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Form **990**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)

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

OMB No 1545-0047

2009**Open to Public
Inspection****A For the 2009 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please
use IRS
label or
print or
type. See
Specific
Instruc-
tions.**C** Name of organization
FOOD EXPORT ASSOCIATION OF THE MIDWEST USA

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
309 W WASHINGTON 600City or town, state or country, and ZIP + 4
CHICAGO, IL 60606**D** Employer identification number

36-2691663

E Telephone number

(312) 334-9200

G Gross receipts \$ 12,235,650**F** Name and address of principal officer
TIMOTHY HAMILTON
309 W WASHINGTON SUITE 600
CHICAGO, IL 60606**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☒ No
If "No," attach a list (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.FOODEXPORT.ORG**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation 1979**M** State of legal domicile IL**Part I Summary**

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO ASSIST SMALL AND MEDIUM-SIZED COMPANIES OF TWELVE MIDWESTERN STATES IN THE EXPORTATION OF AGRICULTURAL
PRODUCTS**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) **3** 12**4** Number of independent voting members of the governing body (Part VI, line 1b) **4** 12**5** Total number of employees (Part V, line 2a) **5** 15**6** Total number of volunteers (estimate if necessary) **6** 20**7a** Total gross unrelated business revenue from Part VIII, column (C), line 12 **7a** 0**b** Net unrelated business taxable income from Form 990-T, line 34 **7b** 0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,734,408	10,567,933
9 Program service revenue (Part VIII, line 2g)	332,051	1,366,525
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,190	14,851
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	77,927	286,341
12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,152,576	12,235,650

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,734,408	6,651,738
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	302,701	1,109,921
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	157,842	4,360,083
18 Total expenses-add lines 13-17 (must equal Part IX, column (A), line 25)	3,194,951	12,121,742
19 Revenue less expenses Subtract line 18 from line 12	-42,375	113,908

Net Assets or
Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,268,181	3,026,115
21 Total liabilities (Part X, line 26)	666,543	1,310,570
22 Net assets or fund balances Subtract line 21 from line 20	1,601,638	1,715,545

Part II Signature BlockSign
HereUnder 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

Date

Timothy F. Hamilton, Exec Director

**Paid
Preparer's
Use
Only**Preparer's
signature

Date

Check if
self-
employed ☐Preparer's identifying number
(see instructions)Firm's name (or yours
if self-employed),
address, and ZIP + 4CROWE HORWATH LLP
70 West Madison Street
Suite 700
Chicago, IL 606024903

EIN ▶

Phone no ▶ (312) 899-7000

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No 11282Y

Form 990 (2009)

9/13 17

SCANNED SEP 13 2010

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

FOOD EXPORT ASSOCIATION OF THE MIDWEST U S A. IS A NONPROFIT ORGANIZATION CHARTERED IN ILLINOIS BY THE DUES PAYING AGRICULTURAL PROMOTION AGENCIES OF TWELVE MIDWESTERN STATES ITS MISSION IS TO ASSIST SMALL AND MEDIUM-SIZED COMPANIES IN THOSE STATES IN THE EXPORTATION OF AGRICULTURAL PRODUCTS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code)	(Expenses \$	including grants of \$	(Revenue \$	)
MARKET ACCESS PROGRAM (MAP), AN EXPORT PROGRAM OF THE FOREIGN AGRICULTURAL SERVICE OF THE USA DEPARTMENT OF AGRICULTURE (USDA) THE ORGANIZATION ALSO PARTICIPATES IN TRADE SHOWS AND OTHER INTERNATIONAL PROMOTION AND MARKETING ACTIVITIES					

