

Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

_				_							
A	For the 2	2017 calendar year, or tax year beginning	, 2017, and	d ending			, 20				
В	Check if a	pplicable: C Name of organization Milk with Dignity Standards Council		-		D Employer Identification number					
V	Address cl						81-3374809				
一	Name char		dress) F	Room/sulte		E Telepho	ne number				
Ħ.	Initial retur	D O D-1 0440	D O D 0440								
\exists	Final return/	"	nde				··· ··································				
H		Budington VT 05400				C C	210083.10				
呂	Amended	The same Fater shows	•		lucia.	G Gross re	colpta v				
ш	Application	n pending F Name and address of principal officer. I homas Fritzsche P.O. Box 8116, Burlington, VT 05402		9			subordinates? Yes No				
		Ti(b) / ve dii Subordii									
<u>. </u>	Tax-exempt status 501(c)(3)										
<u>J</u> _	Website:		H(c) Group								
		ganization	L Year o	of formation	2016	M State	of legal domicile. V I				
۲	art I	Summary Briefly describe the organization's mission or most significant a		\$4 i4			AL - A410.				
	nd enforces, the Milk										
ည	1	with Dignity Code of Conduct on dairy farms that participate in the		 		ich eniis	is dairy tarms and milk				
Ē		urchases to remedy human right abuses in dairy supply chaines and to									
Š	1	Check this box $ ightharpoonup$ if the organization discontinued its operation	•	osed of	more than	25% of	its net assets.				
ဋ္ဌ	1	lumber of voting members of the governing body (Part VI, line				3	3				
٥ğ	1	lumber of independent voting members of the governing pody	CICY 1-CILI	ne tb)		4	3				
Ę	5 T	otal number of individuals employed in calendar year 2017 (Pa	HAD HUSS	a) .		5	3				
Activities & Governance	6 T	otal number of volunteers (estimate if necessary)		<u></u>		6	3				
Ą	7a T	otal unrelated business revenue from Part VIII, column (C	12 88			7a	0				
	b N	let unrelated business taxable income from Form 990-T, I	₽ ~	-		7b	0				
			0		Prior Ye	ar	Current Year				
Revenue	8 C	Contributions and grants (Part VIII, line 1h)	63			0	210083.10				
	9 P	Program service revenue (Part VIII, line 2g)	NOV		•	0	0				
eve	10 Ir	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	Z	19		0	0				
Œ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d, and	11e)		•	26500	0				
		otal revenue-add lines 8 through 11 (must equal Part VIII, colur		12)		26500	210083.10				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0	0				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		. —		0	0				
S	1	Salaries, other compensation, employee benefits (Part IX, column (1	7324.65	119179.90						
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e) .	, ,,	" -		0	0				
Pe l	1	otal fundraising expenses (Part IX, column (D), line 25)	2447	.27							
ă	ľ	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				6394.49	22,915.6				
	I.	otal expenses. Add lines 13–17 (must equal Part IX, column (A	 N line 25)	`		3719.14	142095.50				
	1	Revenue less expenses. Subtract line 18 from line 12	y,o 20)	. ⊢		2780.86	67987.6				
- 2	+	iovalida loda expandod. Cabatade into 10 main into 12 · · · ·		Bed	inning of Cu	rrent Year	End of Year				
ances	20 T	otal assets (Part X, line 16)		<u> </u>		3450.11	40500.7				
Net Asset Fund Balar	20 I 21 T	otal liabilities (Part X, line 26)	• • • •	·		26500	0				
<u> </u>	22 N	let assets or fund balances. Subtract line 21 from line 20		. ⊢	-2	3049.89	40500.7				
	art II	Signature Block	· · · · · · · · · · · · · · · · · · · 	<u>• l</u>							
							and ballet is to				
		es of perjury, I declare that I have examined this return, including accompanying and complete Declaration of preparer (other than officer) is based on all informa					ny knowledge and deller, it is				
_		1 0 2 to					(2010)				
Siç	ın 📗	Signature of officer			Da ¹	11/17	9018				
Нe			4.		50						
		Thomas tritzsche, Executive Unlecture Type or print name and title	101								
		Print/Type preparer's name Preparer's signature		Date							
Pa		Frequer's name		Date		Check [] #₹				
	eparer			<u></u> .L.	- 1	self-emp	noyed				
Us	e Only	Firm's name	<u> </u>			's EIN ▶					
N / -		Firm's address >) Pho	ne no					
		discuss this return with the preparer shown above? (see Instr	uctions) .	<u> </u>	· · · ·	<u>· · · · </u>	· · Yes No				
For	Paperwo	rk Reduction Act Notice, see the separate instructions.		Cat No	11292V		Form 990 (2017)				



