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Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A	or the	2008 ca	lendar year, or tax year beginning NOV 1, 2008 and endi	ing OCT	31, 2009	
В	Check if	e Please use iRS	C Name of organization	D	Employer identif	ication number
	Addre chang Name	e print or	Midwest Poultry Federation, Inc.  Doing Business As		23-5	7161619
F	_]chang ∏Initial	See		m/suite E	Telephone numb	
	return Termir ation	C	108 Marty Drive	in/suite E		-682-2171
	Amen		City or town, state or country, and ZIP + 4	G	Gross receipts \$	270,447.
	Application		Buffalo, MN 55313	H(a	) Is this a group	
	pendii	F Nar	ne and address of principal officer Steve Olson		for affiliates?	Yes X No
		108	Marty Drive, Buffalo, MN 55108	Н(Б	) Are all affiliates in	cluded? Yes No
1	Tax-ex		us: X 501(c) ( 6 ) ◀ (insert no.) 4947(a)(1) or 527		If "No," attach	a list (see instructions)
J	Nebsi	te: Ww	w.midwestpoultry.com	H(c	) Group exempte	
K	ype of	organizatio	n: X Corporation Trust Association Other	L Year of for	mation: 1971	M State of legal domicile; MN
Pa	art I	Summ	ary			
Governance	1	Briefly de	scribe the organization's mission or most significant activities: Poultry	y rese	arch and	education.
rna	2	Check thi	s box In the organization discontinued its operations or disposed of	of more than	n 25% of its asse	ts
ove.			of voting members of the governing body (Part VI, line 1a)		.  з	18
Ğ			of independent voting members of the governing body (Part VI, line 1b)		4	18
es es	5	Total num	nber of employees (Part V, line 2a)		5	0
Việ:			nber of volunteers (estimate if necessary)		6	0
Activities	7a	Total gros	ss unrelated business revenue from Part VIII in 12 Column 10		. 7а	0.
_	b	Net unrei	ated business taxable income from form 990 1, time 34		7b	0.
				F	Prior Year	Current Year
<u>o</u>	8	Contribut	ions and grants (Part VIII, line 1h) Dal Pill III College		21,550	
Revenue	9	Program :	service revenue (Part VIII, line 2g)		234,869	244,171.
ě	10	Investme	nt income (Part VIII, column (A), lines B, 4, and 700 FN. UT		2,406	1,476.
Œ			enue (Part VIII, column (A), lines 5, 6d 8c, 9c, 40, and TTe)		12,665.	6,900.
	12	Total reve	enue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		271,490	270,447.
	13	Grants ar	nd simılar amounts paid (Part IX, column (A), lines 1-3)			
	14	Benefits p	oald to or for members (Part IX, column (A), line 4)			
S	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)			_
ŠUŠ	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)			
Expenses	ь	Total fund	fraising expenses (Part IX, column (D), line 25)	_		
Ш	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24f)		264,397	
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		264,397	
	19	Revenue	less expenses. Subtract line 18 from line 12		7,093	-15,478.
200				Begi	nning of Year	End of Year
Sets	20	Total asse	ets (Part X, line 16)		251,708	248,917.
Net Assets or	21	Total liabi	lities (Part X, line 26)		133,425	146,112.
캺	22_		s or fund balances. Subtract line 21 from line 20		118,283	102,805.
P	art II	Signa	ture Block			<u>, , , , , , , , , , , , , , , , , , , </u>
		Under pena and comple	ulties of perury, I declare that I have examined this return, including accompanying schedules and state the Deplaration of preparer (other than officer) is based on all information of which preparer has any known of the preparer than officer) in the preparer than officer is based on all information of which preparer has any known of the preparer than officer is based on all information of which preparer has any known of the preparer than officer is based on all information of which preparer has any known of the preparer than officer is based on all information of which preparer than officer is based on all information of which preparer has any known of the preparer than officer is based on all information of which preparer than officer is based on all information of which preparer than officer is based on all information of which preparer than officer is based on all information of which preparer than officer is based on all information of which preparer than officer is based on all information of which preparer than officer is based on all information of which preparer than officer is based on all information of which preparer than officer is based on all information of which preparer than officer is based on all information of which preparer than officer is based on all information of which preparer than officer is based on all information of which preparer than officer is based on the preparer than officer is b	itements, and to nowledge		
Sig	n		14 UN		13-1-10	<u> </u>
Her	e		nature of officer		Date	
		St.	eve Olson, Executive Director			
		Тур	e or print name and title			
Dai		Preparer's	Date Date	Check if self-	Prepa (see i	arer's identifying number nstructions)
Paid	_	signature		employe		
	parer's Only	Firm's nam yours if	mailoy montagge kallowski kadosevi	ich	EIN ▶	
USE	Unity	self-employ address, ar	boot 110		1	
		ZIP + 4	Minneapolis, MN 55416	<del> </del>	Phone no. >	
Ma	y the II	RS discus	s this return with the preparer shown above? (see instructions)			X Yes No
8320	01 12-1	8-08 LF	A For Privacy Act and Paperwork Reduction Act Notice, see the separa	ate instruct	tions.	Form <b>990</b> (2008)