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$	)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$	)
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4d	Other program services. (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$	)
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4e	Total program service expenses ▶ \$
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Part IV 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?	2 Yes	
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	No
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 reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5 Yes	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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 term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 Yes	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• 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		
• 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		
• 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		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 Yes	
12A Was the organization included in consolidated, independent audited financial statements for the tax year?	12A Yes No	
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		
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, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b Yes	
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 U.S.? If "Yes," complete Schedule F, Part II	15	No
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 U.S.? If "Yes," complete Schedule F, Part III	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
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		
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) 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	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	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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or a grant selection committee member, or to a person related to such an individual? 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)			
a	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
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or 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? If "Yes," complete Schedule M	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, Parts II, III, IV, and V, line 1	34		No
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		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 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U S Information Returns</i> . Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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)?		No
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
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?		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?		No
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5 Did the organization become aware during the year of a material diversion of the organization's assets?		No
6 Does the organization have members or stockholders?	Yes	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	Yes	
b Each committee with authority to act on behalf of the governing body?	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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		No
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		No
11A Describe in Schedule O the process, if any, used by the organization to review the Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13 Does the organization have a written whistleblower policy?	Yes	
14 Does the organization have a written document retention and destruction policy?	Yes	
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?		
a The organization's CEO, Executive Director, or top management official	Yes	
b Other officers or key employees of the organization		
If "Yes" to line a or b, 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?		No
b 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 exempt status with respect to such arrangements?		

Section 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 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 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: **ROBERT LOWE**
 309 W WASHINGTON SUITE 600
 CHICAGO, IL 60606
 (312) 334-9200

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's **current** key employees. 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 the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GREG IBACH PRESIDENT BOARD OF DIRECTORS	1	X		X				0	0	0
ROBERT J BOGGS VICE PRESIDENT BOARD OF DIRECTORS	1	X		X				0	0	0
BILL NORTHEY SECY TREAS BOARD OF DIRECTOR	1	X		X				0	0	0
KEN KLEMM BOARD MEMBER - PART YEAR	1	X						0	0	0
ADRIAN POLANSKY BOARD MEMBER - PART YEAR	1	X						0	0	0
ROGER JOHNSON BOARD MEMBER - PART YEAR	1	X						0	0	0
WILLIAM EVEN BOARD MEMBER - PART YEAR	1	X						0	0	0
DON STEEN BOARD MEMBER - PART YEAR	1	X						0	0	0
JEFF ROSSATE BOARD MEMBER - PART YEAR	1	X						0	0	0
THOMAS JENNINGS BOARD MEMBER	1	X						0	0	0
GENE HUGOSON BOARD MEMBER	1	X						0	0	0
JOE KELSAY BOARD MEMBER	1	X						0	0	0
DOUG GOEHRING BOARD MEMBER	1	X						0	0	0
JON HAGLER BOARD MEMBER	1	X						0	0	0
ROD NISESTUEN BOARD MEMBER	1	X						0	0	0
JON FARRIS BOARD MEMBER	1	X						0	0	0
DON KOIVISTO BOARD MEMBER	1	X						0	0	0
BILL THORTON BOARD MEMBER	1	X						0	0	0
TIMOTHY HAMILTON EXECUTIVE DIRECTOR	40			X				153,075	0	15,956

Form 990 (2009)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								153,075	0	15,956

1b Total	153,075	0	15,956
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		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
MARKET MAKERS INC SEIBUNKAN BLDG 5F 1-5-9 TOKYO JAPAN	TRADE SERVICING AND CONSULTING	208,305
MARKETING SOLUTIONS FIRM SAN JUAN DE LOS LAGOS 52 MEXICO CITY MEXICO	TRADE SERVICING AND CONSULTING	182,751
SMH INTERNATIONAL-SHANGHAI SUITE 1107-1108 11/F PUDONG SHANGHAI CHINA	TRADE SERVICING AND CONSULTING	162,680
SCS AGRIBUSINESS 651 PACE CITY II GURGAON INDIA	TRADE SERVICING AND CONSULTING	151,693
KOREA BUSINESS SERVICES INC 8TH FLOOR YULCHON BLD 24 1 YOIDO DO SEOUL SOUTH KOREA	TRADE SERVICING AND CONSULTING	149,592

