DLN: 93493058013250 OMB No. 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019 D Employer identification number B Check if applicable Minnesota Čorn Growers Association □ Address change 41-1369512 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 738 First Avenue East ☐ Amended return ☐ Application pending (952) 233-0333 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 6,260,988 Name and address of principal officer H(a) Is this a group return for ☐Yes **☑**No subordinates? 738 First Avenue East H(b) Are all subordinates Shakopee, MN 55379 ☐ Yes ☐No ıncluded? ☐ 501(c)(3) ☑ 501(c)(5) ◀ (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► http://www.mncorn.org/ L Year of formation 1978 M State of legal domicile Summary 1 Briefly describe the organization's mission or most significant activities Identify and promote opportunities for corn growers while enhancing quality of life Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 18 4 18 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) **6** Total number of volunteers (estimate if necessary) . . . . 6 450 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenua 5,730,869 6,050,305 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . -5,340 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 111,045 105,226 5,836,574 6,156,214 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,548,490 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1,231,991 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,503,891 1,557,875 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 3,034,863 2,934,239 5,770,745 6,040,604 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 65,829 115,610 Net Assets or Fund Balances Beginning of Current Year **End of Year** 4,161,466 4,284,488 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 1,021,131 1,028,543 22 Net assets or fund balances Subtract line 21 from line 20 . 3,140,335 3,255,945 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here uzanne Swenson Senior Finance Director Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-02-06 P01264758 Paid self-employed Firm's EIN ► 45-0250958 Preparer Use Only Firm's address ▶ 800 Nicollet Mall Ste 1300 Phone no (612) 253-6500 Minneapolis, MN 554027033 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

| Form  | 990 (2018)             |                                    |  |   | Page <b>2</b>               |
|-------|------------------------|------------------------------------|--|---|-----------------------------|
| Pa    | rt III Statement       | of Program Service Acc             | complishments  |   |                             |
|       | Check if Sched         | dule O contains a response oi      | note to any line in this Part III .  |   | 🗹                           |
| 1     | Briefly describe the o | rganızatıon's mıssıon              |  |   |                             |
| Ident | ify and promote oppor  | tunities for corn growers whi      | e enhancing quality of life  |   |                             |
|       |                        |                                    |  |   |                             |
|       | Did the organization   | undertake any significant pro      | gram services during the year which  | ch were not listed on                   |                             |
| _     | <del>-</del>           | r 990-EZ?                          | · · · · · · · · · · · · · · · · · · ·  | cii were not listed on                  | ☐ Yes ☑ No                  |
|       |                        | se new services on Schedule        |  |   |                             |
| 3     |                        |                                    | gnificant changes in how it conduc   | ts. anv program                         |                             |
| _     | services?              |                                    |  |   | ☐ Yes ☑ No                  |
|       |                        | se changes on Schedule O           |  |   |                             |
| 4     | •                      | -                                  | nplishments for each of its three la   | raest program services, as meas         | ured by expenses            |
|       |                        |                                    | required to report the amount of   |   |                             |
|       | expenses, and revenu   | ue, if any, for each program s     | service reported   |   |                             |
|       | (Code                  | ) (Expenses \$                     | including grants of \$   | ) (Revenue \$                           | )                           |
| 44    | See Additional Data    | ) (Expenses \$                     | including grants or \$   | ) (Reveilue \$                          | ,                           |
|       |                        |                                    |  |   |                             |
| 4b    | (Code                  | ) (Expenses \$                     | including grants of \$   | ) (Revenue \$                           | )                           |
|       | See Additional Data    |                                    |  |   |                             |
| 4c    | (Code                  | ) (Expenses \$                     | including grants of \$   | ) (Revenue \$                           | )                           |
|       | See Additional Data    |                                    | -  | , ,                                     | ·                           |
|       |                        |                                    |  |   |                             |
|       | (Code                  | ) (Expenses \$                     | including grants of \$   | ) (Revenue \$                           | )                           |
|       |                        |                                    | es on finding new uses for corn and corn   |   |                             |
|       |                        |                                    | itinues in the areas of environmentally fr<br>hnologies Research in engine performar |   |                             |
|       |                        |                                    | imerous communications via broadcast,<br>ns The communications efforts result in     |   |                             |
|       | addıtıon to base commu | nications projects planned and exe | ecuted each year Focus teams and comi  | mittees direct special projects to comm | nunications staff when they |
|       |                        |                                    | rom straight forward, one-time newspap<br>ommunications staff also oversee social    |   |                             |
| 4d    | Other program service  | tes (Describe in Schedule O )      |  |   |                             |
|       | (Expenses \$           | ` '                                | grants of \$   | ) (Revenue \$                           | )                           |
|       | Total program serv     | rice expenses >                    |  |   |                             |

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|------|--|-----|-----|---------------|
| Pa   | tIV Checklist of Required Schedules  |     |     |               |
|      |  |     | Yes | No            |
| 1    | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1   |     | No            |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2   |     | No            |
| 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   | Yes |               |
| 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   | Yes |               |
| 6    | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I  | 6   |     | No            |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7   |     | No            |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III   | 8   |     | No            |
| 9    | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?If "Yes," complete Schedule D, Part IV                     | 9   |     | No            |
| 10   | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏   | 10  |     | No            |
|      | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable  |     |     |               |
|      | Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI   | 11a | Yes |               |
|      | 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 2  | 11b |     | No            |
|      | 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 2  | 11c |     | No            |
|      | 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 2   | 11d |     | No            |
| е    | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥞  | 11e |     | No            |
| f    | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f | Yes |               |
| 12a  | Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2  | 12a | Yes |               |
| b    | Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b |     | No            |
| 13   | Is the organization a school described in section $170(b)(1)(A)(II)$ ? If "Yes," complete Schedule E   | 13  |     | No            |
| 14a  | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |     | No            |
| b    | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 14b |     | No            |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15  |     | No            |
| 16   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16  |     | No            |
| 17   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  | 17  |     | No            |

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . .

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

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

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21

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

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

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

18

19

20a

20b

21

22

Yes

Yes

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No

Nο

No

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|------|---|---------|-----|---------------|
| Par  | tiV Checklist of Required Schedules (continued)   |         |     |               |
|      |   |         | Yes | No            |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>   | 23      | Yes |               |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a                             | 24a     |     | No            |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b     |     |               |
| 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     |     |               |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d     |     |               |
| 25a  | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a     |     |               |
| 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?  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      |     | No            |
| 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      |     | No            |
| 28   | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  |         |     |               |
| а    | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV  | 28a     |     | No            |
| b    | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b     |     | No            |
| 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     |     | No            |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$  | 29      |     | No            |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>   | 30      |     | No            |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .  | 31      |     | No            |
| 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      |     | No            |
| 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      |     | No            |
| 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      | Yes |               |
| 35a  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a     | Yes |               |
|      | 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     |     | No            |
| 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      |     | No            |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O   | 38      | Yes |               |
| Pa   | Statements Regarding Other IRS Filings and Tax Compliance   | · · · · |     |               |
|      | Check if Schedule O contains a response or note to any line in this Part V  |         |     |               |

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Yes

Yes Form **990** (2018)

59

0

1a

1b

No

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during 

8 9a Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9h Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders . 11a

**b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . . . . . . . . . 11b

12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O 13a Enter the amount of reserves the organization is required to maintain by the states in

13b which the organization is licensed to issue qualified health plans . . . .

c Enter the amount of reserves on hand . . . . . . . . . . . . . . . 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . 14a No b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b

15

No

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Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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|-----|---|------------|---------|---------------|
| Pa  | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI   | o" respo   | onse to | lines         |
| Se  | ction A. Governing Body and Management  |            |         |               |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year 18  |            | Yes     | No            |
|     | 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 18  |            |         |               |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | 2          |         | No            |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .   | 3          |         | No            |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .  | 4          |         | No            |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets? .  | 5          |         | No            |
| 6   | Did the organization have members or stockholders?  | 6          | Yes     |               |
|     | 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         | Yes     |               |
|     | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | 7b         |         | No            |
|     | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |            |         | 1             |
|     | The governing body?   | 8a         | Yes     |               |
| b   | Each committee with authority to act on behalf of the governing body?   | <b>8</b> b | Yes     |               |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9          |         | No            |
| Se  | ction B. Policies (This Section B requests information about policies not required by the Internal Revenu   | e Code     |         |               |
|     |   |            | Yes     | No            |
|     | Did the organization have local chapters, branches, or affiliates?  | 10a        |         | No            |
|     | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b        |         |               |
|     | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a        | Yes     |               |
|     | Describe in Schedule O the process, if any, used by the organization to review this Form 990  |            |         |               |
|     | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a        | Yes     |               |
|     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 12b        | Yes     |               |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  | 12c        | Yes     |               |
| 13  | Did the organization have a written whistleblower policy?   | 13         | Yes     |               |
| 14  | Did the organization have a written document retention and destruction policy?  | 14         | Yes     |               |
| 15  | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |            |         | 1             |
|     | The organization's CEO, Executive Director, or top management official  | 15a        | Yes     |               |
| b   | Other officers or key employees of the organization   | 15b        |         | No            |
|     | 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        |         | No            |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  | 16b        |         |               |
| Se  | ction C. Disclosure   |            |         |               |
| 17  | List the States with which a copy of this Form 990 is required to be filed▶   |            |         |               |
| 18  | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  |            |         |               |
|     | Own website $\square$ Another's website $ ot value of the property formula of the property of the pr$ |            |         |               |
| 19  | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  |            |         |               |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and records  Suzanne Swenson 738 First Avenue East Shakopee, MN 55379 (952) 460-3605   |            |         |               |

Part VII

(14) Richard Syverson

Board Member - until Jan 2019

Board Member - until Sep 2019

Board Member

(15) Rvan Buck

(16) Blair Hoseth

Board Member

Compensation of Officers, Directors, Trustees, 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, or 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 (E) (A) (D) (F) (B) (C) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W- 2/1099-(W-2/1099organization and ΨŪ Individual employ MISC) MISC) organizations Ē related Institutional <del>自認ので</del> 호 below dotted organizations employ nest 3 line) con trustee P pensat Ě 15.00 (1) Brian Thalmann Х 11,292 President 5 00 (2) Les Anderson Χ 8.053 0 0 Vice President 5 00 (3) Tim Waibel Х Х 5.983 n O Treasurer 5 00 (4) Bryan Biegler Х 4.839 Secretary 2 00 (5) Dana Allen-Tully 0 Х 0 Board Member - began Jan 2019 2 00 (6) Charles Degrote 4,755 0 0 Board Member 2.00 (7) Tom Haag 7,920 0 Board Member 2 00 (8) Paul Henning 4.835 0 Х 0 Board Member 2 00 (9) Kirby Hettver 10,436 0 0 Board Member 2.00 (10) Jim Kanten Board Member - began Jan 2019 2 00 3.865 0 0 Х Board Member 2 00 (12) Noah Hultgren 6,692 0 0 Board Member 2.00 (13) Gerald Mulder 5,597 Board Member - until Jan 2019