	rt III Stateme	ent of Program Service	Accomplishment	Clon, Inc.	23-710	51619 Page 2
			- Accomplishment	s (see instructions)		
1		the organization's mission.			, , , , , , , , , , , , , , , , , , , ,	1.2
					tional, and po	
	advocacy	activities tha	<u>it will enhan</u>	<u>ce the visib</u>	ility and grow	th of the
	poultry :	industry in the	Midwest.			
	Delaboration		<del></del>			
2		tion undertake any significan	program services durino	the year which were no	t listed on	رباريو. د العاد
	the prior Form 99				-	Yes X No
		e these new services on Sch				
3		tion cease conducting, or ma		how it conducts, any pr	ogram services?	Yes X No
		e these changes on Scheduk				
4		mpt purpose achievements t				
		and 501(c)(4) organizations				
	allocations to oth	ners, the total expenses, and	revenue, if any, for each	program service reporte	d.	
	(Code)	\ (F	205 025		\ (D_= = = =	270 447
4a	(Code:	) (Expenses \$	285,925. includi		) (Revenue \$	270,447.)
					Poultry Federa	
	to put of	n the Midwest B	oultry reder	ation Conven	tion each year	•
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	(Code:	\ (Evpenses &			\ (Daveanua @	
4b	(Code:	) (Expenses \$	inciuali	ng grants of \$	) (Revenue \$	,
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			> <del>7</del>			
	(Code:	) (Expenses \$	ıncludu	ng grants of \$	) (Revenue \$	
40	(COGO.	/ (Expenses v	ii loigdii	ig grants or $\psi$	/ (πονοπαο φ	,
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4d	Other program s	ervices. (Describe in Schedul	e () )			
40	(Expenses \$		g grants of \$	) (Revenue \$	1	
		ervice expenses >\$		(Must equal Part IX, Line	<del></del>	
<del>-70</del>	. otta, program a				1-1-1	Form <b>990</b> (2008)
						()

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	11		I.,	T
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	_No
•	If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			Λ
•	public office? If "Yes," complete Schedule C, Part I	3	İ	х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	-	<u> </u>	
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice	<u> </u>	<u> </u>	
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, 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	ŀ	Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes." complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?	<u></u>		
	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	x	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes, " complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ļ		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			}
	If "No", go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	ļ	ļ. <u></u>
	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ļ	<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			,,
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	990 /	X
				- 11 W 1121

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
þ	Have a family member who had a direct or indirect business relationship with the organization?	'		Ì
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		Ì	
	contributions? If "Yes," complete Schedule M	30		_X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-		
	If "Yes," complete Schedule N, Part I	31		X
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		X
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_		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		}	
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	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	<u> </u>	X

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Form **990** (2008)

Form 990 (2008) Midwest Poultry Federation, Inc.

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter ·O· if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c_	X	
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b_	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
þ	If "Yes," enter the name of the foreign country. ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.		\	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			1
	Tax Shelter Transaction?	<u>5c</u>		<u> </u>
6a	Did the organization solicit any contributions that were not tax deductible?	<u>6a</u>	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b_		
7	Organizations that may receive deductible contributions under section 170(c).		f	
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a_		<del> </del>
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<del>                                     </del>	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	ļ	<del> </del>
	If "Yes," indicate the number of Forms 8282 filed during the year			•
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	l _		
_	benefit contract?	7e_		<del>-</del>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	<del> </del>
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	<del> </del>	<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h_	-	<del> </del>
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the year?	8	Ì	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		<b></b>	
a	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<b></b>	
10	Section 501(c)(7) organizations. Enter: N/A			
a	Initiation fees and capital contributions included on Part VIII, line 12		l	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11	Section 501(c)(12) organizations. Enter: N/A			
''а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	1
-	amounts due or received from them.)		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	]-	1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . N/A 12b			
	The state of the s		000	(2000)

Form **990** (2008)

Form 990 (2008) Midwest Poultry Federation, Inc. 23-7161619 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code )