om 99	90 (2017)			age
Part	IV 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	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	2		7
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		١
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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		٧
8	complete Schedule D, Part III	8		V
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, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
b	Did the organization report an amount for investments—other secunties 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	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		•
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
e f	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		~
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		<u>,</u>
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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		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		_

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

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
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		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			·
	employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		"
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		V
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		<u> </u>
_	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		1
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		~
ь	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?			İ .
	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		~
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,		327 Petro	\$1.5s
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			33.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	#4.4	~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		~
C	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		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		~
50	conservation contributions? If "Yes," complete Schedule M	30		·
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	- 55		
	Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		~
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, or IV, and Part V, line 1			١.
35a	or IV, and Part V, line 1	34		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
	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-chantable	000		
	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		~
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		~

Form 99 Part		······································			Page
	Check if Schedule O contains a response or note to any line in this Part V				. П
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	la 0			
b		lb 0		-	
С	Did the organization comply with backup withholding rules for reportable payments to	vendors and			
	reportable gaming (gambling) winnings to prize winners?		1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				1
		2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax	returns? .	2b	~	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction)	ctions)			ļ
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		1
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sche		3b		ļ .
4a	At any time during the calendar year, did the organization have an interest in, or a signature or or				
	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: ▶				
	Sec instructions for filing requirements for FinCEN Form 111, Report of Foreign Bank and Final (FRAR)	ncial Accounts		1	1
. .	(FBAR).	- A-2			1
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter to		5a 5b		7
C D	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		+
	Does the organization have annual gross receipts that are normally greater than \$100,000			-	<u> </u>
- Ou	organization solicit any contributions that were not tax deductible as charitable contributions?.		6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such co	ontributions or	-		
_	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				=
	Did the organization receive a payment in excess of \$75 made partly as a contribution and pa	artiy for goods		ŀ	
	and services provided to the payor?		7a		V
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? .		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for	which it was			
	required to file Form 8282?		7c	ļ	~
d		7d			ļ <u> </u>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal ber		7e		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88		7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaining donor advised funds.		7h		-
8		ntained by the	8		
Δ	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		-	 -	1
9	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related persor	17	9b	-	
10	Section 501(c)(7) organizations. Enter:				
а		0a		-	
		0b			ŀ
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	1a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	1b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a	ļ	<u> </u>
b	The state of the s	2b		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		4.5	ļ	-
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	 	
•:	Note. See the instructions for additional information the organization must report on Schedule 6 Enter the amount of reserves the organization is required to maintain by the states in which	J.			
b	- · · · · · · · · · · · · · · · · · · ·	2h		1	1

14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	structi	ions.				
Section	on A. Governing Body and Management	<u> </u>	• •	<u>. انتا</u>				
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3							
	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.							
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 3							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		-				
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		~				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~				
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:							
а	The governing body?	8a	V					
b	Each committee with authority to act on behalf of the governing body?	8b	~	ļ				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O								
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C						
	5.44		Yes	No				
10a b	Did the organization have local chapters, branches, or affiliates?	10a		V				
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a						
123	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~					
. <u>_</u> _ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	1	 				
14	Did the organization have a written document retention and destruction policy?	14	V					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	1					
b	Other officers or key employees of the organization	15b	~					
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement							
	with a taxable entity during the year?	16a		1				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the							
	organization's exempt status with respect to such arrangements?	16b						
Secti	on C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(c)(3)s	only)				
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.	erest	policy	y, and				
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: ►					