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶7

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 10,567,933				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 0				
	g	Noncash contributions included in lines 1a-1f \$ 0					
	h	Total. Add lines 1a-1f		10,567,933			
Program Service Revenue	2a	US FAS ADMIN FEES	Business Code	550,000	550,000	0	0
	b	BRANDED PROGRAM PARTICIPANT FEES		557,028	557,028	0	0
	c	GENERIC PROGRAM PARTICIPANT FEES		139,497	139,497	0	0
	d	STATE MEMBERSHIP DUES		120,000	120,000	0	0
	e			0	0	0	0
	f	All other program service revenue		0	0	0	0
	g	Total. Add lines 2a-2f		1,366,525			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		14,851	0	0	14,851
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0
	5	Royalties		0	0	0	0
		(i) Real	(ii) Personal				
	6a	Gross Rents	0	0			
	b	Less rental expenses	0	0			
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)		0	0	0	0
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	0	0			
	b	Less cost or other basis and sales expenses	0	0			
	c	Gain or (loss)	0	0			
	d	Net gain or (loss)		0	0	0	0
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18	a 0				
	b	Less direct expenses	b 0				
	c	Net income or (loss) from fundraising events		0	0	0	0
	9a	Gross income from gaming activities See Part IV, line 19	a 0				
	b	Less direct expenses	b 0				
	c	Net income or (loss) from gaming activities		0	0	0	0
	10a	Gross sales of inventory, less returns and allowances	a 0				
b	Less cost of goods sold	b 0					
c	Net income or (loss) from sales of inventory		0	0	0	0	
Miscellaneous Revenue			Business Code				
11a	MANAGEMENT COST SHARING REIMBURSEMENTS		286,331	286,331	0	0	
b	MISC REV		10	10	0	0	
c			0	0	0	0	
d	All other revenue		0	0	0	0	
e	Total. Add lines 11a-11d		286,341				
12	Total revenue. See Instructions		12,235,650	1,652,866	0	14,851	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	6,651,738	0		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	169,031	0	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	729,849	0	0	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	33,475	0	0	0
9 Other employee benefits	111,720	0	0	0
10 Payroll taxes	65,846	0	0	0
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	6,056	0	0	0
c Accounting	56,954	0	0	0
d Lobbying	0	0	0	0
e Professional fundraising See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other	1,931,321	0	0	0
12 Advertising and promotion	426,353	0	0	0
13 Office expenses	58,578	0	0	0
14 Information technology	100,653	0	0	0
15 Royalties	0	0	0	0
16 Occupancy	110,472	0	0	0
17 Travel	805,833	0	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	775,930	0	0	0
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	13,500	0	0	0
23 Insurance	8,831	0	0	0
24 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.)				
a EQUIPMENT REPAIRS	7,235	0	0	0
b BAD DEBT	48,272	0	0	0
c MEMBERSHIPS	10,095	0	0	0
d	0	0	0	0
e	0	0	0	0
f All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24f	12,121,742	0	0	0
26 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	0	0	0	0

Form 990 (2009)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	315,763	1	102,154
	2 Savings and temporary cash investments	1,002,123	2	983,997
	3 Pledges and grants receivable, net	131,291	3	1,426,980
	4 Accounts receivable, net	309,299	4	285,995
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	476,528	9	203,086
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	293,593		
	b Less: accumulated depreciation	269,690		
		33,177	10c	23,903
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	0	15	0	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,268,181	16	3,026,115	
Liabilities	17 Accounts payable and accrued expenses	368,356	17	329,359
	18 Grants payable	0	18	0
	19 Deferred revenue	175,088	19	180,266
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	123,099	25	800,945
	26 Total liabilities. Add lines 17 through 25	666,543	26	1,310,570
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,601,638	27	1,715,545
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	0
33 Total net assets or fund balances	1,601,638	33	1,715,545	
34 Total liabilities and net assets/fund balances	2,268,181	34	3,026,115	

Part XI Financial Statements and Reporting

	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. ☐ Cash ☒ Accrual ☐ Other _____		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O _____	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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. _____	Yes	

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

Department of the
Treasury
Internal Revenue
Service

Political Campaign and Lobbying Activities

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. ▶ See separate instructions.**

OMB No. 1545-0047

2009

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Inspection**

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 36a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization
FOOD EXPORT ASSOCIATION OF THE MIDWEST USA

Employer identification number

36-2691663

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures \$
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 3 If the organization incurred a section 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

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- 3 Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2009

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
 (The term "expenditures" means amounts paid or incurred.)