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body  1a 1			
b	Enter the number of voting members that are independent . 1b 1	3	ŀ	
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		<u>X</u>
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		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_ 5		<u>x</u> _
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the		Ì	
_	governing body?	7a	-	<u>X</u> _
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	├	<u>X</u> _
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-		
	by the following:	-	- 77	
а	The governing body?	8a	X	77
ь	Each committee with authority to act on behalf of the governing body?	8b	<del> </del>	X
9a	Does the organization have local chapters, branches, or affiliates?	9a	-	X_
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	1		
	and branches to ensure their operations are consistent with those of the organization?	9b		<del> </del> -
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	1		v
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10		<u> </u>
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x
Sac	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	L	
900	tion b. 1 onoies		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	163	X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	120	t	
-	to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	,	1	
•	in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X_
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b		Х
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		$\mathbf{x}_{-}$
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			]
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			ļ
	exempt status with respect to such arrangements?	_16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	ınd fina	ancial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ation:	<b></b>	
	<u>Lisa Reeck - (763)-682-2171</u>			
	108 Marty Dr., Buffalo, MN 55313			
83200 12-18-	8 08	Form	990	(2008)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

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

(A) Check this box if the organization did	(B)	ly OI	ncei		901C	<u>я, и</u>	JSLE	(D)	(E)	(F)
Name and Title	Average			Position				Reportable	Reportable	Estimated
	hours			(check all that ap			ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Del Farrer										
Director	1.10	X						0.	0.	0.
Tom Gillis										
Director	1.10	x						0.	0.	0.
Ben Thompson				١.;	μ,		ĺ		-	
Director	1.10	X	ı	, ,				0.	0.	0.
Mark Friedow			1							
Director	1.10	X						0.	0.	0.
Kim Reis							}			
Director	1.10	X						0.	0.	0.
Andrew Kaldenberg		l	İ							
Alternate	1.10	X	<u> </u>		L.	<u> </u>	L	0.	0.	0.
Greg Nelson			1							
Director	1.10	X	<u> </u>				<u>L</u>	0.	0.	0.
Darrin Karcher							l			
Director	1.10	X	ļ	<u> </u>				0.	0.	0.
George House		1					ı			
Alternate	1.10	X	<u> </u>	<u> </u>			_	0.	0.	0.
Brent Swanson		1			1					
Alternate	1.10	X	_	<u> </u>	<u> </u>		<u> </u>	0.	0.	0.
Gregg Veldman		1	Ì							_
Alternate	1.10	X	↓_	_	<u> </u>	ļ	ļ	0.	0.	0.
William Claybough							ŀ		_	
Director	1.10	X	$\vdash$	_	_	ļ	$oxdapsymbol{oxed}$	0.	0.	0.
Susan Joy		1								
Director	1.10	<u>  X</u>	ļ.,	<u> </u>	<u> </u>	<u> </u>	L	_0.	0.	0.
Mike Shinn				١,,	ļ.					
Director	1.10	X	┞-	; '	<u> </u>	<del> </del>	<u> </u>	0.	0.	0.
Brian Bevans										
Alternate	1.10	X	-	_	├-	├	-	0.	0.	0.
John Black					[			_	_	
Alternate	1.10	<u>X</u>	<del> </del>	₩		┼	┞	0.	0.	0.
Joline Gordon									_	_
<u> Alternate</u>	1.10	<u> </u>	Ь.	<del>ا</del>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.

832007 12-18-08

Form **990** (2008)