Form	'oon	/201	7١

	<i>,</i>	_
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	

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

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

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

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

☐ Check this box if neither the organization no	r any relate	d org	anız	atio	n c	ompe	nsa	ted any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(do n box, i	ot ch	Pos leck is pe d a d	C) ition more rson	e than o is both or/trust	one an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Marita Canedo, Chair		,			:			0	0	0
(2) Sean Sellers, Treasurer		v						0	0	0
(3) Samuel Fuller, Secretary		,						0	0	0
(4) Thomas Fritzsche, Executive Director				~				62,000		0
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

7.	(A) Name and title	(8) Average hours per week (list any	trage box, unless person is both officer and a director/trust			an ee)	(D) ' Reportable compensation from	(E) Reportable compensation related	t .		mated ount of			
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-Mi		fro orga and	ensation im the nization related nization	n t
(15)														
(16)										 				
(17)	·													**********
(18)								-			\dashv			
(19)								<u> </u>			\dashv			
(20)								_			-			
(21)		-	<u> </u>				,				+			
(22)											_			
					ļ 									
(24)														
(25)												-		
1b c d	Sub-total	VII, Sectio	n A				• .	▶ ▶	62,000 0 62,000					
2	Total number of individuals (including but reportable compensation from the organic	not limited						e) w	ho received m	ore than \$10	0,000	of	•	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc										3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	150,	000)? <i>l</i> i	f "Ye	s, "	complete Sch	edule J for	such			V
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsat	tion	fror	n any	un	related organiz	ation or indi	/idual			~
	on B. Independent Contractors			.					45-4		6100	000 -4		
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compens		
								_						
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who	-	0		H-1

Pan	VIII							
		Check if Schedule O co	ontains a re	sponse or note to	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts, Grants Amounts	1a b c	Federated campaigns . Membership dues Fundraising events	1b	0		revenue	,	312-314
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations . Government grants (contrib All other contributions, gifts, and similar amounts not include	outions) 1e	0		,		, ,
ontri nd O	9	Noncash contributions included			210,083.10	•		
	h	Total. Add lines 1a-1f.	· · · ·	Business Code	210,063.10			
eun	2a	None		Business Code	·			
Rev	b		·					
8	c							
èr.	d		• • • • • • • • • • • • • • • • • • • •					
E	е							
Program Service Revenue	f	All other program service	e revenue .		0	0	0	0
<u>~</u>	g	Total. Add lines 2a-2f .			0	·	r	
	3	Investment income (income and other similar amoun	ts)	•	0	0	0	0
1	4	Income from investment of			0	0	0	0
	5	Royalties	(i) Real	(ii) Personal				
	6a	Gross rents		0 0				
	ь	Less: rental expenses		0 0				
	c	Rental income or (loss)		0 0				·
	d	Net rental income or (los	ss)	>	0	Ö	0	0
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		0				
	b	Less: cost or other basis and sales expenses .	•	o o				ļ
	С	Gain or (loss)		0				
	đ	Net gain or (loss)		▶	0	0	0	0
venue	8a	Gross income from fund events (not including \$						
Other Reve		of contributions reported of See Part IV, linc 18						
Ç		Less: direct expenses .		0	0			0
		Net income or (loss) from Gross income from gamil	ng activities.		U		0	U
		See Part IV, line 19		<u>-</u> -				'
		Less: direct expenses . Net income or (loss) from		tivities ►	₀			
		Gross sales of inver		uvides P		······································		
	.02	returns and allowances		a o				
	b	Less: cost of goods sold		0				
	С	Net income or (loss) from			0	0	0	00
		Miscellaneous Reve	enue	Business Code				
	11a							
	b							
	d	All other revenue						
	e	Total. Add lines 11a-11c			0			
	12	Total revenue Con moti			210 083 10		<u> </u>	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).			
	Section 501(c)(3) and 501(c)(4) organizations must complete all coli	umns. All other organizations must complete column (A).	,