	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b 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 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both 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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☐ No	

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 instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total 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.			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1 Yes	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1 Dues, assessments and similar amounts from members	\$
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current Year	\$
b Carryover from last year	\$
c Total	\$
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	\$
4 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?	\$
5 Taxable amount of lobbying and political expenditures (see instructions)	\$

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
NONDEDUCTIBLE DUES	SCHEDULE C, PART III-A, LINE 1	THE MEMBERS OF THE ORGANIZATION ARE THE DEPARTMENTS OF AGRICULTURE OF 12 MIDWESTERN STATES. AS THESE AGENCIES ARE GOVERNMENTAL ENTITIES, THIS FALLS UNDER THE EXCEPTION OF IRC 6033(E)(3) WHEREIN THE DUES ARE NONDEDUCTIBLE WITH REGARD TO SECTION 162(E).

SCHEDULE D
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Supplemental Financial Statements

- ▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the organization
FOOD EXPORT ASSOCIATION OF THE MIDWEST USA

Employer identification number
36-2691663

Part I 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
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit.		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 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 importantly land area
☐ Protection of natural habitat ☐ Preservation of a 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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 these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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Schedule D (Form 990)
2009

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____
 b Permanent endowment ▶ _____
 c Term endowment ▶ _____

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	293,593	269,690	23,903
e Other	0	0	0	0

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) 23,903

Schedule D (Form 990) 2009

Part VII Investments—Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of Liability	(b) Amount
Federal Income Taxes	
PROGRAM ADVANCES	800,945
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	
	800,945

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,235,650
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,121,743
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	113,907
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
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	113,907

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	11,949,319
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	0
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	11,949,319
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV)	4b	286,331
c	Add lines 4a and 4b	4c	286,331
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	12,235,650

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	11,835,412
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV)	2d	-286,331
e	Add lines 2a through 2d	2e	-286,331
3	Subtract line 2e from line 1	3	12,121,743
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	12,121,743

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
FIN 48 footnote	Schedule D, Part X, Line 2	FOOD EXPORT - MIDWEST ADOPTED GUIDANCE WITH RESPECT TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS AS OF JANUARY 1, 2009. THE ADOPTION HAD NO EFFECT ON FOOD EXPORT - MIDWEST FINANCIAL STATEMENTS.
Other revenues in form 990 not in audited financial statements	Schedule D, Part XII, Line 4b	SHARED MGMT EXP - 286331, OTHER - 0, TOTAL - 286331
Other expenses in audited financial statements not in form 990	Schedule D, Part XIII, Line 2d	SHARED MGMT EXP - -286331, OTHER - 0, TOTAL - -286331

Schedule D (Form 990) 2009

Part IV Supplemental Information

Supplemental information
Complete this part to provide the information required in Part I, line 2, and any additional information.

[illegible]

Schedule F (Form 990) 2009

**Schedule I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization
FOOD EXPORT ASSOCIATION OF THE MIDWEST USA

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No. 1545-0047

2009

Open to Public
Inspection

Employer identification number

36-2691663

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☒ Yes ☐ No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESS MARKETING LLC 9531 W 78TH ST SUITE 400 EDEN PRAIRIE, MN 55344	41-1905710	N/A	7,059	0 N/A	N/A	N/A	MAP PROGRAM
AMERICAN FEED NUTRITION 2855 COUNTRYWOOD LN WEST COVINA, CA 91719	51-0483802	N/A	13,735	0 N/A	N/A	N/A	MAP PROGRAM
AMERICAN POP CORN COMPANY PO BOX 178 ONE FUN PLACE SIOUX CITY, IA 51102	42-0113600	N/A	239,675	0 N/A	N/A	N/A	MAP PROGRAM
AMMAT INTERNATIONAL WHOLESALERS AND DISTRIBUTION LLC 703 IMPERIAL P LAKE OZARK, MO 65049	20-4082743	N/A	122,599	0 N/A	N/A	N/A	MAP PROGRAM
ANAVOX PHARMACEUTICALS LLC 313 WEST BELTLINE HWY STE 182 MADISON, WI 53713	26-4739035	N/A	9,850	0 N/A	N/A	N/A	MAP PROGRAM
ARBORIS LLC 1101 W LATHROP AVE SAVANNAH, GA 31415	59-3830188	N/A	45,195	0 N/A	N/A	N/A	MAP PROGRAM
ASOYIA INC 2370 NAPLES AVE SW SUITE 104 IOWA CITY, IA 52240	26-1766693	N/A	11,506	0 N/A	N/A	N/A	MAP PROGRAM
ATLEX CORP 263 WEST END AVE 15 NEW YORK, NY 10023	13-3239252	N/A	31,384	0 N/A	N/A	N/A	MAP PROGRAM
ATRIUM RESTAURANT GROUP 5057 FRANCE AVE S MINNEAPOLIS, MN 554102034	41-1988269	N/A	24,497	0 N/A	N/A	N/A	MAP PROGRAM
BELLBOY IMPORT CORPORATION 2220 FLORIDA AVE SO ST LOUIS, MN 55426	41-1486622	N/A	24,701	0 N/A	N/A	N/A	MAP PROGRAM

