	K, column	(B), line 10	Oc.)	▶		7,912

Part VII	Investments - Other Securities				
	Complete if the organization ans				
	(a) Description of security or categor (including name of security)	y	(b) Book value		hod of valuation: -of-year market value
(1) Financia					
	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)			ļ		
(G) (H)					
	The section of Ferrance Control of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of t				
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Relate		<u> </u>		
rait VIII	Complete if the organization ans		rm 000 Port IV li	ina 11a Saa Earm	000 Part V line 13
	(a) Description of investment	Weled les offic	(b) Book value		thod of valuation:
	(a) Description of investment		(b) Book value		of-year market value
(1)					
(2)					·····
(3)					
(4)					
(5)					<u> </u>
(6)					
(7)					
(8)					
(9)	N 15 000 D-1V 1 /0\ / 10\ N			the second second second second second second	
Part IX	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.				
Partix	Complete if the organization ans	wordd "Voe" on Eo	rm 000 Part IV li	ing 11d Soc Form	000 Part V lina 15
		a) Description	iiii 990, Pait IV, II	ille 11d. See 1 oill	(b) Book value
(1)					, , , , , , , , , , , , , , , , , , ,
(2)					· · · · · · · · · · · · · · · · · · ·
(3)					
(4)					
(5)		· · · · · · · · · · · · · · · · · · ·	 		
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)		.	
Part X	Other Liabilities.				
	Complete if the organization ans	wered "Yes" on Fo	rm 990, Part IV, li	ne 11e or 11f. See	e Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal in	ncome taxes	<u> </u>			
(2)					
(3)					
(4)					
(5)		<u> </u>			
(6)					
(7)		ļ			
(8)					
(9) Tatal (Oatama)	Name of Francisco Co. Bart V and William Office				
	b) must equal Form 990, Part X, col. (B) line 25.)	ala dha dard af dha fa h			
2. Liability for	runcertain tax positions. In Part XIII, prov	iae tne text of the footh	iote to the organizati	on's tinancial stateme	ents that reports the

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

Part			er Return.	
	Complete if the organization answered "Yes" on Form 990		 	
1	Total revenue, gains, and other support per audited financial statements	s	1	664,296
2 .	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
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.)			
_	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	664,296
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
_	Add lines 4a and 4b			0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			664,296
Part			per Keturn.	
	Complete if the organization answered "Yes" on Form 990		<u> </u>	
1	Total expenses and losses per audited financial statements		1	688,508
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	688,508
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
_C	Add lines 4a and 4b			0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information.	line 18.)	5	688,508
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	rt to provide any additional	information.	

Schedule D (Form 990) 2016 Page 5		
Part XIII	Supplemental Information (continued)	
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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization General Information on Grants and Assistance

MINNESOTA MILK PRODUCERS ASSOCIATION

Part I

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

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

Open to Public Inspection 2016

OMB No 1545-0047

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

Employer identification number 41-1469481

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

Schedule I (Form 990) (2016)

Page 2

Schedule I (Form 990) (2016)

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. N/A (e) Method of valuation (book, FMV, appraisal, other) 0 N/A (d) Amount of noncash assistance 11,500 (c) Amount of cash grant Part III can be duplicated if additional space is needed. 11 (b) Number of recipients (a) Type of grant or assistance 1 AGRICULTURE SCHOLARSHIPS Part IV Part III Ŋ N က

Schedule I (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

Department of the Treasury Internal Revenue Service Name of the organization ► 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

Employer Identification number

MINNESOTA MILK PRODUCERS ASSOCIATION	41-1469481
PART VI LINE 6, 7a AND 7b	
THE ASSOCIATION HAS MEMBERS WHO VOTE FOR DIRECTORS SERVING O	N THE BOARD OF DIRECTORS AND
WHO VOTE ON DECISIONS OF THIS GOVERNING BODY, AS DEEMED APPR	OPRIATE BY THIS BODY.
PART VI LINE 11a	
THE 990 IS REVIEWED BY THE BOARD OF DIRECTORS AT A MEETING O	F THE DIRECTORS AND APPROVED
BY THE DIRECTORS AS SOON AS PRACTICABLY FEASIBLE AFTER ITS F	ILING.
PART VI LINE 12c	
THE ASSOCIATION REQUIRES EACH CONTINUING DIRECTOR, OFFICER A	ND STAFF MEMBER TO SIGN A
CONFLICT OF INTEREST STATEMENT ANNUALLY. NEW DIRECTORS, OFF	ICERS AND STAFF MEMBERS
ARE REQUIRED TO SIGN THIS DISCLOSURE UPON BEING ELECTED/APPO	INTED OR HIRED. THE
DISCLOSURE STATEMENT INCLUDES A STATEMENT REQUIRING THESE PE	RSONS TO DISCLOSE ANY
POTENTIAL CONFLICTS THEY BECOME AWARE OF TO THE PRESIDENT ON	AN ONGONG BASIS,
AS THEY BECOME AWARE OF THEM.	
PART VI LINE 15a	
THE ASSOCIATION CONTRACTS FOR EXECUTIVE DIRECTOR SERVICES FR	OM ANOTHER ORGANIZATION.
THIS CONTRACT IS REVIEWED AND APPROVED AT LEAST ANNUALLY BY	THE BOARD OF DIRECTORS. NO
PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE CONTR	ACT ARE INVOLVED IN THE
REVIEW AND APPROVAL OF THE CONTRACT.	
PART VI LINE 19	
THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF	INTEREST POLICY, AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	