	Check if Schedule O contains a respon-	se or note to any lir	ne in this Part IX .		<u> </u>
	t include amounts reported on lines 6b, 7b, , 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	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		-
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	62,000	49600	10850	1550
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	o	0
7	Other salanes and wages	36,114.71	25732	8576.98	1,805.73
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	13,494.12	0	13,494.12	0
10	Payroll taxes	7,571.07	5573.82	1618.70	378.55
11	Fees for services (non-employees):				
а	Management	0	0	0	
ь	Legal	3500	3500	0	0
C	Accounting	938.89	0	938.89	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0		0	0
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).	1187 46	1187.46	0	0
40	- · · · · · · · · · · · · · · · · · · ·	110740	1107.40	0	0
12 13	Advertising and promotion	640 40	0	640.40	0
14	Office expenses	2,629.90	1,314.95	1,051.96	262.99
15	Royalties	0	0	0	0
16	Occupancy	400	0	400	0
17	Travel	3762.98	3762.98	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	550.94	550.94	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	2,153.83	0	2,153.83	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.)				
а	Reimbursable Expenses	2,495.44	0	2,495.44	0
b	Worker Support Line & Phones	1861.6	930.80	930.80	0
C	Filing Fees	920	460	460	
d	Financial Fees	787	0	0	787
е	All other expenses	1087 16	543 58	543.58	0
25	Total functional expenses. Add lines 1 through 24e	\$142,095.50	93156.53	44154 70	4784.27
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)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 3.243.33 39,930.17 1 Cash—non-interest-bearing 1 0 0 2 Savings and temporary cash investments 2 0 0 3 3 0 0 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. ō 0 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), percond described in section 4958(c)(3)(D), 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 0 7 0 0 8 Inventories for sale or use 8 0 0 9 Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 7 570.53 10c Less: accumulated depreciation 10b Ō 0 Investments—publicly traded securities 11 11 0 0 12 Investments—other securities. See Part IV, line 11 . . . 12 ō 0 13 investments—program-related. See Part IV, line 11... 13 Intangible assets 14 14 ā Other assets. See Part IV, line 11 0 15 15 3243.33 40,500.7 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 26500 n 17 Accounts payable and accrued expenses 17 n Ô 18 18 19 Deferred revenue 0 ō 19 ō 0 20 20 0 Escrow or custodial account liability. Complete Part IV of Schedule D . 0 21 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L O O 22 0 ō 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . 0 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 0 25 0 26500 n 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 Temporarily restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here > | | and | complete lines 30 through 34. 0 Capital stock or trust principal, or current funds 30 C 0 31 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 0 32 32 Retained earnings, endowment, accumulated income, or other funds . 40,500.7 -23,256.67 33 33 40,500.7 -23256.67 Total liabilities and net assets/fund balances 34