2 00

2 00

2 00

2 00

Х

Х

0

0

0

4.169

5,032

3,934

5.069

Minnetonka, MN 55305

Combest Sell & Associates

5109 82nd Street Suite 7-1111 Lubbock, TX 79414

compensation from the organization  $\blacktriangleright$  3

Page 8

| <b>(A)</b><br>Name and Title   | (B) Average hours per week (list any hours            | than o                            | ne b                  | ox, ι<br>n of | t ch<br>unle<br>fice      | r and a                         | son        | (D) Reportable compensation from the organization (W- | (E) Reportable compensation from related organizations | Estim<br>amount<br>comper<br>from | nated<br>of other<br>nsation<br>the |
|--|---|-----------------------------------|-----------------------|---------------|---------------------------|---------------------------------|------------|---|--|-----------------------------------|-------------------------------------|
|  | for related<br>organizations<br>below dotted<br>line) | individual trustee<br>or director | Institutional Trustee | Officer       | key employee              | Highest compensated<br>employee | Former     | 2/1099-MISC)  | (W- 2/1099-<br>MISC)                                   | organiza<br>rela<br>organiz       | ted                                 |
| (18) John Swanson  | 2 00  | ı x                               |                       |               |                           |                                 |            | 5,353   | C  |                                   | 0                                   |
| Board Member   |   |                                   |                       |               |                           |                                 |            | ,   |  |                                   |                                     |
| (19) Bruce Peterson  | 2 00  | ×                                 |                       |               |                           |                                 |            | 5,058   | c  |                                   | 0                                   |
| Board Member - until Jan 2019  |   | ••••                              |                       |               |                           |                                 |            | ·   |  |                                   |                                     |
| (20) DJ Van Klompenburg  | 2 00  | ×                                 |                       |               |                           |                                 |            | 0   | c  |                                   | 0                                   |
| Board Member - began Jan 2019  |   | ••••                              |                       |               |                           |                                 |            |   |  |                                   |                                     |
| (21) Harold Wolle  | 2 00  | ×                                 |                       |               |                           |                                 |            | 8,392   | c  |                                   | 0                                   |
| Board Member   |   | ••••                              |                       |               |                           |                                 |            |   |  |                                   |                                     |
| (22) Dale Tolifson   | 2 00  | X                                 |                       |               |                           |                                 |            | 410   | С  |                                   | 0                                   |
| Board Member   |   | ••••                              |                       |               | _                         |                                 |            |   |  |                                   |                                     |
| (23) Adam Bırr   | 50 00   |                                   |                       | ×             |                           |                                 |            | 170,493   | С  |                                   | 27,346                              |
| Executive Director/CEO   |   | ••••                              |                       |               |                           |                                 |            |   |  |                                   |                                     |
| (24) Suzanne Swenson   | 50 00   |                                   |                       | ×             |                           |                                 |            | 104,487   | С  |                                   | 19,955                              |
| Senior Finance Director  |   | ••••                              |                       |               |                           |                                 |            | ·   |  |                                   |                                     |
| (25) Mark Mamerlinck   | 50 00   |                                   |                       |               |                           | ×                               |            | 109,703   | С  |                                   | 34,072                              |
| Assistant Executive Director   |   | ••••                              |                       |               |                           |                                 |            |   |  |                                   |                                     |
|  |   |                                   |                       |               |                           |                                 |            |   |  |                                   |                                     |
| 1b Sub-Total   |   |                                   |                       |               | j                         | •                               |            |   |  |                                   |                                     |
| c Total from continuation sheets to Part \   |   |                                   |                       |               |                           | <b>-</b>                        |            |   |  |                                   |                                     |
| d Total (add lines 1b and 1c)  | <u> </u>  |                                   | •                     |               |                           | <b>&gt;</b>                     |            | 496,367   | 0  |                                   | 81,373                              |
| 2 Total number of individuals (including bu  |   | those li                          | sted a                | abov          | ve) v                     | vho re                          | ceiv       | ed more than \$100                                    | ,000   |                                   |                                     |
| of reportable compensation from the orga   | anization > 3   |                                   |                       |               |                           |                                 |            |   |  |                                   |                                     |
|  |   |                                   |                       |               |                           |                                 |            |   |  | Yes                               | No                                  |
| 3 Did the organization list any former office<br>line 1a? If "Yes," complete Schedule J for      |   |                                   | key (                 | emp           | loye<br>-                 | e, or h                         | nighe<br>- | est compensated er                                    | · ′  |                                   | NI-                                 |
| , ,  |   |                                   | -                     |               | -                         |                                 |            |   | 3  |                                   | No                                  |
| For any individual listed on line 1a, is the organization and related organizations grandividual | eater than \$150                                      | ),000?                            | ipens<br>If "Ye       | atio<br>5," ( | on ar<br>com <sub>i</sub> | otne<br>plete S                 | che        | dule J for such                                       | ne<br>• • • 4  | Vaa                               |                                     |
|  |   |                                   | •                     |               |                           |                                 |            |   |  | Yes                               |                                     |
| 5 Did any person listed on line 1a receive of<br>services rendered to the organization? If 1     |   |                                   |                       |               |                           |                                 |            |   |  |                                   |                                     |
| _  | •   | Jeneur                            | C J I                 | J, 3          | acii                      | ان د اعم                        | •          |   | 5  |                                   | No                                  |
| Section B. Independent Contractors   |   |                                   |                       |               |                           |                                 |            | 1   | 100.000 5  |                                   |                                     |
| Complete this table for your five highest from the organization. Report compensation.            |   |                                   |                       |               |                           |                                 |            |   |  | nsation                           |                                     |
| Name and h   | (A)<br>ousiness address                               |                                   |                       |               |                           |                                 |            | Descript  | (B)<br>tion of services                                | Compe                             |                                     |
| Portage Marketing  |   |                                   |                       |               |                           |                                 |            |   | ement & Advertising                                    | Simpo                             | 630,977                             |
| 2401 Sheridan Ave S<br>Minneapolis, MN 55416   |   |                                   |                       |               |                           |                                 |            |   |  |                                   |                                     |
| Himle LLC  |   |                                   |                       |               |                           |                                 |            |   | 223,500  |                                   |                                     |
| 13908 Emerald Ridge<br>Minnetonka, MN 55305  |   |                                   |                       |               |                           |                                 |            |   |  |                                   |                                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(C)

(D)

(E)

(B)

137,500

Education & Lobbying Consulting

|   | Check ii Schedare  | e contains c                  | respons          | e of fisce to diff | (              | (A)<br>revenue | Rela<br>ex<br>fui | (B) ated or empt action venue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|--|-------------------------------|------------------|--------------------|----------------|----------------|-------------------|-------------------------------|---|--|
| 10  | 1a Federated campaign  | ns                            | 1a               |                    |                |                |                   |                               |   |  |
| unts<br>unt   | <b>b</b> Membership dues .   |                               | 1b               |                    |                |                |                   |                               |   |  |
| <u> </u>  | <b>c</b> Fundraising events  |                               | 1c               |                    |                |                |                   |                               |   |  |
| ş`₹   | <b>d</b> Related organization  | ns                            | 1d               |                    |                |                |                   |                               |   |  |
| <u> </u>  | e Government grants (co  | ntributions)                  | 1e               |                    |                |                |                   |                               |   |  |
| ions,<br>r Sim  | f All other contributions, and similar amounts no  | gifts, grants,<br>ot included | 1f               |                    |                |                |                   |                               |   |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | g Noncash contributio  | ns included                   |                  |                    |                |                |                   |                               |   |  |
| on<br>Pue   | h Total. Add lines 1a-   |                               |                  | •                  |                |                |                   |                               |   |  |
|   |  |                               |                  | Busines            | s Code         |                |                   |                               |   | <u> </u>   |
| ЖIе   | 2a Reimburs From MN CRP  | С                             |                  | Busines            |                | 5,5            | 93,433            | 5,593                         | ,433                                    |  |
| lev-  | b Membership Dues  |                               |                  |                    | 900099         | 4              | 29,266            | 429                           | ,266                                    |  |
| η<br>Q  | C Variety Plots Income   |                               |                  |                    | 900099         |                | 8,475             | 8                             | ,475                                    |  |
| rΜC   | - variety riots income   |                               |                  |                    | 900099         |                |                   |                               |   |  |
| S.  | d ————   |                               |                  |                    |                |                |                   |                               |   |  |
| ram   | e  |                               | _                |                    |                |                | 19,131            | 19                            | ,131                                    |  |
| Program Service Revenue                                   | <b>f</b> All other program ser   | vice revenue                  |                  | 6                  | ,050,305       |                | <u> </u>          |                               |   |  |
| ۵   | <b>gTotal.</b> Add lines 2a-2f   | f                             |                  |                    | ,,             |                |                   |                               |   |  |
|   | 3 Investment income (in similar amounts)   |                               |                  |                    |                | 383            | 3                 |                               |   | 383  |
|   | 4 Income from investme   |                               |                  |                    |                |                |                   |                               |   |  |
|   | <b>5</b> Royalties   |                               | •                | •                  | • <del> </del> |                |                   |                               |   |  |
|   | · [  | (ı) Real                      |                  | (II) Personal      | i              |                |                   |                               |   |  |
|   | <b>6a</b> Gross rents  |                               |                  |                    |                |                |                   |                               |   |  |
|   | <b>b</b> Less rental expenses  |                               | 10,000<br>04,774 |                    |                |                |                   |                               |   |  |
|   | <b>D</b> Less Telltal expenses   | 1                             | ,,,,,            |                    |                |                |                   |                               |   |  |
|   | c Rental income or (loss)  | 1                             | 05,226           |                    |                |                |                   |                               |   |  |
|   | <b>d</b> Net rental income or  | (loss)                        |                  |                    |                | 105,226        | 5                 |                               |   | 105,226  |
|   | _  | (ı) Securit                   | es               | (II) Other         |                |                |                   |                               |   |  |
|   | 7a Gross amount from sales of assets other than inventory                                      |                               |                  | 30                 | 00             |                |                   |                               |   |  |
|   | <b>b</b> Less cost or<br>other basis and<br>sales expenses                                     |                               |                  |                    | 0              |                |                   |                               |   |  |
|   | C Gain or (loss)   |                               |                  | 30                 | 00             |                |                   |                               |   |  |
|   | d Net gain or (loss)   |                               | _                | <u> </u>           |                | 300            | ,                 |                               |   | 300  |
| Other Revenue   | 8a Gross income from fu<br>(not including \$<br>contributions reported<br>See Part IV, line 18 | d on line 1c)                 | of<br>a          |                    |                |                |                   |                               |   |  |
| Re  | <b>b</b> Less direct expenses  |                               | ь                |                    |                |                | 1                 |                               |   |  |
| er  | <b>c</b> Net income or (loss) i  | from fundrais                 | ng even          | ts 🕨               |                |                |                   |                               | 93,433 29,266 8,475 19,131              |  |
| Oth   | <b>9a</b> Gross income from ga<br>See Part IV, line 19   |                               | es a             |                    |                |                |                   |                               |   |  |
|   | <b>b</b> Less direct expenses <b>c</b> Net income or (loss)                                    |                               | ь                |                    |                |                |                   |                               |   |  |
|   | 10aGross sales of invento  |                               |                  | • • •              |                |                |                   |                               |   |  |
|   | returns and allowance  |                               | a                |                    |                |                |                   |                               |   |  |
|   | <b>b</b> Less cost of goods so   | old                           | b                |                    |                |                |                   |                               |   |  |
|   | C Net income or (loss) i   |                               | inventor<br>I    | Business Code      |                |                | 1                 |                               |   | _  |
|   | 11a  | Revenue                       |                  | Busiliess Code     |                |                |                   |                               |   |  |
|   |  |                               |                  |                    |                |                | 1                 |                               |   |  |
|   | b  |                               | $-\!\!\!+$       |                    |                |                | 1                 |                               |   |  |
|   | _  |                               |                  |                    |                |                | 1                 |                               |   |  |
|   | с  |                               | -+               |                    |                |                | 1                 |                               |   |  |
|   | ·  |                               |                  |                    |                |                | 1                 |                               |   |  |
|   | A I A II - A I   |                               |                  |                    |                |                | 1                 |                               |   |  |
|   | d All other revenue . e Total. Add lines 11a-  |                               |                  |                    |                |                | 1                 |                               |   |  |
|   |  |                               |                  | •                  |                |                | 1                 |                               |   |  |
|   | 12 Total revenue. See  | Instructions                  |                  |                    |                | 6,156,214      | 1                 | 6,050,305                     |   | 105,909  |