2 Enter total number of section 501(c)(3) and government organizations	0
3 Enter total number of other organizations	125

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

Cat. No. 50055P

Schedule I (Form 990) 2009

**Schedule I
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
FOOD EXPORT ASSOCIATION OF THE MIDWEST USA

Employer identification number

36-2691663

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERGIN FRUIT COMPANY INC 2000 ENERGY PARK DRIVE ST PAUL, MN 55108	41-0713809	N/A	8,036	0	N/A	N/A	MAP PROGRAM
BERNATELLO'S PIZZA INC 200 CONGRESS STREET MAPLE LAKE, MN 55358	41-1419949	N/A	8,461	0	N/A	N/A	MAP PROGRAM
BETTER MADE SNACKS FOODS INC 10148 GRATIOT AVE DETROIT, MI 48213	38-0454150	N/A	13,520	0	N/A	N/A	MAP PROGRAM
B & H GENERAL SUPPLY MKTG 11237 NALL AVE SUITE 130 LEAWOOD, KS 66211	48-1235260	N/A	24,291	0	N/A	N/A	MAP PROGRAM
BIOZYME INCORPORATED 6010 STOCKYARDS EXPRESSWAY ST JOSEPH, MO 64504	44-0557576	N/A	14,216	0	N/A	N/A	MAP PROGRAM
BLADAN CORPORATION PO BOX 118 NEW YORK, NY 10021	13-3173687	N/A	176,257	0	N/A	N/A	MAP PROGRAM
BUTTER BUDS FOOD INGREDIENTS 2330 CHICORY ROAD RACINE, WI 53403	11-2141348	N/A	43,234	0	N/A	N/A	MAP PROGRAM
CALDAK INTERNATIONAL LLC 5776 STONERIDGE MALL RD 225 PLEASANTON, CA 94588	47-0867161	N/A	44,168	0	N/A	N/A	MAP PROGRAM
CARIBBEAN CRESCENT INC 14205 CHERRY LANE CT LAURAL, MA 20707	54-1646894	N/A	9,868	0	N/A	N/A	MAP PROGRAM
CARM1 FLAVOR & FRAGRANCE CO 910 INDUSTRIAL STREET WAVERLY, IA 50677	95-3523969	N/A	38,063	0	N/A	N/A	MAP PROGRAM
CEREAL INGREDIENTS INC 4720 S 13TH STREET LEAVENWORTH, KS 66048	34-1563471	N/A	12,000	0	N/A	N/A	MAP PROGRAM
CHARTREUSE LTD INC 2837 WEST JEFFERSON SUITE 1 TRENTON, MI 48183	26-0097407	N/A	6,575	0	N/A	N/A	MAP PROGRAM
CITY FOODS INC 4230 S RACINE AVE CHICAGO, IL 60609	36-2327829	N/A	8,391	0	N/A	N/A	MAP PROGRAM
CKB MANAGEMENT SERVICES LLC 402 GARY LANE JEFFERSON CITY, MO 65109	20-4799255	N/A	12,592	0	N/A	N/A	MAP PROGRAM
CLABBER GIRL CORP 900 WABASH AVE TERRE HAUTE, IN 47808	35-2150132	N/A	22,513	0	N/A	N/A	MAP PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLINICAL PRODUCTS LLC DBA 2200 WESTPORT PLAZA DR STE 316 ST LOUIS, MO 63146	16-1765398	N/A	155,041	0	N/A	N/A	MAP PROGRAM
COLBY INTERNATIONAL LLC 1967 KAPLAN DR WINDSOR, CO 80550	55-0911457	N/A	5,438	0	N/A	N/A	MAP PROGRAM