Part VII   Section A. Officers, Directors, T (A)	(B)				C)			(D)	(E)			(F)
Name and title	Average	,	Position (check all that apply)					Reportable	Reportable	-		timated
	hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated and be		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC		comp fro orga and	ount of other oensation om the anization I related nizations
Bob Drake	1 00					1	-					
Director Harold Sankey	1.20	X	┼	-	╀─	╁	╀	0.		0.		0.
Alternate	1.10	v		}		1	}	0.		ο.		0.
Jan Schock	1.10		$\vdash$	$\vdash$	$\vdash$	╁	<del> </del>	0.		*		
Director	1.10	X		1			ļ	0.		0.		0.
Chad Larson						1						
Alternate	1.10	X	_		<u> </u>	<u> </u>	L	0.		0.		0.
Bill Petz							1			_		_
Alternate	1.10	X	-	<b>├</b>	-	╀	├-	0.		0.		0.
Patricia Stonger Alternate	1 10	٦.		ļ			1		1	^		0
Randy Olson	1.10	╁≏	$\vdash$	╁	├-	╁	╁╌	0.	<del></del>	0.		0.
2nd Vice President	1.20			X			}	0.		0.		0.
Pete Rothfork							1					
President	1.20			x	<u> </u>	L		0.		0.		0.
Dave Holmgren				l	1	1	}		}	1		
1st VP	1.20	<u> </u>	<u> </u>	X	<u> </u>	<u> </u>	$oxed{igspace}$	0.		0.		0.
Allen Behl	1 20									ا ؞		0
Secretary/Treasurer  1b Total	1.20	J		X	<u> </u>	Ļ	<u></u>	0.		0.		0.
2 Total number of individuals (including the	se in 1a) who re	Celv	ed r	nore	tha	ın \$1	וחח	<del></del>		<u> </u>		
compensation from the organization .						🛡		, soo iii roportasio		<b>•</b>		_ 0
												Yes No
3 Did the organization list any former office	r, director or tru	ste	e, ke	y en	nplo	yee,	ort	highest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for					Ļ,		•				3	X
4 For any individual listed on line 1a, is the			-					· · · · · · · · · · · · · · · · · · ·	the organization	ŀ		
and related organizations greater than \$1										}	4	X
5 Did any person listed on line 1a receive of the organization? If "Yes," complete Sche	•			IIOIII	ıanı	y un	reiai	ted organization for serv	ices rendered to		5	_ <u>x</u>
Section B. Independent Contractors	date o for daerr	<del>por.</del>	3011					<del></del>	<del></del>	\		
1 Complete this table for your five highest of	compensated in	dep	ende	ent c	cont	ract	ors 1	that received more than	\$100,000 of comp	ensa	ation fi	rom
the organization. NONE	<del></del>	_		_								
(A) Name and busines	a addraga							(B) Description of s	i.	0	(C	i) Isation
Name and busines	s address						-	Description or s	Beivices		Jiliper	
							- 1		İ			
							- 1					
	<del></del>						_					
2 Total number of independent contractors	(including thos	e in	1) w	ho r	ecei	ved	moi	re than \$100,000 in com	pensation			
from the organization	0											
a. a.l. J. 1. 7 9 f	- D TT	TT		<u> </u>				3 Continueti				00000

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	ete columns (B), (C), an  (C)  Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		- <u> </u>	T-1	
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
	Grants and other assistance to governments,		<del></del>		
	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				<del></del>
	trustees, and key employees				
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
	Pension plan contributions (include section 401(k)			]	
	and section 403(b) employer contributions)		····		
	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees):			]	
а	Management	62,000.			
	Legal				
	Accounting	4,081.	<del></del>		
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other		<del></del>		
	Advertising and promotion	22,112.	······		
	· · ·	9,492.			
	Information toohnology	2/4720			
	i				
	Royalties	<del></del>			
	Occupancy	10 050			
	Travel	19,958.		-	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	32,352.	<del></del>		
20	Interest		·		
1	Payments to affiliates		<u> </u>		
2	Depreciation, depletion, and amortization				
3	Insurance	·			
	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total	*			
	expenses shown on line 25 below.)	- FE 600			
	Exhibits	57,603.			
	Special Functions	25,016.			
	Administration	18,520.		ļ	
	Youth Awards	14,176.			
e	Registration	10,197.			
f	All other expenses	10,418.			
5	Total functional expenses. Add lines 1 through 24f	285,925.			
	Joint Costs. Check here ▶ ☐ If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			-	
	educational campaign and fundraising solicitation				

Form 990 (2008)