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

Form 990 (2018) Page **10 Statement of Functional Expenses ✓** Check if Schedule O contains a response or note to any line in this Part IX  $\,$  . (B) (C) Do not include amounts reported on lines 6b, (A) (D) Program service Management and 7b, 8b, 9b, and 10b of Part VIII. Total expenses Fundraisingexpenses expenses general expenses 1,450,721 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 97,769 2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 4 Benefits paid to or for members 468,296 Compensation of current officers, directors, trustees, and 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 807,117 7 Other salaries and wages 50,197 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . 142,797 9 Other employee benefits . **10** Payroll taxes . . . 89,468 11 Fees for services (non-employees) a Management . 32,299 **b** Legal 15,900 c Accounting 146,750 **d** Lobbying . . . . . e Professional fundraising services See Part IV, line 17 f Investment management fees . . . q Other (If line 11g amount exceeds 10% of line 25, column 784.269 (A) amount, list line 11g expenses on Schedule O) 710.022 12 Advertising and promotion 13 Office expenses . 322,023 116,259 14 Information technology . 15 Royalties . 58,604 16 Occupancy . 178.074 **17** Travel . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 102,999 19 Conferences, conventions, and meetings 20 Interest . 16,926 21 Payments to affiliates . . 75,444 22 Depreciation, depletion, and amortization . 46,544 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O ) 226,658 a Dues & Subscriptions **b** Awards 72,308 6,083 c Repairs & Maintenance d 23,077 e All other expenses

6,040,604

Form **990** (2018)

25 Total functional expenses. Add lines 1 through 24e 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) 1 2

30

31

32

33

34

Net

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

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

Retained earnings, endowment, accumulated income, or other funds

Page **11** 

1,152,523

# Check if Schedule O contains a response or note to any line in this Part IX.

|  | Beginning of year |   | End o |
|--|-------------------|---|-------|
| Cash-non-interest-bearing              |                   | 1 |       |
| Savings and temporary cash investments | 1,851,561         | 2 |       |
| Pledges and grants receivable, net     |                   | 3 |       |
|  |                   |   |       |

3 800,426 1,654,854 4 Accounts receivable, net . . . 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete 5 Part II of Schedule L . . . . . 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) 6

voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets Notes and loans receivable, net . 8 Inventories for sale or use . 25.065 Prepaid expenses and deferred charges 9 19.014 10a Land, buildings, and equipment cost or other 10a 2,391,368 basis Complete Part VI of Schedule D 933,271 Less accumulated depreciation 10b 1,484,414 10c 1,458,097 11 11 Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 . Investments-program-related See Part IV, line 11 Intangible assets . . . . Other assets See Part IV, line 11 . **Total assets.** Add lines 1 through 15 (must equal line 34) . Accounts payable and accrued expenses

12 12 13 13 14 14 15 15 16 4.161.466 16 237,246 17 17 18 18 Grants payable . . 19 Deferred revenue . . . 348.138 19 20 Tax-exempt bond liabilities . . . 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 22

4.284.488 261,609 358.845 Liabilities 435.747 408.089 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24

25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . 1.021.131 26 1.028.543

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34.

3.140.335 3.255.945 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28

Fund Balances 29 29 Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34. Assets or

30

31 32

33

34

3,255,945

4,284,488

Form **990** (2018)

3.140.335

4,161,466

| Form | 990 (2018)  |        |    |     | Page <b>12</b> |
|------|---|--------|----|-----|----------------|
| Pa   | Reconcilliation 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      |    |     | ,156,214       |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2      |    |     | ,040,604       |
| 3    | Revenue less expenses Subtract line 2 from line 1   | 3      |    |     | 115,610        |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   | 4      |    | 3   | ,140,335       |
| 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      |    |     | 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     |    | 3   | ,255,945       |
| Pa   | t XII Financial Statements and Reporting  |        |    |     |                |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |        |    |     |                |
|      |   |        |    | Yes | No             |
| 1    | Accounting method used to prepare the Form 990  |        |    |     |                |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |        |    |     |                |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?   |        | 2a |     | No             |
|      | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both   | on a   |    |     |                |
|      | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  |        |    |     |                |
| b    | Were the organization's financial statements audited by an independent accountant?  |        | 2b | Yes | "              |
|      | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both  | basis, |    |     |                |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |        |    |     |                |
| С    | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? |        | 2c | Yes | 1              |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Sche  | dule O |    |     |                |
| За   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii<br>Audit Act and OMB Circular A-133?  | ngle   | 3a |     | No             |

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

lo\_\_

Form **990** (2018)

3b

#### Additional Data

Software ID:

Software Version:

**EIN:** 41-1369512

Name: Minnesota Corn Growers Association

Form 990 (2018)

participate in more than 200 events

Form 990, Part III, Line 4a: Producer Services (PS) Team The PS team has a broad and diverse list of organizations with whom it partners. In addition to promoting and educating people about corn and

corn farming and the items necessary to conducting those activities, the PS team supports projects such as venues at the Minnesota State Fair, MN Landscape Arboretum and Minnesota Historical Society Museum. The PS team has and continues to sponsor work conducted by more than 100 community, state, regional and national groups Matching programs that support the activities of fifty-two county corn organizations are funded through this team. Five district field managers assist our county affiliates and

### Production Stewardship (SP) Team The SP team invests resources between 15 and 25 projects each year in the area of agronomics and genetics, improving nutrient management, cover crops & tillage systems, and water quality. The team continues long term support of a nutrient management position as well as a water quality, nutrient

management, agricultural drainage education specialist at the University of Minnesota, Minnesota Agriculture Water Resources Center and Minnesota Discovery Farms

Farmer led innovation grants have produced notable success in discovery and implementation of improved nutrient management and sustainable practices

Form 990, Part III, Line 4b:

Food & Bioenergy (FAB) Team The FAB team supports biofuels and the food industry. Historically, the team has been very involved in the build out of renewable pump infrastructure in Minnesota. The FAB team commissioned a large ethanol education and promotion effort. The team continues to be involved in several national initiations such as U.S. Grains Council. Ag- Auto-Ethanol Alliance. Crappie Masters ethanol promotion. Green chemistry, ethanol co-product market development and the introduction of

Form 990, Part III, Line 4c:

Low Carbon Octane Standard (LCOS) for high compression engines is an exciting new endeavor for the team

### **Political Campaign and Lobbying Activities**

OMB No 1545-0047

DLN: 93493058013250

Open to Public

**SCHEDULE C** (Form 990 or 990-

Department of the Treasury

EZ)

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.qov/Form990 for instructions and the latest information.

Inspection

|                    | an Revenue Service  |  |  |                                |                                   |                |   |          |  |  |  |
|--------------------|---|--|--|--------------------------------|-----------------------------------|----------------|---|----------|--|--|--|
| • S                | e organization answered "Yes" or<br>Section 501(c)(3) organizations Cor<br>Section 501(c) (other than section 5<br>Section 527 organizations Complet                                    | mplete Parts I-A and B Do not com<br>501(c)(3)) organizations Complete<br>te Part I-A only   | plete Part I-C<br>Parts I-A and C below            | Do not co                      | mplete Part I-                    | -В             |   | ın       |  |  |  |
| f the              | e organization answered "Yes" of<br>Section 501(c)(3) organizations tha<br>Section 501(c)(3) organizations tha<br>e organization answered "Yes" of<br>xy Tax) (see separate instruction | n Form 990, Part IV, Line 4, or Fo<br>t have filed Form 5768 (election un<br>t have NOT filed Form 5768 (electi<br>n Form 990, Part IV, Line 5 (Prox   | ider section 501(h)) Co<br>on under section 501(h  | mplete Pa<br>)) Comple         | rt II-A Do no<br>te Part II-B [   | t con<br>Do no | nplete Part II-l<br>ot complete Pa  | art II-A |  |  |  |
|                    | Section 501(c)(4), (5), or (6) organiz  |  |  |                                |                                   |                |   |          |  |  |  |
|                    | me of the organization<br>nesota Corn Growers Association   |  |  |                                | <b>Employer</b> io 41-1369512     |                | ification nun   | ıber     |  |  |  |
| Par                | t I-A Complete if the orga  | nization is exempt under se  | ection 501(c) or is                                | is a section 527 organization. |                                   |                |   |          |  |  |  |
| 1                  | Provide a description of the organ "political campaign activities")   | nization's direct and indirect politica  | al campaign activities in                          | Part IV (s                     | see instruction                   | ns fo          | r definition of   |          |  |  |  |
| 2                  | Political campaign activity expend  | litures (see instructions)   |  |                                | <b>&gt;</b>                       | \$             |   |          |  |  |  |
| 3                  | Volunteer hours for political camp  | , , ,  |  |                                |                                   |                |   | ı        |  |  |  |
|                    | <u> </u>  | nization is exempt under se  |  |                                |                                   |                |   |          |  |  |  |
| 1                  | •   | ax incurred by the organization und  |  |                                | <b>&gt;</b>                       | \$             |   |          |  |  |  |
| 2                  | •   | ax incurred by organization manag  |  |                                | •                                 | \$             |   |          |  |  |  |
| 3                  | If the organization incurred a sec  | tion 4955 tax, did it file Form 4720   | ) for this year?                                   |                                |                                   |                | ☐ Yes   | ☐ No     |  |  |  |
| 4a                 | Was a correction made?  |  |  |                                |                                   |                | ☐ Yes   | ☐ No     |  |  |  |
| b                  | If "Yes," describe in Part IV   |  | =0.1( )  |                                | =047.34                           |                |   |          |  |  |  |
|                    | t I-C Complete if the orga  | <del>-</del>   |  |                                |                                   | 3).            |   |          |  |  |  |
| 1                  | , ,   | ed by the filing organization for se   |  |                                |                                   | \$             |   | 5,41     |  |  |  |
| 2                  | function activities   | anızatıon's funds contributed to ot  | her organizations for se                           | ection 527                     | exempt                            | \$             |   | 1,95     |  |  |  |
| 3                  | Total exempt function expenditur  | es Add lines 1 and 2 Enter here a  | nd on Form 1120-POL,                               | lıne 17b                       | <b>&gt;</b>                       | \$             |   | 7,36     |  |  |  |
| 4                  | Did the filing organization file For  | m 1120-POL for this year?  |  |                                |                                   |                | ☐ Yes   | ☑ No     |  |  |  |
| 5                  | organization made payments For of political contributions received  | employer identification number (EI<br>each organization listed, enter the<br>that were promptly and directly de<br>ee (PAC) If additional space is nee | e amount paid from the<br>clivered to a separate p | filing orga<br>olitical org    | anızatıon's fur<br>anızatıon, sud | nds /          | Also enter the  |          |  |  |  |
|                    | (a) Name (b) Address (c) EIN (d) Ar filing funds  |  |  |                                |                                   |                | (e) Amount of politica contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |          |  |  |  |
| (1)<br>Mınn<br>PAC | esota Corn Growers Association Federal  | 738 1st Ave E<br>Shakopee, MN 55379  | 27-1156398   |                                | 5,4                               | 11             |   | 1,90     |  |  |  |
| (2)<br>Mınn<br>PAC | esota Corn Growers Association State  |  | 0  |                                | 5                                 |                |   |          |  |  |  |
| 3                  |   |  |  |                                |                                   |                |   |          |  |  |  |
| 4                  |   |  |  |                                |                                   |                |   |          |  |  |  |
| 5                  |   |  |  |                                |                                   |                |   |          |  |  |  |
| 6                  |   |  |  |                                |                                   |                |   |          |  |  |  |

| ь | Total lobbying expenditures to influence a legislative   | body (direct lobbying)                            |       |
|---|--|---|-------|
| c | Total lobbying expenditures (add lines 1a and 1b)        |   |       |
| d | Other exempt purpose expenditures                        |   |       |
| e | Total exempt purpose expenditures (add lines 1c and      |   |       |
| f | Lobbying nontaxable amount Enter the amount fron columns |   |       |
|   | If the amount on line 1e, column (a) or (b) is:          | The lobbying nontaxable amount is:                |       |
|   | Not over \$500,000                                       | 20% of the amount 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 plus 5% of the excess over \$1,500,000  |       |
|   | Over \$17,000,000  | \$1,000,000                                       |       |
|   |  |   | <br>• |
| g | Grassroots nontaxable amount (enter 25% of line 1f       | )   |       |
| h | Subtract line 1g from line 1a If zero or less, enter -(  |   |       |
|   |  |   |       |

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

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

Total lobbying expenditures Grassroots nontaxable amount

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

Grassroots lobbying expenditures

activity

Volunteers?