COLES QUALITY FOODS INC 25 OTTAWA AVE SW 4TH FLOOR GRAND RAPIDS, MI 49503	38-1291439	N/A	5,534	0	N/A	N/A	MAP PROGRAM
COOPERATIVE ELEVATOR CO 7211 MICHIGAN AVE PIGEON, MI 487550619	38-0430470	N/A	265,936	0	N/A	N/A	MAP PROGRAM
DAHLGREN & COMPANY INC 1220 SUNFLOWER STREET CROOKSTON, MN 56716	41-1889210	N/A	22,840	0	N/A	N/A	MAP PROGRAM
DAIRY FARMERS OF AMERICA INC 10220 N AMBASSADOR DRIVE KANSAS CITY, MO 64153	43-0905874	N/A	9,910	0	N/A	N/A	MAP PROGRAM
DAIRYCHEM LABORATORIES INC 9120 TECHNOLOGY DRIVE FISHERS, IN 46038	35-1884094	N/A	10,698	0	N/A	N/A	MAP PROGRAM
EARTH HARVEST MILLS INC 500 NORTH STREET HARVEY, ND 58341	43-0707732	N/A	25,851	0	N/A	N/A	MAP PROGRAM
DGB SALES COMPANY 1208 14TH STREET MONROE, WI 53566	20-3290628	N/A	210,193	0	N/A	N/A	MAP PROGRAM
SHELL AND KEMPETER INC 103 N OLIVE META, MO 65058	43-0951994	N/A	218,390	0	N/A	N/A	MAP PROGRAM
DIAMOND V MILLS INC 838 1ST STREET NW CEDAR RAPIDS, IA 52405	42-0628408	N/A	26,464	0	N/A	N/A	MAP PROGRAM
DIVERSIFIED MARKETING SOLUTION LLC 20013 E 75TH COURT NORTH OWASSO, OK 74055	32-0207297	N/A	23,487	0	N/A	N/A	MAP PROGRAM
DK BREWING COMPANY 1314 JOHNSON STREET LA CROSSE, WI 54601	46-0490772	N/A	232,662	0	N/A	N/A	MAP PROGRAM
DLB AND ASSOCIATES LLC 1121 WINGHAVEN DR MAUMEE, OH 43537	28-9565295	N/A	75,211	0	N/A	N/A	MAP PROGRAM
DOGGIE DE LITES INC 1450 WILLOW PARK WAY CUMMING, GA 30041	54-1859100	N/A	5,749	0	N/A	N/A	MAP PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOUMAK INC 2201 E TOUHY AVE ELK GROVE VILLAGE, IL 600075327	36-3255980	N/A	271,948	0	N/A	N/A	MAP PROGRAM
E TU ASSOCIATES INC 5027 MADISON RD STE 100 CINCINNATI, OH 45227	31-1233989	N/A	5,608	0	N/A	N/A	MAP PROGRAM
EAST-WEST INT'L GROUP INC 4920 SOM CENTER RD MORELAND HILLS, OH 44022	20-8872398	N/A	25,614	0	N/A	N/A	MAP PROGRAM
EIGHTEN'S HIDDEN ACRES LLC PO BOX 21616809 CENTER CITY, MN 55012	20-4703647	N/A	7,171	0	N/A	N/A	MAP PROGRAM
THE ELI'S CHEESECAKE COMPANY 6701 WEST FOREST PRESERVE DRIVE CHICAGO, IL 60634	36-3099563	N/A	39,932	0	N/A	N/A	MAP PROGRAM
ENJOY LIFE NATURAL BRANDS LLC 3810 NORTH RIVER ROAD SCHILLER PARK, IL 60176	36-4433809	N/A	10,040	0	N/A	N/A	MAP PROGRAM
ENM FOODS INTERNATIONAL INC 1250 PROSPECT STREET SUITE O-2 LA JOLLA, CA 92037	71-0997394	N/A	299,947	0	N/A	N/A	MAP PROGRAM
EVANGERS DOG & CAT FOOD CO INC 221 S WHEELING ROAD WHEELING, IL 60712	36-2416760	N/A	177,584	0	N/A	N/A	MAP PROGRAM