			(A) Beginning of year		(B) End of year					
	1	Cash - non-interest-bearing	220,294.	1	211,619.					
	2	Savings and temporary cash investments	<u> </u>	2						
	3	Pledges and grants receivable, net		3						
	4	Accounts receivable, net	2,214.	4	3,098.					
	5	Receivables from current and former officers, directors, trustees, key		-						
	-	employees, or other related parties. Complete Part II of Schedule L		5						
	6	Receivables from other disqualified persons (as defined under section								
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete								
		Part II of Schedule L		6						
ध	7	Notes and loans receivable, net		7						
Assets	8	Inventories for sale or use		8	_					
Ä	9	Prepaid expenses and deferred charges	5,800.	9	70.					
	10a	Land, buildings, and equipment: cost basis 10a								
	ь	Less: accumulated depreciation. Complete								
		Part VI of Schedule D 10b		10c						
	11	Investments - publicly traded securities		11						
	12	Investments - other securities. See Part IV, line 11		12						
	13	Investments - program-related. See Part IV, line 11		13						
	14	Intangible assets		14						
	15	Other assets. See Part IV, line 11	23,400.	15	34,130.					
	16	Total assets. Add lines 1 through 15 (must equal line 34)	251,708.	_16_	248,917.					
	17	Accounts payable and accrued expenses		17	925.					
	18	Grants payable		18						
	19	Deferred revenue		19	<del></del>					
	20	Tax-exempt bond liabilities		20						
jes	21	Escrow account liability. Complete Part IV of Schedule D		21						
ij	22	Payables to current and former officers, directors, trustees, key employees,								
Liabilities		highest compensated employees, and disqualified persons. Complete Part II	•		u.					
		of Schedule L		22						
	23	Secured mortgages and notes payable to unrelated third parties		23						
	24 25	Unsecured notes and loans payable Other liabilities. Complete Part X of Schedule D	133,425.	24 25	145,187.					
	26	Total liabilities. Add lines 17 through 25	133,425.	26	146,112.					
	20	Organizations that follow SFAS 117, check here   X and complete	133,423.	20	140,112.					
s .		lines 27 through 29, and lines 33 and 34.	,							
Sec	27	Unrestricted net assets	118,283.	27	102,805.					
ala	28	Temporarily restricted net assets		28						
a B	29	Permanently restricted net assets		29						
5		Organizations that do not follow SFAS 117, check here  and								
ō		complete lines 30 through 34.			_					
ets	30	Capital stock or trust principal, or current funds		30						
\SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31						
Net Assets or Fund Balan	32	Retained earnings, endowment, accumulated income, or other funds		32						
Z	33	Total net assets or fund balances	118,283.	33	102,805.					
	34	Total liabilities and net assets/fund balances	<u>251,708.</u>	34	248,917.					
Pa	rt XI	Financial Statements and Reporting								
			٦		Yes No					
1		ounting method used to prepare the Form 990: Cash X Accrual	」 Other							
2a		the organization's financial statements compiled or reviewed by an independent	**	•	. 2a X					
Ь		the organization's financial statements audited by an independent accountant?	anihilda far arraminta af the		2b X					
C		es" to lines 2a or 2b, does the organization have a committee that assumes respon								
2~		review, or compilation of its financial statements and selection of an independent accountant?								
Jd		and OMB Circular A-133?			1 1					
b		m m m m m m m m m m m m m m m m m m m	······ · · · · · · · · · · · · · · · ·		3b					
-	1 12-18				Form <b>990</b> (2008)					

### Schedule D

(Form 990)

Department of the Treasury

### Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that

OMB No 1545-0047 Open to Public

Internal Revenue Service answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12, Inspection Name of the organization Employer identification number Midwest Poultry Federation, Inc. 23-7161619 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 ... 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ..... In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1

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

Schedule D (Form 990) 2008

Assets included in Form 990, Part X

Sche	dule D (Form 990) 2008 Midwest	Poultry F	ederation,	Inc	23	3-716	1619	Page 2
Par	t III   Organizations Maintaining C							
3	Using the organization's accession and other	r records, check any	of the following tha	at are a significant us	se of its collec	tion item	s (check	ali
	that apply):							
а	Public exhibition	d	Loan or exc	change programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further t	the organization's ex	empt purpose	in Part )	XIV.	
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	asures, or other simil	ar assets			
	to be sold to raise funds rather than to be m						Yes	No_
Par	t IV Trust, Escrow and Custodia		<ul> <li>Complete if organ</li> </ul>	ization answered "Y	es" to Form 99	90, Part !	IV, linė 9,	or
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ns or other assets no	t included			
	on Form 990, Part X?	-					Yes	L No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:		r			
					<u> </u>	/	Amount	
С	Beginning balance		•		. 1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance		•	•				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				Yes	L No
	If "Yes," explain the arrangement in Part XIV							
Par	t V Endowment Funds. Complete		ered "Yes" to Form	T	<del>,</del>	<del></del>		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three year	s back	(e) Four y	ears back_
1a	Beginning of year balance		Hr.		ļ			
ь	Contributions		'	ļ				
С	Investment earnings or losses				ļ			
đ	Grants or scholarships							
е	Other expenditures for facilities				1			
	and programs .			ļ			<del></del> -	
f	Administrative expenses			ļ				
g	End of year balance	L		<u> </u>	<u> </u>			
2	Provide the estimated percentage of the year							
	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
C		% 						
За	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	and administered for	the organizati	on	Γ.	
	by:							es No
	(i) unrelated organizations						3a(i)	<del></del>
						•	3a(ii)	<del></del>
	If "Yes" to 3a(ii), are the related organization.  Describe in Part XIV the intended uses of the					•	3b	
4 Par				) Part V line 10				
1 41					Denseastion	<del></del> ,	-N Pook	
	Description of investment	(a) Cost or o basis (investr	1 1	t or other (c) (c)	Depreciation	1 ,	<b>d)</b> Book	value
	Lond	<del></del>		(0.1.0.)	·	+	<del></del>	
	Land		. ,,		<del></del>			
	Buildings		7	<del></del>				
	Leasehold improvements		<del></del>	<del></del>		_		<del></del>
	Equipment			<del></del>		+		
	Add lines 1a-1e (Column (d) should equal F		Imp (B) line 10(c) )			$\rightarrow$		0.