Part IV

Return Reference

Supplemental Information

instructions), and Part II-B, line 1 Also, complete this part for any additional information

1

(b)

Amount

(a)

No

Yes

#### Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions)

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D** 

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

(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 the latest information.

DLN: 93493058013250 OMB No 1545-0047

Open to Public Inspection Employer identification number

|            | me of the organization  |  |         |                      | Em          | ployer id     | entification  | number      |
|------------|---|--|---------|----------------------|-------------|---------------|---------------|-------------|
| MIN        | nesota Corn Growers Association   |  |         |                      | 41-         | 1369512       |               |             |
| Pā         | ort I Organizations Maintaining Donor Advise  |  |         |                      | ls or Ac    | counts.       |               |             |
|            | Complete if the organization answered "Yes'   | on Form 990,  (a) Donor                        |         | •                    |             | (L) []        |               |             |
| 1          | Total number at end of year   | (a) Donor                                      | auvis   | ea runas             |             | (b)Fund       | s and other   | accounts    |
| 2          | Aggregate value of contributions to (during year)   |  |         |                      |             |               |               |             |
| 3          | Aggregate value of grants from (during year)  |  |         |                      |             |               |               |             |
| 4          | Aggregate value at end of year  |  |         |                      |             |               |               |             |
| 5          | Did the organization inform all donors and donor advisors   | on writing that th                             | 2550    | ts held in dono      | r adviced   | funds are     | the           |             |
|            | organization's property, subject to the organization's excl   |  |         | ts field in dollo    | auviseu     | runus are     |               | Yes 🗌 No    |
| 6          | Did the organization inform all grantees, donors, and don<br>charitable purposes and not for the benefit of the donor o<br>private benefit?   |  |         |                      |             |               |               | Yes 🗌 No    |
| Pa         | rt III Conservation Easements. Complete if the  | organization ai                                | nswer   | ed "Yes" on <b>I</b> | orm 99      | 0, Part IV    |               |             |
| 1          | Purpose(s) of conservation easements held by the organiz  | zation (check all t                            | nat ap  | ply)                 |             |               |               |             |
|            | $\square$ Preservation of land for public use (e g , recreation $\alpha$  | or education)                                  |         | Preservation o       | f an histo  | rically imp   | ortant land a | area        |
|            | Protection of natural habitat   |  |         | Preservation o       | f a certifi | ed historic   | structure     |             |
|            | ☐ Preservation of open space  |  |         |                      |             |               |               |             |
| 2          | Complete lines 2a through 2d if the organization held a que easement on the last day of the tax year  | ualified conservati                            | on cor  | ntribution in the    | e form of   |               |               |             |
| а          | Total number of conservation easements  |  |         |                      | 2a          | Held a        | at the End o  | of the Year |
| b          | Total acreage restricted by conservation easements  |  |         |                      | 2b          |               |               |             |
| c          | Number of conservation easements on a certified historic  | structure included                             | ın (a)  |                      | 2c          |               |               |             |
| d          | Number of conservation easements included in (c) acquire  | ed after 7/25/06, a                            | and no  | t on a historic      | 2d          |               |               |             |
|            | structure listed in the National Register   |  |         |                      |             | 1             |               |             |
| 3          | Number of conservation easements modified, transferred tax year   | , released, extingi                            | ııshed, | , or terminated      | by the o    | rganızatıor   | n during the  |             |
| 4          | Number of states where property subject to conservation   | easement is locat                              | ed 🕨    |                      |             |               |               |             |
| 5          | Does the organization have a written policy regarding the and enforcement of the conservation easements it holds?   | periodic monitori                              | ng, ins | spection, handl      | ing of vio  | —<br>lations, | ☐ Yes         | □ No        |
| 6          | Staff and volunteer hours devoted to monitoring, inspecti   | ing, handling of vi                            | olation | s, and enforcir      | ig conser   | vation ease   |               |             |
|            | <u> </u>  |  |         |                      |             |               |               |             |
| 7          | Amount of expenses incurred in monitoring, inspecting, h  \$  | andling of violatio                            | ns, an  | d enforcing cor      | nservation  | n easemen     | ts during the | e year      |
| 8          | Does each conservation easement reported on line 2(d) a   | above satisfy the r                            | equire  | ments of section     | on 170(h)   | (4)(B)(ı)     |               |             |
|            | and section $170(h)(4)(B)(n)$ ?   |  |         |                      |             |               | ☐ Yes         | □ No        |
| 9          | In Part XIII, describe how the organization reports conserbalance sheet, and include, if applicable, the text of the forthe organization's accounting for conservation easements      | ootnote to the org                             |         |                      |             |               |               |             |
| Par        | t III Organizations Maintaining Collections o   |  | al Tre  | easures, or (        | Other S     | imilar As     | ssets.        |             |
|            | Complete if the organization answered "Yes  |  |         |                      |             |               |               |             |
| <b>1</b> a | If the organization elected, as permitted under SFAS 116 art, historical treasures, or other similar assets held for p provide, in Part XIII, the text of the footnote to its financi | ublic exhibition, e                            | ducatio | on, or research      | ın furthe   |               |               |             |
| b          | TC-1  | (ASC 958), to rep                              | ort in  | its revenue sta      | itement a   |               |               |             |
| (          | (i) Revenue included on Form 990, Part VIII, line 1   |  |         |                      |             | ▶ \$          |               |             |
| C          | ii)Assets included in Form 990, Part X  |  |         |                      |             | <b>▶</b> \$   |               |             |
| 2          | If the organization received or held works of art, historica following amounts required to be reported under SFAS 11  |  |         |                      | financial   | gain, provi   | ide the       |             |
| а          | Revenue included on Form 990, Part VIII, line 1   | (, , <u>, , , , , , , , , , , , , , , , , </u> | . 5 . 5 |                      |             | <b>▶</b> \$   |               |             |
|            | Assets included in Form 990, Part X   |  |         |                      |             | <b>▶</b> \$   |               |             |
|            | · · ·   |  |         |                      |             |               |               |             |

Cat No 52283D

Schedule D (Form 990) 2018

| Par | t II   | Organizations Ma   | aintaining Coll                | ections o   | of Art, H         | istori  | cal T    | reası   | ıres, or   | Other     | Similar As    | ssets (c   | ontinued)     |         |
|-----|--|--|--------------------------------|-------------|-------------------|---------|----------|---------|------------|-----------|---------------|------------|---------------|---------|
| 3   |  | sing the organization's acq<br>ems (check all that apply)  | uisition, accession            | , and other | records,          | check   | any of   | the fo  | llowing t  | hat are a | significant i | use of its | collection    |         |
| а   |  | Public exhibition  |                                |             |                   | d       |          | Loan    | or excha   | ange pro  | grams         |            |               |         |
| b   |  | Scholarly research   |                                |             |                   | e       |          | Othe    | r          |           |               |            |               |         |
| c   |  | Preservation for future  | generations                    |             |                   |         |          |         |            |           |               |            |               |         |
| 4   |  | ovide a description of the ortion  | organization's colle           | ections and | l explain h       | now the | ey furtl | her the | e organız  | ation's e | xempt purpo   | se in      |               |         |
| 5   |  | uring the year, did the orga<br>sets to be sold to raise fur   |                                |             |                   |         |          |         |            |           | nılar         | ☐ Yes      | s □ No        |         |
| Pa  | rt I\  | V Escrow and Cust<br>Complete if the ord<br>X, line 21.  |                                |             | " on Fori         | m 990   | , Part   | IV, lı  | ine 9, or  | reporte   | ed an amou    | unt on Fo  | orm 990, F    | art     |
| 1a  | Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes No |  |                                |             |                   |         |          |         |            |           |               |            |               |         |
| ь   | If   | "Yes," explain the arrange   | ement in Part XIII             | and comple  | ete the fol       | lowing  | table    |         | [          |           | A             | mount      |               |         |
| c   |  | ginning balance  |                                |             |                   | ,       |          |         |            | 1c        |               |            |               | •       |
| d   |  | Iditions during the year   |                                |             |                   |         |          |         | İ          | 1d        |               |            |               | •       |
| е   | Dis  | stributions during the year  | -                              |             |                   |         |          |         | İ          | 1e        |               |            |               | •       |
| f   | En   | iding balance  |                                |             |                   |         |          |         | İ          | 1f        |               |            |               | •       |
| 2a  | Dic  | d the organization include   | an amount on For               | m 990 Par   | rt X line 2       | 21 for  | escrow   | v or cu | Istodial a | ccount lu | ahılıtv?      | □ vac      | No            | •       |
|     |  | "Yes," explain the arrange   |                                |             |                   |         |          |         |            |           |               | _          |               |         |
|     | rt V   |  |                                |             |                   |         |          |         |            |           |               |            |               |         |
|     | Щ  | Endownient run   | us. complete in                | (a)Curren   |                   |         | rior yea |         |            |           | (d)Three year |            | (e)Four years | back    |
| 1a  | Beg  | inning of year balance .   |                                |             |                   | . ,     |          |         | .,         |           |               |            | ,             |         |
| b   | Con  | tributions   |                                |             |                   |         |          |         |            |           |               |            |               |         |
| c   | Net  | investment earnings, gair  | ns, and losses                 |             |                   |         |          |         |            |           |               |            |               |         |
| d   | Grai   | nts or scholarships  |                                |             |                   |         |          |         |            |           |               |            |               |         |
| е   |  | er expenditures for facilitie<br>programs  | es                             |             |                   |         |          |         |            |           |               |            |               |         |
| f   | Adm  | ninistrative expenses .  | [                              |             |                   |         |          |         |            |           |               |            |               |         |
| g   | End  | of year balance  |                                |             |                   |         |          |         |            |           |               |            |               |         |
| 2   | Pro  | ovide the estimated percei   | ntage of the curre             | nt year end | l balance         | (line 1 | g, colu  | mn (a   | )) held a  | s         |               |            |               |         |
| а   | Во   | ard designated or quasi-e  | ndowment 🟲                     |             |                   |         |          |         |            |           |               |            |               |         |
| b   | Pe   | rmanent endowment 🟲  |                                |             |                   |         |          |         |            |           |               |            |               |         |
| c   | Te   | mporarily restricted endov   | wment <b>&gt;</b>              |             |                   |         |          |         |            |           |               |            |               |         |
| 3а  | Are  | e percentages on lines 2a<br>e there endowment funds<br>ganization by  |                                |             |                   | on tha  | t are h  | eld an  | ıd admını  | stered fo | r the         |            | Yes           | No      |
|     |  | unrelated organizations  |                                |             |                   |         |          |         |            |           |               | 3a         |               |         |
|     | •  | i) related organizations .   |                                |             |                   |         |          |         |            |           |               | 3a(        |               |         |
| ь   |  | "Yes" on 3a(II), are the rel   | <del>-</del>                   |             | •                 |         |          | ?.      | • •        | • •       |               | 3          | b             |         |
| 4   |  | escribe in Part XIII the inte  |                                |             | n s endow         | ment 1  | unds     |         |            |           |               |            |               |         |
| Pa  | rt V   | Land, Buildings,<br>Complete if the ord  |                                |             | " on For          | m 990   | Part     | TV li   | ne 112     | See Fo    | rm 990 Pa     | rt X line  | <u>-</u> 10   |         |
|     | Des  | scription of property  | (a) Cost or othe<br>(investmen | er basıs    | ( <b>b</b> ) Cost |         | •        |         |            |           | depreciation  |            | i) Book value |         |
| 1a  | Land   | d  |                                |             |                   |         | 11       | 11,834  |            |           |               |            |               | 111,834 |
|     |  | dings  |                                |             |                   |         |          | 92,492  |            |           | 524,516       |            |               | 167,976 |
|     |  | sehold improvements  |                                |             |                   |         | _,-,-    | _,      |            |           |               |            |               |         |
|     |  | ipment   |                                |             |                   |         | 45       | 59,723  |            |           | 322,012       |            |               | 137,711 |
|     |  | approximation and the second s |                                |             |                   |         |          |         |            |           | • - 1         |            |               |         |