Page	12

Part	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			83.10
2	Total expenses (must equal Part IX, column (A), line 25)	2		\$142,0	
3	Revenue less expenses. Subtract line 2 from line 1	3			87.60
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-23,2	56.67
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		44,7	30.93
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	· · ·		<u>. </u>
			F	Yes	No
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	plain	in		
	Schedule O.			_	
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	piled (or		
	reviewed on a separate basis, consolidated basis, or both:			1	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				<u></u>
b	Were the organization's financial statements audited by an independent accountant?		. 2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ea on	a	}	
	separate basis, consolidated basis, or both:			1	
	Separate basis Consolidated basis Both consolidated and separate basis	ام:مدم،	h.	-	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account				
				+	-
	If the organization changed either its oversight process or selection process during the tax year, exchedule O.	Piaiii	"		
0-	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	_{In}		ļ
Ja	the Single Audit Act and OMB Circular A-133?				ر ا
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under			+-	-
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b	1	
	Toquilos duals of duality orphism with in obstociate of direct decomposition any stops taken to undergo such to			m 990	(2017
			FO	m 330	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization					Employer identification	n number
Milk with Dignity Standards Council, Inc.					81-33	
Part I Reason for Public Cha						ons.
The organization is not a private foundation of church, convention of church	hes, or associati	on of churches descr	ibed in se	ection 17	0(b)(1)(A)(i).	h —
2 A school described in section						1)/
3 A hospital or a cooperative ho 4 A medical research organizati	on operated in co					(iii). Enter the
hospital's name, city, and state 5 An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6 A federal, state, or local gover	•	mental unit described	l in sectio	nn 170(h)	/1\/ Δ \/ _V \	
7 An organization that normally described in section 170(b)(1	receives a subs	tantial part of its sup				n the general public
8	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9 An agricultural research organ or university or a non-land-gra university:						
10 An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fu it income and un after June 30, 19	nctions—subject to c related business taxa 75. See <mark>section 509(</mark> a	ertain exc ble incom a)(2). (Cor	ceptions, ne (less so mplete Pa	and (2) no more that ection 511 tax) from art III.)	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 the control of the control	orted organizatio	ns described in secti	ion 509(a)(1) or so	ection 509(a)(2). Se	e section 509(a)(3).
a Type I. A supporting organization supporting organization. Y	nization operated	l, supervised, or contr regularly appoint or e	olled by i lect a ma	ts suppo	rtod organization(s),	typically by giving
b Type II. A supporting orga control or management of organization(s). You must	nization supervis	sed or controlled in co organization vested in	nnection the same	with its s		
c Type III functionally integ	rated. A suppor	tıng organizatıon opei	rated in c			ally integrated with,
d Type III non-functionally that is not functionally inte requirement (see instructional transfer in the requirement of the req	grated. The orga	nization generally mu	st satisfy	a distribu	ition réquirement an	
e Check this box if the organ functionally integrated, or						e II, Type III
f Enter the number of supported						
g Provide the following information	n about the supp	orted organization(s).	·		r	,
(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
	7					

	(Complete only if you checked the Part III. If the organization fails to						ualify under	
Secti	on A. Public Support	, ,						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	210083.10		2/0083.	. /
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0			
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0	
4	Total. Add lines 1 through 3	0	0	0	210083 10		210083	'/
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 shown on line 11, column (f)				_			
6	Public support. Subtract line 5 from line 4	<u></u>			i		1	
	on B. Total Support		#10045	4 3 0040	(0 0047	() 0010	1 (0 7 . 1	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017 210083.10	(e) 2018	(f) Total	,
7	Amounts from line 4				210083.10		210083	, .
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	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	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0		0	
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	. (see instructio	ns)			12	2/0083.10)
13	First five years. If the Form 990 is for the organization, check this box and stop he	re						
<u>Secti</u>	on C. Computation of Public Suppor	_ _						
14 15 16a	Public support percentage for 2018 (line 6 Public support percentage from 2017 Sct 331/3% support test—2018. If the organi	nedule A, Part II zation did not e	l, line 14 check the box		[nd line 14 is 33			
b	box and stop here . The organization qua 33 ½% support test—2017 . If the organithis box and stop here . The organization	zation did not d	check a box o	n line 13 or 16	a, and line 15	is 331/3% or r	more, check	
17a	10%-facts-and-circumstances test—2010% or more, and if the organization meets the "organization	018. If the orga eets the "facts- facts-and-circu	nization did nand-circumsta mstances" te	ot check a box ances" test, ch st. The organi	x on line 13, 16 neck this box a zation qualifies	Sa, or 16b, ar nd stop hen as a publicl	nd line 14 is Explain in y supported	
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ition meets the neets the "facts	e "facts-and-o s-and-circums	rcumstances' stances" test.	' test, check t The organization	his box and on qualifies a	stop here. s a publicly	
18	Private foundation. If the organization di	d not check a b	oox on line 13,	16a, 16b, 17a	, or 17b, check	this box and	t see	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						/
	received. (Do not include any "unusual grants")			0	0		
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the				İ	4	
	organization's tax-exempt purpose			0	0		İ
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513			0	0		
4	Tax revenues levied for the						
	organization's benefit and either paid to					7	
	or expended on its behalf			0	/0	<u></u>	
5	The value of services or facilities	1					
	furnished by a governmental unit to the		l				
	organization without charge	<u> </u>		0	0		
6	Total. Add lines 1 through 5	ļ		02	0	• • • • • • • • • • • • • • • • • • • •	
7a	Amounts included on lines 1, 2, and 3				_		
_	received from disqualified persons .				0		
b	Amounts included on lines 2 and 3	ł]				
	received from other than disqualified persons that exceed the greater of \$5,000]					
	or 1% of the amount on line 13 for the year		/	o	0		
_	Add lines 7a and 7b	 		0	0		
8	Public support. (Subtract line /c from					P. 1 a Nilga.	
•	line 6.)						
Secti	on B. Total Support	l, .,	' /				
	dar year (or fiscal year beginning in)	(a) 2014	/ (b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6			0	0		
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .			0	0		
b	Unrelated business taxable income (less	/					
	section 511 taxes) from businesses						
	acquired after June 30, 1975	/		0	0		
C	Add lines 10a and 10b			· · · · ·			
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on			0	0		
12	Other income. Do not include gain or						
12	loss from the sale of capital assets				[i	
	(Explain in Part VI.)			١٠١	o		
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			o	o		
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re					▶ 🗆
	on C. Computation of Public Support						
15	Public support percentage for 2018 (line		-	• • • •		15	<u>%</u>
16	Public support percentage from 2017 Sci			· · · · · ·	<u> </u>	16	<u>%</u>
	on D. Computation of Investment In				10	1 4 = 1	
17	Investment income percentage for 2018 (17	<u>%</u>
18	Investment income percentage from 2017					18	% and line
19a	33 ¹ / ₁₃ % support tests—2018. If the organ 17 is not more than 33 ¹ / ₁₃ %, check this box						
	33 ¹ /s% support tests—2017. If the organiz		_		-	_	_
/0	line 18 is not more than 331/3%, check this						
20	Private foundation if the organization di	-	-	· ·	•	-	=