EXPORT MARKETING CORP PO BOX 484 BENSENVILLE, IL 60106	26-2383957	N/A	293,570	0	N/A	N/A	MAP PROGRAM
PINATA FOODS INC DBA FESTA FOOD CO 3590 W 58TH ST CLEVELAND, OH 441025663	34-1652229	N/A	29,288	0	N/A	N/A	MAP PROGRAM
FIBERSTAR INC 713 SAINT CROIX ST RIVER FALLS, WI 540223600	91-1886061	N/A	50,652	0	N/A	N/A	MAP PROGRAM
FINISH LINE HORSE PRODUCTS INC P O BOX 1000115 BENSENVILLE, IL 60106	36-2962016	N/A	20,848	0	N/A	N/A	MAP PROGRAM
FLAX USA INC 1661 7TH ST NE GOODRICH, ND 58444	45-0444196	N/A	10,399	0	N/A	N/A	MAP PROGRAM
IC PRODUCTS LLC 1 SOUTH MAIN STREET CHAGRIN FALLS, OH 44022	20-4339568	N/A	16,759	0	N/A	N/A	MAP PROGRAM
GF COOPERATIVE INC 1123 MAIN STREET FRANKFORT, MI 49635	38-2016646	N/A	94,865	0	N/A	N/A	MAP PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GINSENG AND HERB COOPERATIVE 3909 1/2 CTY RD B MARATHON, WI 54448	30-3740401	N/A	31,756	0 N/A	N/A	N/A	MAP PROGRAM
GOLDEN LINK INC 23 HORTON RD WASHINGTONVILLE, NY 10992	61-4825415	N/A	29,382	0 N/A	N/A	N/A	MAP PROGRAM
GOMACRO INC 10608 SUMMIT RIDGE DRIVE VIOLA, WI 54664	75-3149015	N/A	7,552	0 N/A	N/A	N/A	MAP PROGRAM
GOOD LIFE FOODS INC PO BOX 22422 LINCOLN, NE 685422422	91-1817034	N/A	359,387	0 N/A	N/A	N/A	MAP PROGRAM
GRANDMA HOERNERS FOODS INC 31862 THOMPSON RD ALMA, KS 66401	48-1237310	N/A	7,820	0 N/A	N/A	N/A	MAP PROGRAM
EXPORT TRADE OF AMERICA 44 61 11TH STREET 2ND FL LONG ISLAND CITY, NY 11101	13-3538402	N/A	60,889	0 N/A	N/A	N/A	MAP PROGRAM
HEARTLAND SWEETENERS LLC 14300 CLAY TERRACE BLVD SUITE 249 CARMEL, IN 46032	20-1938376	N/A	12,627	0 N/A	N/A	N/A	MAP PROGRAM
HWD ACQUISITION INC 575 SOUTH WHELEN AVENUE MEDFORD, WI 54451	26-3579743	N/A	168,552	0 N/A	N/A	N/A	MAP PROGRAM
IPM FOOD LLC 1126 HARVEY ST BELOIT, WI 53511	20-8080908	N/A	37,200	0 N/A	N/A	N/A	MAP PROGRAM
JOHN VOLPI AND COMPANY INC 5254 DAGGETT AVE ST LOUIS, MO 63110	43-0741443	N/A	6,575	0 N/A	N/A	N/A	MAP PROGRAM
KARLIN FOODS CORP 1845 OAK STREET SUITE 19 NORTHFIELD, IL 60093	36-2923670	N/A	7,263	0 N/A	N/A	N/A	MAP PROGRAM
KOEZE COMPANY 2555 BURLINGAME AVE SW WYOMING, MI 49509	38-2185672	N/A	5,874	0 N/A	N/A	N/A	MAP PROGRAM
LAND O' LAKES INC 1080 COUNTY ROAD F WEST SHORELINE, MN 55126	41-0365145	N/A	380,591	0 N/A	N/A	N/A	MAP PROGRAM
LEE INTERNATIONAL TRADING SERV 3225 OLD BRAINARD RD PEPPER PIKE, OH 44124	34-1640447	N/A	26,451	0 N/A	N/A	N/A	MAP PROGRAM