40,576

1,458,097

86,743

127,319

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) .

|  | Saa Form 990 Part V lina 17   |             |                      |                   |                                |                                 |
|--|---|-------------|----------------------|-------------------|--------------------------------|---------------------------------|
|  | See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)  |             | (b)<br>Book<br>value |                   | (c) Method of<br>or end-of-yea | valuation<br>r market value     |
|  | al derivatives  |             |                      |                   |                                |                                 |
|  | Tield equity interests  | <u> </u>    |                      |                   |                                |                                 |
| (A)  |   |             |                      |                   |                                |                                 |
| [B)  |   |             |                      |                   |                                |                                 |
| (C)  |   |             |                      |                   |                                |                                 |
| (D)  |   |             |                      |                   |                                |                                 |
| (E)  |   |             |                      |                   |                                |                                 |
| F)   |   |             |                      |                   |                                |                                 |
| (G)  |   |             |                      |                   |                                |                                 |
| (H)  |   |             |                      |                   |                                |                                 |
| Fotal. (Colum  | nn (b) must equal Form 990, Part X, col (B) line 12 )   | •           |                      |                   |                                |                                 |
| Part VIII  | Investments—Program Related. Complete if the organization answered 'Yes' on F   | Form 990. P | art IV. line         | e 11c. See Fo     | rm 990. Par                    | t X. line 13.                   |
|  | (a) Description of investment   |             | ok value             |                   | (c) Method of                  |                                 |
| (1)  |   |             |                      | Cost              | or end-or-yea                  | ir market value                 |
| (2)  |   |             |                      |                   |                                |                                 |
| 3)   |   |             |                      |                   |                                |                                 |
| 4)   |   |             |                      |                   |                                |                                 |
| 5)   |   |             |                      |                   |                                |                                 |
| 6)   |   |             |                      |                   |                                |                                 |
| (7)  |   |             |                      |                   |                                |                                 |
|  |   |             |                      |                   |                                |                                 |
| (8)  |   |             |                      |                   |                                |                                 |
| (8)  |   |             |                      |                   |                                |                                 |
| (9)  | nn (b) must equal Form 990, Part X. col (B) line 13 )   |             |                      |                   |                                |                                 |
| (9)<br>Fotal. (Colum   | Other Assets. Complete if the organization answered   |             | m 990, Part          | IV, line 11d S    | See Form 990,                  |                                 |
| 9)  Fotal. (Column  Part IX  |   |             | n 990, Part          | IV, line 11d S    | See Form 990,                  | Part X, line 15  (b) Book value |
| 9)  Fotal. (Column  Part IX  1)  | Other Assets. Complete if the organization answered   |             | n 990, Part          | IV, line 11d S    | See Form 990,                  |                                 |
| Fotal. (Column Part IX 1)  | Other Assets. Complete if the organization answered   |             | n 990, Part          | IV, line 11d S    | See Form 990,                  |                                 |
| Fotal. (Column Part IX 1)  2)  3)  | Other Assets. Complete if the organization answered   |             | n 990, Part          | IV, line 11d S    | iee Form 990,                  |                                 |
| (9)  Fotal. (Column Part IX  1)  2)  3)  | Other Assets. Complete if the organization answered   |             | n 990, Part          | IV, line 11d S    | See Form 990,                  |                                 |
| (9)  Fotal. (Column Part IX  1)  2)  3)  4)  | Other Assets. Complete if the organization answered   |             | n 990, Part          | IV, line 11d S    | See Form 990,                  |                                 |
| (9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  | Other Assets. Complete if the organization answered   |             | n 990, Part          | IV, line 11d S    | See Form 990,                  |                                 |
| Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7)   | Other Assets. Complete if the organization answered   |             | n 990, Part          | IV, line 11d S    | See Form 990,                  |                                 |
| 9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)   | Other Assets. Complete if the organization answered   |             | n 990, Part          | IV, line 11d S    | See Form 990,                  |                                 |
| 9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)   | Other Assets. Complete if the organization answered (a) Description   |             | m 990, Part          | IV, line 11d S    | See Form 990,                  |                                 |
| 9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)   | Other Assets. Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, col (B) line 15  Other Liabilities. Complete if the organization asswered to the organization asswered to the organization as the organization | n           |                      |                   |                                | (b) Book value                  |
| 9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X                                | Other Assets. Complete if the organization answered (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15  | n           |                      | <br>n 990, Part I |                                | (b) Book value                  |
| 9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X                                | Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Must equal Form 990, Part X, col (B) line 15)  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  | n           | es' on Forr          | <br>n 990, Part I |                                | (b) Book value                  |
| 9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1) Federal (1)                | Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability   | n           | es' on Forr          | <br>n 990, Part I |                                | (b) Book value                  |
| 9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1) Federal (1)                | Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability   | n           | es' on Forr          | <br>n 990, Part I |                                | (b) Book value                  |
| 9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (1)  2)  3)        | Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability   | n           | es' on Forr          | <br>n 990, Part I |                                | (b) Book value                  |
| 9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1) Federal (1)  2)  3)  4)    | Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability   | n           | es' on Forr          | <br>n 990, Part I |                                | (b) Book value                  |
| 9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (1)  2)  3)  4)    | Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability   | n           | es' on Forr          | <br>n 990, Part I |                                | (b) Book value                  |
| 9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (  2)  3)  4)  5)  | Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability   | n           | es' on Forr          | <br>n 990, Part I |                                | (b) Book value                  |
| Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 66) 7) 88) 9) Fotal. (Column Part X 1) Federal (1) Federal (2) 3) 4) 5) 6)  | Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability   | n           | es' on Forr          | <br>n 990, Part I |                                | (b) Book value                  |
| Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) Part X 1. 1) Federal (1) 5) 6) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) | Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability   | n           | es' on Forr          | <br>n 990, Part I |                                | (b) Book value                  |
| (9)  Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column Part X  1.                          | Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability   | n           | es' on Forr          | <br>n 990, Part I |                                | (b) Book value                  |

Part XI

2

5

Schedule D (Form 990) 2018

Page 4

-5,689,936

6,260,988

-104,774

6,156,214

455,442

104,774

350,668

5,689,936

6.040.604

Schedule D (Form 990) 2018

| C | Recoveries of prior year grants |  |  |
|---|---------------------------------|--|--|
| d | Other (Describe in Part XIII )  |  |  |
| _ | Add lines 2a through 2d         |  |  |

Donated services and use of facilities . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Amounts included on Form 990, Part VIII, line 12, but not on line 1

3 4

b Add lines **4a** and **4b** . . . . . . c 5 Part XII

Investment expenses not included on Form 990, Part VIII, line 7b .

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . . . Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 

Amounts included on line 1 but not on Form 990, Part IX, line 25

Donated services and use of facilities . . .

1 2 

c d

Other (Describe in Part XIII ) . . . . . .

Add lines 2a through 2d . . . .

3

4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . .

b

Return Reference

See Additional Data Table

Part XIII Supplemental Information

Add lines **4a** and **4b** . . . . . . . . . . . . . . . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Explanation

2a

2b 2c 2d

4a

4b

2a 2b

2c

2d

4a

4b

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

5.689.936 4c 5

104,774

-5.689.936

-104,774

2e

3

4c

5

2e

3

| Schedule D (Forn | n 990) 2018       | Page <b>5</b>        |
|------------------|-------------------|----------------------|
| Part XIII        | Supplemental Info | ormation (continued) |
| Retur            | n Reference       | Explanation          |
|                  |                   |                      |
|                  |                   |                      |
|                  |                   |                      |
|                  |                   |                      |
|                  |                   |                      |
|                  |                   |                      |
|                  |                   |                      |
|                  |                   |                      |
|                  |                   |                      |

Schedule D (Form 990) 2018

### **Additional Data**

Software ID:

**Software Version: EIN:** 41-1369512

Name: Minnesota Corn Growers Association

Explanation

The Association has been recognized by the Internal Revenue Service (IRS) as exempt from f ederal income taxes under Section 501(a) of the Internal Revenue Code as an organization d

## Supplemental Information Return Reference

Part X, Line 2

| escribed in Section 501(c)(5) The Association is annually required to file a Return of Or  |
|--|
| ganization Exempt from Income Tax (Form 990) with the IRS In addition, the Association is  |
| subject to income tax on net income that is derived from business activities that are unr  |
| elated to its exempt purpose The Association has determined it is not subject to unrelate  |
| d business income tax and has not filed an Exempt Organization Business Income Tax Return  |
| (Form 990-T) with the IRS The Association believes that it has appropriate support for an  |
| y tax positions taken affecting its annual filing requirements, and as such, does not have |
| any uncertain tax positions that are material to the financial statements. The Associatio  |
| n would recognize future accrued interest and penalties related to unrecognized tax benefi |
| ts and liabilities in income tax expense if such interest and penalties are incurred       |
|  |

| upplemental Information |   |  |  |  |  |
|-------------------------|---|--|--|--|--|
| Return Reference        | Explanation   |  |  |  |  |
|                         | Membership expenses netted with revenue on financial statements -162,585 MCRPC expenses n etted with revenue on financial statements -5,527,351 |  |  |  |  |

| upplemental Information                 |  |  |  |  |  |
|---|--|--|--|--|--|
| Return Reference                        | Explanation  |  |  |  |  |
| Part XI, Line 4b - Other<br>Adjustments | Rental property expenses netted with revenue for tax purposes -104,774 |  |  |  |  |

s

| upplemental Information                  |   |  |  |  |  |
|--|---|--|--|--|--|
| Return Reference                         | Explanation   |  |  |  |  |
| Part XII, Line 2d - Other<br>Adjustments | Rental property expenses netted with revenue for tax purposes 104,774 |  |  |  |  |