Schedule D (Form 990) 2008

(a) Description of security or category (including name of security)	(b) Book value		lethod of valuation: end-of-year market v	
Financial derivatives and other financial products	<del>                                     </del>			
Closely-held equity interests				
Other				
				·
	<u> </u>			
Total (Col (b) should equal Form 990, Part X, col (B) line 12.)	<u> </u>			<del></del>
Part VIII Investments - Program Related.	See Form 990, Part X, lin			
(a) Description of investment type	(b) Book value		Method of valuation.	
		Cost or e	end-of-year market v	alue ————————
	<u> </u>			· · · · · · · · · · · · · · · · · · ·
				<del>-</del>
-		<del> </del>		
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)	<u> </u>		· · · · · · · · · · · · · · · · · · ·	<del> </del>
Part IX Other Assets. See Form 990, Part X, Irr				<b></b>
	a) Description			(b) Book value
Prepaid contracts				34,130.
<del></del>	0.00	······································		
Total. (Column (b) should equal Form 990, Part X, col (B)	line 15.)	·		34,130.
Part X Other Liabilities. See Form 990, Part	K, line 25.	4.) 4		<del></del>
(a) Description of liability		(b) Amount		
Federal income taxes				
Covention Booth Deposits		145,187.		•
<del></del>				
	Ÿ			
Total. (Column (b) should equal Form 990, Part X, col (B)	line 25.) <b>&gt;</b>	145,187.		
In Part XIV, provide the text of the footnote to the organi		ents that reports the organiza	tion's liability for un	certain tax positions
under FIN 48.				
832053 12-23-08			Schedul	e D (Form 990) 2008

Schedule D (Form 990) 2008 Midwest Poultry Federation, Inc. 23-7161619 Page 3

	dule D (Form 990) 2008 Midwest Poultry Federation				7161619	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Finan	cial Statement	ts		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		270	<u>,447.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		285	,925.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		-15	478.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net) Add lines 4-8		. 9			0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10			<u>,478.</u>
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents Wi	th Revenue pe	er Retur		
1	Total revenue, gains, and other support per audited financial statements			1	275	<u>,807.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b	5,36	0.		
C	Recovenes of prior year grants	2c				
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			<u>2e</u>		<u>,360.</u>
3	Subtract line 2e from line 1			3	270	<u>,447.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			Ì	
b	Other (Describe in Part XIV)	4b				
C	Add lines 4a and 4b			4c		0.
_5_	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5_		,447.
Pai	t XIII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses	per Retu		
1	Total expenses and losses per audited financial statements			1	291	<u>,285.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	i 1				
а	Donated services and use of facilities	2a	5,36	0.0	]	
b	Prior year adjustments	2b			ļ	
С	Losses reported on Form 990, Part IX, line 25	2c				
d	Other (Describe in Part XiV)	2d			_	260
е	Add lines 2a through 2d			. <u>2e</u>		<u>,360.</u>
3	Subtract line 2e from line 1			3_	285	<u>,925.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	F . I				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<del></del>			
	Other (Describe in Part XIV)	. <u>[ 4b ]</u>			ļ	Λ
_	Add lines 4a and 4b			4c	205	0.
5 Da	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)  t XIV Supplemental Information		··	. 5	265	<u>,925.</u>
	<del></del>			41	Ob Dod Who	4. David
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I	III, lines 1:	a and 4; Part IV, IIN	es 1b and	2b; Part V, line	4; Pan
X; Pa	rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.					
					<del></del>	
			-	Scho	dule D (Form 9	990) 2008

### **SCHEDULE J-2**

(Form 990) '