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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete	antv	·/	
Secti	on 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.	1	Yes	No
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).	2		
3a		3a		
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.	3b		
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.	3c		
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.	4a		
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.	4b	<u> </u>	
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.	4c		
5a		5a		
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?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a		9a		
þ	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 .	9b		
С	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.	9c		
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.	10a		
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.)

10b

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)]
	below, the governing body of a supported organization?	11a	<u></u>	<u></u>
b	A family member of a person described in (a) above?	11b		
C	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		
Secti	on B. Type I Supporting Organizations			
			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			1
	controlled the organization's activities. If the organization had more than one supported organization,			1
	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	i	, ,	
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			1
	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		c.	
	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		٠,	
	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		i	
	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			
	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			i
-	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		-	- 1
	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 i	nstru	ction	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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in:	struct	ions).
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,			
	how the organization was responsive to those supported organizations, and how the organization determined			<u> </u>
	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	15	,	
	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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	•		1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		1
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			. 3
U	of its supported propriet propriet on the control of the control of the policies, programs, and activities of each	3h		8

n-	4

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3)	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 (expla	ain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	izat	ions must complete Secti	ons A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of pnor-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)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	ř		
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			
factors (explain in detail in Part VI):	l		
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		
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		
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	Γ		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y in	tegrated Type III supporting	ng organization (see
instructions).			

Part	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	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	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 whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			-
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
	From 2014		•	
	From 2015			
đ	From 2016	·		
	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years	,		
h	Applied to 2018 distributable amount	'		
<u>i</u>	Carryover from 2013 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3l from 3f.			
4	Distributions for 2018 from			
	Section D. line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.		·	
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h		-	
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			j
	and 4c.			
8	Breakdown of line 7:		····	
a	Excess from 2014			
b	Excess from 2015	y-		
С	Excess from 2016			
<u>d</u>	Excess from 2017			
е	Excess from 2018			