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| upplemental Information |   |  |  |  |  |
|-------------------------|---|--|--|--|--|
| Return Reference        | Explanation   |  |  |  |  |
|                         | Membership expenses netted with revenue on financial statements 162,585 MCRPC expenses ne tted with revenue on financial statements 5,527,351 |  |  |  |  |

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DLN: 93493058013250 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number Minnesota Corn Growers Association 41-1369512 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

| Schedule I (Form 990) 2018   |              |                          |                           |                                  |   | Page <b>2</b>                         |
|--|--------------|--------------------------|---------------------------|----------------------------------|---|---------------------------------------|
| Part III Grants and Other A Part III can be duple  |              |                          | als. Complete If the orga | inization answered "Yes          | on Form 990, Part IV, line 22                         |                                       |
| (a) Type of grant or assistance  |              | (b) Number of recipients | (c) Amount of cash grant  | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| (1) Innovation Research Grant  |              | 12                       | 97,769                    |                                  |   |                                       |
| (2)  |              |                          |                           |                                  |   |                                       |
| (3)  |              |                          |                           |                                  |   |                                       |
| (4)  |              |                          |                           |                                  |   |                                       |
| (5)  |              |                          |                           |                                  |   |                                       |
| (6)  |              |                          |                           |                                  |   |                                       |
| (7)  |              |                          |                           |                                  |   |                                       |
| Part IV Supplementa  | l Informatio | on. Provide the inf      | ormation required in F    | Part I, line 2; Part III         | , column (b); and any other a                         | dditional information.                |
| Return Reference   | Explanation  |                          |                           |                                  |   |                                       |
| Part I, Line 2  Most of the grants awarded by the organization are sponsorships. The Producer Services team accepts requests for sponsorships two times a year. Req evaluated by the Producer Services team based on how it relates to the organization's mission and the level of funding requested and how it benefits the Invoices are reviewed and approved by a staff team lead and funds are monitored as required in each contract. |              |                          |                           |                                  |   |                                       |

Schedule I (Form 990) 2018

### **Additional Data**

4401A Connecticut Ave NW

Washington, DC 20008

Fluence Media 1801 Flag Ave St Louis, MN 55426

179

|  |                | Software ID:<br>Software Version: | -                           |  |   |  |                                    |
|--|----------------|-----------------------------------|-----------------------------|--|---|--|------------------------------------|
|  |                | EIN:                              | 41-1369512                  |  |   |  |                                    |
|  |                | Name:                             | : Minnesota Corn Gro        | owers Association                        |   |  |                                    |
|  |                |                                   |                             |  |   |  |                                    |
|  |                |                                   |                             |  |   |  |                                    |
| Form 990,Schedule I, Part                          | II, Grants and | Other Assistance to               | Domestic Organiza           | itions and Domest                        | ic Governments.   |  |                                    |
| (a) Name and address of organization or government | (b) EIN        | (c) IRC section if applicable     | (d) Amount of cash<br>grant | (e) Amount of non-<br>cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |

50,000

57,500

Education & Awareness

Education & Awareness

| or government     |            | п арупсавте |
|-------------------|------------|-------------|
| Farm Policy Facts | 20-8921012 | 501(c)(4)   |

46-0666267

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance Illinois Corn Marketing Board 37-1135507 501(c)(5) 5.500 Education & Awareness PO Box 487

Bloomington, IL 61702 MN Agricultural & Rural 23-7108470 State of MN 46.500 Education & Awareness Leadership SW MN State University 1501

State Marshall, MN 56258

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 41-1587595 501(c)(3) 60.000 MN Agriculture in the Education & Awareness

Education & Awareness

9.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(6)

| Classroom       |       |
|-----------------|-------|
| PO Box 385906   |       |
| Bloomington, MN | 55121 |

41-0991212

MN AgriGrowth Council

400 Robert St Suite 1520 St Paul, MN 55101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance Education & Awareness

41-1284889 501(c)(5) 11.900 MN Association of Wheat Growers 2600 Wheat Dr Red Lake Falls, MN 56750

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

255 E Kelloga Blved 102 St Paul, MN 55101

MN Cattlemans Association 41-1343011 501(c)(5) 6.500 Education & Awareness

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| MN Farm Bureau<br>3080 Eagandale Pl<br>Eagan, MN 55121 | 41-0417230 | 501(c)(3) | 12,500 |  | Education & Awareness |
|--|------------|-----------|--------|--|-----------------------|
| MN Farmers Union                                       | 41-6041830 | 501(c)(3) | 9,500  |  | Education & Awareness |

MIN Farmers Union 600 County Road D West Suite

St Paul, MN 55112

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance ition & Awareness

Education & Awareness

| MN Future Farmers of America | 41-6038263 | 501(c)(3) | 10,000 |  | Education |
|------------------------------|------------|-----------|--------|--|-----------|
| Fdn                          |            |           |        |  |           |
| PO Box 365                   |            |           |        |  |           |
| Plainview, MN 55964          |            |           |        |  |           |

25.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

MN Landscape Arboretum

3675 Arboretum Drive Chaska, MN 55318

23-7081057

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

| MN Milk Producers    | 41-1469481 | 501(c)(6) | 15,000 |  | Education & Awareness |
|----------------------|------------|-----------|--------|--|-----------------------|
| 108 Marty Dr Suite 2 |            |           |        |  |                       |
| Buffalo, MN 55313    |            |           |        |  |                       |

6,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(5)

MN Pork Producers Association

151 St Andrews Ct Suite 810 Mankato, MN 56001 20-0399755

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance ation & Awareness

| MN Soybean Growers                               | 51-0178016 | 501(c)(5) | 38,000 |  | Educati |
|--|------------|-----------|--------|--|---------|
| Association                                      |            |           |        |  |         |
| 151 St Andrews Ct Suite 710<br>Mankato, MN 56001 |            |           |        |  |         |
| Mankato, MN 50001                                |            |           |        |  |         |

9.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

41-2013696

MN State Fair

1265 Snelling Ave N St Paul, MN 55108

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 41-1531915 501(c)(3) 300.000 MN State Fair Foundation Education & Awareness

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Suite 300

Golden Valley, MN 55422

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance National Corn Growers 42-0897622 501(c)(5) 30.700 Education & Awareness

Association 632 Cepi Drive Chesterfield, MO 63005

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Pioneer Public Television

Granite Falls, MN 56241

41-6038611 501(c)(3) 12.500 Education & Awareness One Pioneer Drive

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

| Portage Marketing<br>2401 Sheridan Ave S | 41-1980463 | 50,000 |  | Education & Awareness |
|--|------------|--------|--|-----------------------|
| 2401 Sheridan Ave S                      |            |        |  |                       |
| Minneapolis, MN 55405                    |            |        |  |                       |

10,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(6)

Renewable Fuels Association

425 3rd Street SW Suite 1150 Washington, DC 20024

52-1203707

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

| St Paul Saints Baseball<br>360 Broadway St | 41-1735439 | 60,000 |  | Education & Awareness |
|--|------------|--------|--|-----------------------|

7.000

St Paul, MN 55101

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

State of MN

University of Minnesota

1300 S Second St Suite 226 Minneapolis, MN 55455

41-6007513

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

| University of MN Foundation | 41-6042488 | 501(c)(3) | 59,000 |  | Education & Awareness |
|-----------------------------|------------|-----------|--------|--|-----------------------|
| 200 Oak Street SE 500       |            |           |        |  |                       |
| Minneapolis, MN 55455       |            |           |        |  |                       |
| •                           |            |           |        |  |                       |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

20 F Street NW Suite 600 Washington, DC 20001

United States Grains Council 41-1982730 501(c)(3) 20,000 Education & Awareness

| efil       | e GRAPHIC pi                                | rint - DO NOT PROCESS   | As Filed Data              | a -  | DLN: 934                | 19305      | 8013   | 250  |  |
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|            | nedule J                                    | Co  | ompensati                  | ion Information  | 10                      | 1B No      | 1545-( | 0047 |  |
| (For       | m 990)                                      | For certain Office  |                            | rustees, Key Employees, and Hig  | hest                    |            |        |      |  |
|            |   | Complete if the ord   | Compensa<br>anization answ | ated Employees<br>vered "Yes" on Form 990, Part IV                             | , line 23.              | 2018       |        |      |  |
| Б          | ▶ Attach to Form 990.                       |   |                            |  |                         |            |        |      |  |
|            | tment of the Treasury<br>al Revenue Service | Go to www.ns.qo   | 101                        | mistructions and the latest mion   |                         |            | ectio  | n    |  |
|            | me of the organizates  nesota Corn Growers  |   |                            |  | Employer identificat    | tion nu    | ımber  |      |  |
|            |   |   |                            |  | 41-1369512              |            |        |      |  |
| Pa         | rt I Questi                                 | ons Regarding Compensa  | tion                       |  |                         |            |        |      |  |
| <b>1</b> a |   |   |                            | the following to or for a person liste<br>y relevant information regarding the |                         |            | Yes    | No_  |  |
|            | ☐ First-class                               | s or charter travel   |                            | Housing allowance or residence for   | personal use            |            |        |      |  |
|            | Travel for                                  | companions  |                            | Payments for business use of perso   | nal residence           |            |        |      |  |
|            | ☐ Tax idemi                                 | nification and gross-up payment                                       | s 📙                        | Health or social club dues or initiati   |                         |            |        | 1    |  |
|            | ☐ Discretion                                | nary spending account   |                            | Personal services (e g , maid, chau  | ffeur, chef)            |            |        |      |  |
| b          |   | xes in line 1a are checked, did t<br>all of the expenses described ab |                            | ollow a written policy regarding payn<br>iplete Part III to explain            | nent or reimbursement   | <b>1</b> b |        |      |  |
| 2          |   |   |                            | or allowing expenses incurred by all<br>r, regarding the items checked in line | . 1.2                   | 2          |        |      |  |
|            | directors, truste                           | ees, officers, including the CEO/1                                    | executive Director         | r, regarding the items checked in line   | e la,                   |            |        |      |  |
| 3          |   |   |                            | ed to establish the compensation of the check any boxes for methods            | he                      |            |        |      |  |
|            | _   | •   |                            | CEO/Executive Director, but explain  | ın Part III             |            |        |      |  |
|            | <b>✓</b> Compens                            | ation committee   |                            | Written employment contract  |                         |            |        |      |  |
|            |   | lent compensation consultant  | $\overline{\mathbf{V}}$    | Compensation survey or study   |                         |            |        |      |  |
|            |   | of other organizations  | $\checkmark$               | Approval by the board or compensa  | ation committee         |            |        |      |  |
| 4          | During the year related organiza            |   | 990, Part VII, Se          | ction A, line 1a, with respect to the f  | iling organization or a |            |        |      |  |
| а          | Receive a sever                             | ance payment or change-of-con   | trol payment?              |  |                         | 4a         |        | No   |  |
| b          |   | r receive payment from, a supp  |                            | ified retirement plan?   |                         | 4b         |        | No   |  |
| С          |   | r receive payment from, an equ  |                            |  |                         | 4c         |        | No   |  |
|            | If "Yes" to any                             | of lines 4a-c, list the persons an                                    | d provide the app          | plicable amounts for each item in Par  | t III                   |            |        |      |  |
|            | Only 501(c)(3                               | s), 501(c)(4), and 501(c)(29  | organizations              | must complete lines 5-9.   |                         |            |        |      |  |
| 5          | For persons liste                           |   | on A, line 1a, did         | the organization pay or accrue any   |                         |            |        |      |  |
| а          | The organization                            | n?  |                            |  |                         | 5a         |        |      |  |
| b          | Any related org                             |   |                            |  |                         | 5b         |        |      |  |
|            | If "Yes," on line                           | 5a or 5b, describe in Part III  |                            |  |                         |            |        |      |  |
| 6          |   | ed on Form 990, Part VII, Section<br>contingent on the net earnings o |                            | the organization pay or accrue any   |                         |            |        |      |  |
| а          | The organization                            | n <sup>?</sup>  |                            |  |                         | 6a         |        |      |  |
| b          | Any related org                             |   |                            |  |                         | 6b         |        |      |  |
| _          | •   | 6a or 6b, describe in Part III  |                            |  |                         |            |        |      |  |
| 7          | payments not d                              | lescribed in lines 5 and 6? If "Ye                                    | s," describe in Pa         |  | a                       | 7          |        |      |  |
| 8          |   |   |                            | red pursuant to a contract that was<br>section 53 4958-4(a)(3)? If "Yes," d    | escribe                 | 8          |        |      |  |
| 9          | If "Yes" on line<br>53 4958-6(c)?           | 8, did the organization also follo                                    | w the rebuttable           | presumption procedure described in   | Regulations section     | 9          |        |      |  |
| For F      | Panerwork Redi                              | uction Act Notice, see the Ins  | tructions for Fo           | orm 990. Cat No. 5   | 50053T Schedule J       | (Form      | 990)   | 2018 |  |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