### **Continuation Sheet for Form 990**

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Name of the Organization

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Inspection

Employer Identification number

Midwest Poultry Federation, Inc. 23-7161619 Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (B) (C) (D) (E) Name and Title Average **Position** Reportable Reportable Estimated (check all that apply) hours compensation compensation amount of per from from related other week the organizations compensation Highest compensated employee organization (W-2/1099-MISC) from the Individual trustee or director (W-2/1099-MISC) organization institutional trustee and related organizations Officer Lou Arrington Past President 1.20 0. 0. 0. Kevin Vinchattle Ex-Officio 1.10 X 0 0 0. Theresa Neddermeyer Exhibits Manager 10.00 X 0. 0. 0. Steve Olson Executive Director 10.00 X 0. 0 0. Ken Koelkebeck 0. Education Program Coordi 5.00 X 0. 0. Lara Durben Comm. and Program Direct 10.00 X 0. 0. 0.

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Schedule J-2 (Form 990) 2008

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

(Form 990) ·

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

Midwest Poultry Federation, Inc.

Employer identification number 23-7161619

Form 990, Part VI, Section A, line 6: According to the by-laws, regular
members are "statewide" organizations or associations that represent and
whose membership consists of producers, processors, marketers, or
distributors of poultry products including but not limited to turkeys,
broilers, fowl, egg, and other poultry prodcuts. Associate members are
organizations that have an interest in the poultry industry but not
eligible for regular membership.
Form 990, Part VI, Section A, line 8b: The Midwest Poultry Federation does
not have committees that can act on behalf of the governing body.
Form 990, Part VI, Section A, line 10: The financials are prepared with
the 990 and are provided to the board once ready for approval. The 990 is
provided and signed by the executive director before being filed.
Form 990, Part VI, Section C, Line 18: The documents are provided upon
request.
Form 990, Part VI, Section C, Line 19: The documents are provided upon
request.
Form 990, Part VII Contact Addresses for Officers, Directors, Etc:
Del Farrer - 113 N Akire
Latimer, IA 50452

Tom Gillis - PO Box 250

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 832211 12-18-08

Schedule O (Form 990) 2008

### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization  Midwest Poultry Federation, Inc.	Employer identification number 23-7161619
Willmar, MN 56201	
Randy Olson - PO Box 266	
Willmar, MN 56201	
Ben Thompson - 968 S Kent Road	
Pearly City, IL 61062	
Mark Friedow - PO Box 110	
Jefferson, IA 50129	
Kim Reis - PO Box 144	
Ellsworth , IA 50075	
Andrew Kaldenberg - 2650 250th RD	
Stuart, IA 50520	
Greg Nelson - 8530 E HWY 24	
Manhattan, KS 66502	
Darrin Karcher - Michigan State 1290 ANT	
East Lansing, MI 48824	
George House - PO Box 242	
Ada , MI 49301	

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Schedule O (Form 990) 2008

(Form 990) ·

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

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2008
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Midwest Poultry Federation, Inc.	Employer identification number 23-7161619
Pete Rothfork - 224 Turkey Lane	
Melrose, MN 56352	
Brent Swanson - 24561 705th Ave	
Dassel, MN 55325	
Gregg Veldman - 14242 Fairway Lane	
Dave Holmgren - PO Box 229	
Butterfield, MN 56120	
William Claybough - PO Box 216	
Carroll, NE 68723	
Susan Joy - A103 An Sc PO BOX 830940	
Lincoln, NE 68583	
Mike Shinn - PO Box 670	
Gibbon, NE 68840	
Brian Bevans - PO Box 2	
Waverly, NE 68462	
John Black - PO Box 70	
David City, NE 68632	
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(Form 990) ·

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization	Midwest Poultry Federation, Inc.	Employer identification number 23-7161619
Joline Gordon -	A103 AnSC PO Box 830940	
Lincoln, NE 685	883	
	N Lake Drive	
Watertown, SD 5	7201	
	5009 S Pheasant Lane	
	57108	
	e - 8515 Douglas Ave Ste 9	
	0322	
	221 Scofield Rd	
Watertown, WI 5	4812	
	260 AnSC 1675 Observatory Dr	
Madison, WI 537	06	
Jan Schock - 50	6 W Division Ave	
Barron, WI 5481	2	
	· <u>· · · · · · · · · · · · · · · · · · </u>	
Chad Larson - 2	3678 American Heights Lane	
Arcadia, WI 546	12	
Bill Petz - 502	W Main Street	

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Schedule O (Form 990) 2008

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(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization	Midwest Poult:	ry Federation	, Inc.	Employer identification number 23-7161619
Arcadia, WI 546	512	<del> </del>		
Patricia Stonge	er - PO Box 800			
Lake Mills, WI	53551			
		····		
			·	
			<del></del>	
		<del></del>		
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Schedule O (Form 990) 2008