41	Supplementa III, line 12; Par B, lines 1 and 3a, and 3b; Pa lines 2, 5, and	t IV, Section 2; Part IV, S ırt V, line 1; I	A, lines 1, ection C, li Part V, Sec	2, 3b, 3c, ne 1; Part tion B, line	4b, 4c, 5a, 6 IV, Section I e 1e; Part V,	6, 9a, 9b, 9 0, lines 2 a Section D	0c, 11a, 11 and 3; Part , lines 5, 6,	o, and 11d IV, Sectio and 8; an	c; Part IV n E, lines id Part V	/, Sect s 1c, 2 ′, Secti
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SCHEDULE 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Milk with Dignity Standards Council 81-3374809 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No. 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Part II **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., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easemonts during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 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 of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or rocearch in furtherance of public service, provide the following amounts relating to these items. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

Part								
3	Using the organization's acquisition, accercollection items (check all that apply):	ssion, and other r	records, ch	eck any of th	e follow	ring that are a s	ignificant u	ise of its
a	☐ Public exhibition		d 🗌 Loa	ın or exchanç	je progr	ams		
b	☐ Scholarly research		e 🗌 Oth	er				- =:
C	☐ Preservation for future generations							
4	Provide a description of the organization's XIII.	collections and e	explain how	they further	the org	anızatıon's exer	npt purpos	e in Part
5	Dunng the year, did the organization solid assets to be sold to raise funds rather than	to be maintained						□ No
Part								
	Complete if the organization ans 990, Part X, line 21.							orm
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?							□ No
b	If "Yes," explain the arrangement in Part XI	III and complete the	ne following	table:		A	mount	
C	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on				ustodial	account liability	/? ☐ Yes	☐ No
b	If "Yes," explain the arrangement in Part XI							
Par	V Endowment Funds.		····			· · · · · · · · · · · · · · · · · · ·		
	Complete if the organization ans	wered "Yes" on	Form 990	, Part IV, line	e 10.			
	, (a)	Current year (b) Prior year	(c) Two yea	rs back	(d) Three years bac	k (e) Four ye	ears back
1a	Beginning of year balance							
b	Contributions							
C	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 ci	urrent year end ha	lance (line	1a column (a	ı)) held a			
a	Board designated or quasi-endowment ▶		J. (111)	19, 00.4 (0	,,, ,,,,,,,			
b	Permanent endowment ► %							
	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c st							
3a	Are there endowment funds not in the pos			hat are held	and adr	ministered for th	ne	
-	organization by:		J				,	es No
	(i) unrelated organizations						3a(i)	-
	(ii) related organizations						3a(ii)	-
ь	If "Yes" on line 3a(ii), are the related organi						3b	
4	Describe in Part XIII the intended uses of the						ستتسا	
Par								
	Complete if the organization ans		Form 990	Part IV. line	e 11a. S	See Form 990.	Part X. lin	ie 10.
	Description of property	(a) Cost or other ba		et or other basis		Accumulated	(d) Book	
	postiplion of property	(Investment)	(5) (6)	(other)		preciation	(4) 5000	
1a	Land	<u> </u>	0	0			-	0
b	Buildings		0	0		0		0
-	Leasehold improvements		0	0		0		0
d	Equipment	57	0.53	0				570.53
e	Other		0	0		0		0
	Add lines 1a through 1e. (Column (d) must	egual Form 990. F	Part X. colur	nn (B), line 10)c.)			570.53