| Part III Officers,   |       |                              |                                     |   |                                |                |                      |   |
|--|-------|------------------------------|-------------------------------------|---|--------------------------------|----------------|----------------------|---|
| For each individual whose instructions, on row (ii) I <b>Note.</b> The sum of column | Do no | ot list any individuals that | t are not listed on Form 9          | 90, Part VII                              |                                |                |                      | t ındıvıdual  |
| (A) Name and Title   |       |                              | of W-2 and/or 1099-MIS              |   | (C) Retirement and             | (D) Nontaxable | (E) Total of columns | (F) Compensation in                                     |
| (-)  |       | (i) Base<br>compensation     | (ii) Bonus & incentive compensation | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits       | (B)(ı)-(D)           | column (B) reported<br>as deferred on prior<br>Form 990 |
| 1 Adam Birr<br>Executive Director/CEO  | (i)   | 170,493                      | 0                                   | 0   | 11,237                         | 17,216         | 198,946              | 0   |
|  | (ii)  | 0                            | 0                                   | 0   | 0                              | 0              | 0                    | 0   |
|  |       |                              |                                     |   |                                |                |                      |   |
| -  |       |                              |                                     |   |                                |                |                      |   |
|  |       |                              |                                     |   |                                |                |                      |   |
|  |       |                              |                                     |   |                                |                |                      |   |
|  |       |                              |                                     |   |                                |                |                      |   |
|  |       |                              |                                     |   |                                |                |                      |   |
| -  |       |                              |                                     |   |                                |                |                      |   |
|  |       |                              |                                     |   |                                |                |                      |   |
|  |       |                              |                                     |   |                                |                |                      |   |
|  |       |                              |                                     |   |                                |                |                      |   |
|  |       |                              |                                     |   |                                |                |                      |   |
|  |       |                              |                                     |   |                                |                |                      |   |
|  |       |                              |                                     |   |                                |                |                      |   |
|  |       |                              |                                     |   |                                |                |                      |   |
|  | Ь—    |                              | ļ                                   |   |                                |                |                      |   |

Schedule J (Form 990) 2018 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2018

| efile GRAPHIC print - DO NOT PROCESS  |   |  |   |     |   | 93493058013250               |  |  |
|---|---|--|---|-----|---|------------------------------|--|--|
| COUEDINEO   |   |  |   | . = |   | OMB No 1545-0047             |  |  |
| SCHEDULE O<br>(Form 990 or 990-<br>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. |   |     | ons on                                    | 2018                         |  |  |
| Department of the Treasury  ► Attach to Form 990 or 990-EZ.  ► Go to <u>www.irs.qov/Form990</u> for the latest information. |   |  |   |     |   | Open to Public<br>Inspection |  |  |
| Namel ชิริthยาวก์ฐลิกใชลtion<br>Minnesota Corn Growers Association  |   |  |   |     | Employer identification number 41-1369512 |                              |  |  |
| 990 Schedul   | e O, Suppler  | nental Informatio  | n |     |   |                              |  |  |
| Return<br>Reference   |   | Explanation  |   |     |   |                              |  |  |
| Form 990,<br>Part VI,<br>Section A,<br>line 1   | The Association's Executive Committee is comprised of the President, Chairman of the Board, Vice President, Secretary, and Treasurer. The Membership Chairman and Government Relations Chairman are also on the committee if not represented by one of the officers of the board of The Executive Committee has the authority of the full board between meetings. |  |   |     |   |                              |  |  |

Return Explanation
Reference

line 6

Form 990,
Part VI,
Section A,

The Association's membership is open to all individuals and corporations who have an inter
est in supporting the common purposes of Minnesota corn producers

Return Explanation
Reference

line 7a

Form 990,
Part VI,
Section A.

Duly appointed delegates from county associations and members of the association elect the association's Board of Directors

Return Explanation

Form 990,
Part VI,
Section B,
Inne 11b

The Association's executive committee reviews the Form 990 in depth with key staff and the independent auditor. The Form 990 is then presented to the full board before it is filed.

re documented in the meeting minutes

| Return<br>Reference                             | Explanation   |
|---|---|
| Form 990,<br>Part VI,<br>Section B,<br>line 12c | The Association has a Conflict of Interest policy annual statement where each director, of ficer, and member of a committee with board delegated powers shall complete and sign the statement at the time of his or her initial election or appointment and annually thereafter. The Association also conducts periodic reviews of the policy to ensure that it operates in a manner consistent with its purposes. If a conflict is determined to exist by those members who do not have a conflict, the interested person must leave the board or committee meeting during the discussion of, and the vote in, the proposed transaction or arrangement resulting in the conflict of interest. All proceedings related to conflicts of interest a |

Return Explanation
Reference

The Personnel Committee, which is comprised of independent persons, uses a salary survey t

990 Schedule O, Supplemental Information

is procedure was last performed in September 2019

Form 990.

| Part VI,   | o determine compensation for the Executive Director. A written contract is approved by the |
|------------|--|
| Section B, | Personnel Committee This procedure was last performed in September 2019 for the Executiv   |
| line 15a   | e Director The Executive Director reviews and determines the compensation for the Senior   |
|            | Finance Director: A third party firm reviewed compensation levels for all staff. The Assoc |
|            | lation uses salary surveys and Form 990s of other similarly situated exempt organizations  |
|            | to determine the compensation of other officers, including the Senior Finance Director. Th |

990 Schedule O, Supplemental Information

Return Explanation

Deference

| Reference             |   |
|-----------------------|---|
| Form 990,<br>Part VI, | The Association makes its governing documents, conflict of interest policy, and financial statements available to the public upon request |
| Section C,<br>line 19 |   |

Return Explanation
Reference

| Ittererene                 |  |
|----------------------------|--|
| Form 990,<br>Part IX, line | Miscellaneous Professional Fees 658,016 Stipends 93,500 Per Diem Fees 32,753 |

SCHEDULE R
(Form 990)

As Filed Data Related

Department of the Treasury

Minnesota Corn Growers Association

Internal Revenue Service

Name of the organization

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

**Employer identification number** 

**DLN: 93493058013250**OMB No 1545-0047

Open to Public Inspection

|   |                         |                   |           |                                |                              |                  | 41-1      | .369512                         |                       |                                  |                    |         |
|---|-------------------------|-------------------|-----------|--------------------------------|------------------------------|------------------|-----------|---------------------------------|-----------------------|----------------------------------|--------------------|---------|
| Part I Identification of Disregarded Entities Compl                                 | ete ıf the organ        | ızatıon answ      | ered "Yes | " on Form                      | 990, Part                    | IV, line 3       | 3.        |                                 |                       |                                  |                    |         |
| (a)  Name, address, and EIN (ıf applicable) of disregarded entity                   |                         | (b)<br>Primary ad | tivity    | (c<br>Legal domi<br>or foreign | )<br>cile (state<br>country) | (d)<br>Total ind | I<br>come | (e)<br>End-of-year a            | assets                | <b>(f)</b><br>Direct cor<br>enti | ntrolling          |         |
|   |                         |                   |           |                                |                              |                  |           |                                 |                       |                                  |                    |         |
|   |                         |                   |           |                                |                              |                  |           |                                 |                       |                                  |                    |         |
|   |                         |                   |           |                                |                              |                  |           |                                 |                       |                                  |                    |         |
| Part II Identification of Related Tax-Exempt Organizations during the tax y         | zations Comple<br>rear. | ete if the orga   |           | answered '                     | 'Yes" on F                   |                  | , Part I  | V, line 34 be                   | ecause i              | t had one or i                   |                    | g)      |
| Name, address, and EIN of related organization                                      | Prima                   | ary activity      | Legal do  | micile (state<br>gn country)   | Exempt Co                    |                  |           | charity status<br>on 501(c)(3)) | Dire                  | ect controlling<br>entity        | Section<br>(13) co | 512(b   |
| (1)Minnesota Corn Research and Promotional Council<br>738 First Avenue East         | Research                |                   |           | MN                             |                              |                  |           |                                 |                       |                                  | 100                | No      |
| Shakopee, MN 55379<br>93-1026869  |                         |                   |           |                                |                              |                  |           |                                 |                       |                                  |                    |         |
| (2)Minnesota Corn Growers Association Federal PAC 738 First Avenue East             | Political Org           | ganızatıon        |           | MN                             | 527                          |                  |           |                                 | Minnesot<br>Associati | ta Corn Growers<br>Ion           | Yes                |         |
| Shakopee, MN 55379<br>27-1156398<br>(3)Minnesota Corn Growers Association State PAC | Political Org           |                   |           | MN                             | 527                          |                  |           |                                 | Minnocot              | ta Corn Growers                  | Yes                | _       |
| 738 First Avenue East Shakopee, MN 55379  | Political Org           | gamzacion         |           | IMIN                           | 327                          |                  |           |                                 | Associati             |                                  | les                |         |
| 27-0444457  |                         |                   |           |                                |                              |                  |           |                                 |                       |                                  |                    |         |
|   |                         |                   |           |                                |                              |                  |           |                                 |                       |                                  |                    |         |
| _   |                         |                   |           |                                |                              |                  |           |                                 |                       |                                  |                    |         |
|   |                         |                   |           |                                |                              |                  |           |                                 |                       |                                  |                    |         |
| For Paperwork Reduction Act Notice, see the Instructions for I                      | orm 990.                |                   | Ca        | nt No 50135                    | <u>I</u><br>5Y               |                  |           |                                 | Sche                  | dule R (Form                     | <br>990) 20        | <br>)18 |