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships ➤ See separate instructions. Midwest Poultry Federation, Inc. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2008 Open to Public Inspection OMB No 1545-0047

23-7161619

Employer identification number Direct controlling entity Ē End-of-year assets Œ Total income 9 Legal domicile (state or foreign country) <u></u> Primary activity <u>@</u> Identification of Related Tax-Exempt Organizations Identification of Disregarded Entities Name, address, and EIN of disregarded entity Part II Part

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Minnesota Turkey Research and Promotion Council - 41-6058096, 108 Marty Drive,	Research, promotion, and education of the poultry industry	Minnesota	501(c)(6)		
cowers Association - cty Drive, Buffalo, MN	Association	Minresota	501(c)(6)		

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

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Schedule R (Form 990) 2008

Page 2

Part III Identification of Related Organizations Taxable as a Partnership

(J) General or managing partner? Yes No		<u></u>	
S Ge Y			
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			
(H) Disproportion- ate allocations? Yes No			
(H) Disproportion- ate allocations? Yes No			
(G) Share of end-of-year assets			
otal			
(F) Share of total income			
me int,		-	
(E) Predominant income (related, investment, unrelated)	:		
(E) minant ed, inve			
Predo (relate			
- Bu			 
(D) controll antity			
(l rect co			
Ö			 
(C) (D) Legal domicile (state or foreign country)			
ivity			
(B) Primary activity			
Prima			
<u>N</u> ⊆			$ \  \  \  \  $
(A) Name, address, and EIN of related organization			
(A) dress,			$ \  \  \  $
ne, adr			
Nam			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

					- 1		
(A)	(B)	<u></u>	<u>(</u>	Œ	(F)	(9)	£
Name, address, and EIN of related organization	Pnmary activity	Legal domicile (state or foreign country)	Direct controlling Type of entity S entity (C corp., S corp., or trust)	Type of entity (C corp, S corp, or trust)	_	Share of Pend-of-year cassets	Percentage ownership
			-				
832162 12-23-08	23	3				Schedule R (Form 990) 2008	m 990) 2008

# Schedule R (Form 990) 2008 Midwest Poultry Federation, Inc.

### Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes No
Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlle		
<ul> <li>b Gift, grant, or capital contribution to other organization(s)</li> <li>c Gift. grant, or capital contribution from other organization(s)</li> </ul>		d d
e Loans or loan guarantees by other organization(s)		1e X
f Sale of assets to other organization(s)		×
g Purchase of assets from other organization(s)		
i Lease of facilities, equipment, or other assets to other organization(s)		ii X
j Lease of facilities, equipment, or other assets from other organization(s)		1j X
k Performance of services or membership or fundraising solicitations for other organization(s)		<del>+</del> <del>+</del> × ×
		×
n Sharing of paid employees		1n X
o Reimbursement paid to other organization for expenses		10 X
p Reimbursement paid by other organization for expenses		X dt
<ul> <li>q Other transfer of cash or property to other organization(s)</li> <li>r Other transfer of cash or property from other organization(s)</li> </ul>		1q X
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	saction thresholds.	
(¥)	(8)	<b>(</b> )
Name of other organization(s)	Transaction type (a-r)	Amount involved
(1) Minnesota Turkey Research and Promotion Council	×	0
(2) Minnesota Turkey Research and Promotion Council	N	62,000.
(3) Minnesota Turkey Research and Promotion Council	0	0
(4) Minnesota Turkey Research and Promotion Council	വ	0
(5) Minnesota Turkey Growers Association	×	0
(6) Minnesota Turkey Growers Association	N	0.
	Sched	Schedule R (Form 990) 2008

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## Part VI Unrelated Organizations Taxable as a Partnership

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.

ural was not a related organization. See instructions regarding exclusion for certain investment partitionitys.	מאַ (שֵּׁי	Simps.	Ę	٩	ý	9	, (1)
	<b>6</b>		<u> </u>	(1)		2	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate allocations?	amount in box 20	General or managing partner?
			Yes No			(Form 1065)	
							_
				·			
					_		_

Schedule R (Form 990) 2008

Schedule R-1 (Form 990) 2008 Midwest Poultry Federation, Inc.

[Part V] Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, Inne 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) . Amount involved
(7) Minnesota Turkey Growers Association	0	0.
(8) Minnesota Turkey Growers Association	Д	0
(6)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(21)		
(18)		
(19)		
(20)		
(21)		

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(24)