Part VII	Investments—Other Securities.				
	Complete if the organization answere	d "Yes" on For	m 990, Part IV, lir	ne 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	, , ,	hod of valuation -of-year market value
(1) Financial					·
	neld equity interests		 		 -
(3) Other					
(A)				<u> </u>	
(B)				<u> </u>	
(C)					
(D)				ļ	
(E)					
(F) (G)				-	
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.) ▶		<u>-</u>	<u> </u>	
Part VIII	Investments—Program Related.	·		<u> </u>	
A. C. L. L. L. L. L. L. L. L. L. L. L. L. L.	Complete if the organization answered	d "Yes" on For	m 990 Part IV lir	e 11c. See Form	990 Part X line 13
	(a) Description of Investment	700 00	(b) Book value	T	hod of valuation
	(a) Sees (profit of missament		(b) Doon value	1 ' '	of-year market value
(1)					
(2)					
(3)					
(4)		-			
(5)					
(6)					
(7)					
(8)					
(9)					
	o) must equal Form 990, Part X, col. (B) line 13.) ▶			<u> </u>	
Part IX	Other Assets.				
	Complete if the organization answere		m 990, Part IV, lir	e 11d. See Form	
	(a) Desc	nption			(b) Book value
(1)				·····	-
(2)			·		
(3)					
(4)			***		
(5)					
(6)		· · · · · · · · · · · · · · · · · · ·			
(7) (8)					
(9)			 		
	mn (b) must equal Form 990, Part X, col. (B)	line 15.)		>	
Part X	Other Liabilities.				
	Complete if the organization answered	d "Yes" on Fon	m 990, Part IV, Iır	ne 11e or 11f. See	e Form 990, Part X,
	line 25.		,		,
1.	(a) Description of liability	(b) Book value			
(1) Federal in	come taxes				:
(2)				-	•
(3)					
(4)					
(5)					5
(6)					4
(7)					n sk
(8)					
(9)					
	o) must equal Form 990, Part X, col (B) line 25.) ▶				
2. Liability for	uncertain tax positions. In Part XIII, provide the	text of the footno	ote to the organization	n's financial stateme	ents that reports the
organization's	s liability for uncertain tax positions under FIN 4	8 (ASC 740). Che	ck here if the text of	the footnote has bee	n provided in Part XIII

Pя	a	A	4

Part XI			Return	
	Complete if the organization answered "Yes" on Form 990, I		, , , , , , , , , , , , , , , , , , , 	
	otal revenue. gains, and other support per audited financial statements		1	
	mounts included on line 1 but not on Form 990. Part VIII. line 12:	* - 1	[
	et unrealized gains (losses) on investments	2a	1 1	
	onated services and use of facilities	2b -	1 7 - 17 -	+ -
	ecovenes of prior year grants		1 1	
	ther (Describe in Part XIII.)			
	dd lines 2a through 2d		2e	
-	ubtract line 2e from line 1		3	
	mounts included on Form 990, Part VIII, line 12, but not on line 1:	4.	1 1	
	vestment expenses not included on Form 990, Part VIII, line 7b			
	ther (Describe in Part XIII.)	4b		
	dd lines 4a and 4b		4c 5	
	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part XI	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, I		er neturn.	
1 To	otal expenses and losses per audited financial statements	urtiv, into 12a.	1	
	mounts included on line 1 but not on Form 990, Part IX, line 25:			
	onated services and use of facilities	2a		
	ior year adjustments		1 1	
	ther losses	2c	1	
	ther (Describe in Part XIII.)		1 1	
	dd lines 2a through 2d		2e	
	ubtract line 2e from line 1		3	
	mounts included on Form 990, Part IX, line 25, but not on line 1:			
	vestment expenses not included on Form 990, Part VIII, line 7b	4a		
	ther (Describe in Part XIII.)		1 1	
	dd lines 4a and 4b		4c	
	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
	Supplemental Information.		<u> </u>	
2; Part XI	, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any addπional ir	itormation.	
				- '
		- 1		
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Schedule D (For		Page (
Part XIII	Supplemental Information (continued)	
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# 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.

2018

_____Open to Public

Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization **Employer identification number** 81-3374809 Milk with Dignity Standards Council, Inc. 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 employees 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 2017, this consisted of the review of a published report regarding compensation of non-profit organtication 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 arrangmenets. In 2017 the MDSC hired one additional employee. The compensation arragements of all three employees of the MDSC in 2017 were determined to be reasonable in light of data on compensation for non-profit organization staff in Vermont and other New England States. Part VI, line 19: MDSC makes its governing documents, conflict of interest policy and financial statements available upon request

Schodule O (Form 990 or 990-EZ) (2018)		Tanibassas and all to	Employer identification number $\gamma_{ij}$
Name of the organization	. 1	1	Employer Identification number 1999
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