| (a)<br>Name, address, and EIN of<br>related organization  |   |                             | (c) Legal domicile (state or foreign country)     | (d)<br>Direct<br>controlling<br>entity | (e) Predominant income(related, unrelated, excluded fron tax under sections 512- 514) | total income                         |                                       | ( <b>I</b><br>Disprop<br>alloca |                         | (i)<br>Code V-UBI<br>amount in bo<br>20 of<br>Schedule K-1<br>(Form 1065) | Gene<br>man<br>part | j)<br>eral or<br>aging<br>mer? | <b>(k</b><br>Percer<br>owner          | ntag              |
|---|---|-----------------------------|---|--|---|--------------------------------------|---------------------------------------|---------------------------------|-------------------------|---|---------------------|--------------------------------|---------------------------------------|-------------------|
|   |   |                             |   |  | 314)  |                                      |                                       | Yes                             | No                      |   | Yes                 | No                             |                                       |                   |
|   |   |                             |   |  |   |                                      |                                       |                                 |                         |   |                     |                                |                                       |                   |
|   |   |                             |   |  |   |                                      |                                       |                                 |                         |   |                     |                                |                                       | _                 |
|   |   |                             |   |  |   |                                      |                                       |                                 |                         |   |                     |                                |                                       |                   |
|   |   |                             |   |  |   |                                      |                                       |                                 |                         |   |                     |                                |                                       |                   |
|   |   |                             |   |  |   |                                      |                                       |                                 |                         |   |                     |                                |                                       |                   |
|   |   |                             |   |  |   |                                      |                                       |                                 |                         |   |                     |                                |                                       |                   |
|   |   |                             |   |  |   |                                      |                                       |                                 |                         |   |                     |                                |                                       |                   |
|   |   |                             |   |  |   |                                      |                                       |                                 |                         |   |                     |                                |                                       |                   |
| Identification of Related Organiza because it had one or more related o   | ations Taxable as a C   | Corporation s a corporation | or Trus   | <b>t</b> Complete<br>st during th      | ıf the organ<br>ne tax year.  | ızatıon ansı                         | wered "Yes                            | " on Fo                         | orm 9!                  | 90, Part IV   | , line              | 34                             |                                       |                   |
| Identification of Related Organization because it had one or more related of Name, address, and EIN of related organization | ations Taxable as a C<br>rganizations treated as<br>(b)<br>Primary activity | L do (state                 | on or trus<br>(c)<br>egal<br>micile<br>or foreign | st during th                           | (d) controlling entity  Ty  | (e)                                  | wered "Yes  (f) Share of total Income | Share                           | (g) of end- year assets | -of- Perce  | , line h) entage    | s<br>(:                        | (I)<br>ection 5<br>13) cont<br>entity | 512<br>trol<br>y? |
| because it had one or more related o  (a)  Name, address, and EIN of  | rganizations treated as   | L do (state                 | on or tru:<br>(c)<br>egal<br>micile               | st during th                           | (d) controlling entity  Ty  | (e)<br>pe of entity<br>corp, S corp, | <b>(f)</b><br>Share of total          | Share                           | (g)<br>of end-<br>year  | -of- Perce  | h)<br>entage        | s<br>(:                        | ection 5<br>13) cont<br>entity        | 512<br>trol       |
| because it had one or more related o  (a)  Name, address, and EIN of  | rganizations treated as   | L do (state                 | on or trus<br>(c)<br>egal<br>micile<br>or foreign | st during th                           | (d) controlling entity  Ty  | (e)<br>pe of entity<br>corp, S corp, | <b>(f)</b><br>Share of total          | Share                           | (g)<br>of end-<br>year  | -of- Perce  | h)<br>entage        | s<br>(:                        | ection 5<br>13) cont<br>entity        | 512<br>trol<br>y? |
| because it had one or more related o  (a)  Name, address, and EIN of  | rganizations treated as   | L do (state                 | on or trus<br>(c)<br>egal<br>micile<br>or foreign | st during th                           | (d) controlling entity  Ty  | (e)<br>pe of entity<br>corp, S corp, | <b>(f)</b><br>Share of total          | Share                           | (g)<br>of end-<br>year  | -of- Perce  | h)<br>entage        | s<br>(:                        | ection 5<br>13) cont<br>entity        | 512<br>trol<br>y? |
| because it had one or more related o  (a)  Name, address, and EIN of  | rganizations treated as   | L do (state                 | on or trus<br>(c)<br>egal<br>micile<br>or foreign | st during th                           | (d) controlling entity  Ty  | (e)<br>pe of entity<br>corp, S corp, | <b>(f)</b><br>Share of total          | Share                           | (g)<br>of end-<br>year  | -of- Perce  | h)<br>entage        | s<br>(:                        | ection 5<br>13) cont<br>entity        | 512<br>trol<br>y? |
| because it had one or more related o  (a)  Name, address, and EIN of  | rganizations treated as   | L do (state                 | on or trus<br>(c)<br>egal<br>micile<br>or foreign | st during th                           | (d) controlling entity  Ty  | (e)<br>pe of entity<br>corp, S corp, | <b>(f)</b><br>Share of total          | Share                           | (g)<br>of end-<br>year  | -of- Perce  | h)<br>entage        | s<br>(:                        | ection 5<br>13) cont<br>entity        | tro<br>y?         |

Schedule R (Form 990) 2018

| Part         | Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.                     |            |     |    |
|--------------|--|------------|-----|----|
|              | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule   |            | Yes | No |
| <b>1</b> Dur | ring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | П          |     |    |
| а            | Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity  | 1a         |     | No |
| b            | Gift, grant, or capital contribution to related organization(s)  | <b>1</b> b |     | No |
| c            | Gift, grant, or capital contribution from related organization(s)  | 1c         |     | No |
| d            | Loans or loan guarantees to or for related organization(s)   | 1d         |     | No |
| е            | Loans or loan guarantees by related organization(s)  | 1e         | Yes |    |
| f [          | Dividends from related organization(s)   | 1f         |     | No |
| g            | Sale of assets to related organization(s)  | <b>1</b> g |     | No |
| h            | Purchase of assets from related organization(s)  | 1h         |     | No |

| <b>a</b> Loans or loan guarantees to or for related organization(s)                | 14         |     | 140 |
|--|------------|-----|-----|
| e Loans or loan guarantees by related organization(s)                              | 1e         | Yes |     |
| f Dividends from related organization(s)   | 1f         |     | No  |
| g Sale of assets to related organization(s)  | 1g         |     | No  |
| h Purchase of assets from related organization(s)                                  | 1h         |     | No  |
| i Exchange of assets with related organization(s)                                  | <b>1</b> i |     | No  |
| ${f j}$ Lease of facilities, equipment, or other assets to related organization(s) | 1j         | Yes |     |

| f | Dividends from related organization(s)   | 1f         |     | No |
|---|--|------------|-----|----|
| g | Sale of assets to related organization(s)  | <b>1</b> g |     | No |
| h | Purchase of assets from related organization(s)  | 1h         |     | No |
| i | Exchange of assets with related organization(s)  | 1i         |     | No |
| j | Lease of facilities, equipment, or other assets to related organization(s)                     | 1j         | Yes |    |
| k | Lease of facilities, equipment, or other assets from related organization(s)                   | 1k         |     | No |
| ı | Performance of services or membership or fundraising solicitations for related organization(s) | 11         | Yes |    |
| m | Performance of services or membership or fundraising solicitations by related organization(s)  | 1m         |     | No |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  | 1n         | Yes |    |
| О | Sharing of paid employees with related organization(s)   | 10         | Yes |    |
|   |  |            |     |    |
| р | Reimbursement paid to related organization(s) for expenses                                     | <b>1</b> p |     | No |
| _ | Point unement and by veleted everywhen/s) for everyone   | 10         | Vac |    |

| _ |   | I -        | I   | 1  |
|---|---|------------|-----|----|
| h | Purchase of assets from related organization(s)   | 1h         |     | No |
| i | Exchange of assets with related organization(s)   | 1i         |     | No |
| j | Lease of facilities, equipment, or other assets to related organization(s)  | 1j         | Yes |    |
| k | Lease of facilities, equipment, or other assets from related organization(s)  | 1k         |     | No |
| I | Performance of services or membership or fundraising solicitations for related organization(s)  | 11         | Yes |    |
| n | Performance of services or membership or fundraising solicitations by related organization(s)   | 1m         |     | No |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   | 1n         | Yes |    |
| 0 | Sharing of paid employees with related organization(s)  | 10         | Yes |    |
| р | Reimbursement paid to related organization(s) for expenses  | <b>1</b> p |     | No |
| q | Reimbursement paid by related organization(s) for expenses  | 1q         | Yes |    |
| r | Other transfer of cash or property to related organization(s)   | 1r         | Yes |    |
| s | Other transfer of cash or property from related organization(s)   | 1s         |     | No |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds |            |     |    |

| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s)   | 1k   |     | No |
|---|--|-----|----|
| l Performance of services or membership or fundraising solicitations for related organization(s)  | 11   | Yes |    |
| m Performance of services or membership or fundraising solicitations by related organization(s)   | 1m   |     | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   | 1n   | Yes |    |
| o Sharing of paid employees with related organization(s)  | 10   | Yes |    |
|   |  |     |    |
| p Reimbursement paid to related organization(s) for expenses  | <b>1</b> p                                   |     | No |
| q Reimbursement paid by related organization(s) for expenses  | <b>1</b> q                                   | Yes |    |
|   |  |     |    |
| r Other transfer of cash or property to related organization(s)   | 1r   | Yes |    |
| s Other transfer of cash or property from related organization(s)   | 1s   |     | No |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds |  |     |    |
|   |  |     |    |
|   | (d)<br>Method of determining amount involved |     |    |

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| (a)<br>Name, address, and EIN of entity | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- | 01  | (e)<br>e all partners<br>section<br>501(c)(3)<br>rganizations? | (f)<br>Share of<br>total<br>Income | (g)<br>Share of<br>end-of-year<br>assets | (h) Disproprtionate allocations?  Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) |    | ox managing<br>partner? |           | <b>(k)</b><br>Percentage<br>ownership |         |
|---|--------------------------------|---|---|-----|--|------------------------------------|--|---|----|-------------------------|-----------|---------------------------------------|---------|
|   |                                |   | 514)  | Yes | No   |                                    |  | Yes   | No |                         | Yes       | No                                    |         |
|   |                                |   |   |     |  |                                    |  |   |    |                         |           |                                       |         |
|   |                                |   |   |     |  |                                    |  |   |    |                         |           |                                       |         |
|   |                                |   |   |     |  |                                    |  |   |    |                         |           |                                       |         |
|   |                                |   |   |     |  |                                    |  |   |    |                         |           |                                       |         |
|   |                                |   |   |     |  |                                    |  |   |    |                         |           |                                       |         |
|   |                                |   |   |     |  |                                    |  |   |    |                         |           |                                       |         |
|   |                                |   |   |     |  |                                    |  |   |    |                         |           |                                       |         |
|   |                                |   |   |     |  |                                    |  |   |    |                         |           |                                       |         |
|   |                                |   |   |     |  |                                    |  |   |    |                         |           |                                       |         |
|   |                                |   |   |     |  |                                    |  |   |    |                         |           |                                       |         |
|   |                                |   |   |     |  |                                    |  |   |    |                         |           |                                       |         |
|   |                                |   |   |     |  |                                    |  |   |    |                         |           |                                       |         |
|   |                                |   |   |     |  |                                    |  |   |    |                         |           |                                       |         |
|   |                                |   |   |     |  |                                    |  |   |    |                         |           |                                       |         |
|   |                                |   |   |     |  |                                    |  |   |    |                         |           |                                       |         |
|   |                                |   |   |     |  |                                    |  |   | •  | Schedul                 | e R (Forn | n 99                                  | 0) 2018 |