LIVINGSTON SEED INC 830 KINNEN ROAD COLUMBUS, OH 43212	91-2126847	N/A	18,625	0 N/A	N/A	N/A	MAP PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAMA ROSAS LLC 1910 FAIR ROAD SIDNEY, OH 45365	20-5408111	N/A	10,123	0	N/A	N/A	MAP PROGRAM
MASER INDUSTRIES LLC 16931 BELINDER ROAD STILLWELL, KS 660850501	26-0861912	N/A	5,182	0	N/A	N/A	MAP PROGRAM
MICELI DAIRY PRODUCTS CO 2721 EAST 90TH STREET CLEVELAND, OH 44104	34-0843026	N/A	8,061	0	N/A	N/A	MAP PROGRAM
MIDAMAR CORPORATION 1105 60TH AVENUE SW CEDAR RAPIDS, IA 524060218	42-1244351	N/A	61,364	0	N/A	N/A	MAP PROGRAM
MIDWESTERN PET FOODS INC 9634 HEDDEN ROAD EVANSVILLE, IN 47725	35-1058442	N/A	200,361	0	N/A	N/A	MAP PROGRAM
MIES PRODUCTS INC 505 COMMERCE STREET WEST BEND, WI 53090	39-0928041	N/A	9,217	0	N/A	N/A	MAP PROGRAM
MILO'S WHOLE WORLD GOURMET 94C COLUMBUS RD ATHENS, OH 45701	27-0063019	N/A	5,008	0	N/A	N/A	MAP PROGRAM
MN TURKEY RESEARCH & PROMOTION COUNCIL 108 MARTY DR STE 1 BUFFALO, MN 553139311	41-6058096	N/A	5,360	0	N/A	N/A	MAP PROGRAM
MORE THAN GOURMET INC 929 HOME AVE AKRON, OH 44310	34-1819996	N/A	9,168	0	N/A	N/A	MAP PROGRAM
MR DEES INC 339 N MILWAUKEE AVE 200 LIBERTYVILLE, IL 60048	36-3320090	N/A	5,309	0	N/A	N/A	MAP PROGRAM
NATIONAL ENZYME COMPANY 15366 US HIGHWAY 160 FORSYTH, MO 65653	36-1522557	N/A	29,660	0	N/A	N/A	MAP PROGRAM
NEW GRASS ENTERPRISES LLC PO BOX 860033 SHAWNEE, KS 66286	42-1614846	N/A	6,953	0	N/A	N/A	MAP PROGRAM
NORTHERN MINNESOTA WILD RICE PRODUCERS INC 301 TOWER STREET NW CLEARBROOK, MN 566340290	58-1919599	N/A	58,724	0	N/A	N/A	MAP PROGRAM
NORTHLAND ORGANIC FOODS CORP 495 PORTLAND AVE SAINT PAUL, MN 55102	41-1758420	N/A	9,685	0	N/A	N/A	MAP PROGRAM
NORTHWOODS INTERNATIONAL LLC PO BOX 13513 GREEN BAY, WI 54313	49-5644477	N/A	11,763	0	N/A	N/A	MAP PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NUTORIOUS LLC 1049 CRESTVIEW DR WRIGHTSTOWN, WI 54180	20-3016620	N/A	10,710	0 N/A	N/A	N/A	MAP PROGRAM
OMNIPRO INC 276 LAKE CASTLE RD MADISON, MS 391300278	83-0398866	N/A	20,850	0 N/A	N/A	N/A	MAP PROGRAM
ORGANIC VILLE 1200 65TH STREET SUITE 107 EMERYVILLE, CA 94608	54-2153718	N/A	24,325	0 N/A	N/A	N/A	MAP PROGRAM
OSKRI ORGANICS INC 528 E TYRARENA PARK RD LAKE MILLS, WI 53551	39-1954705	N/A	15,854	0 N/A	N/A	N/A	MAP PROGRAM
OXBOW ENTERPRISES INC 29012 MILL ROAD MURDOCK, NE 684072352	47-0711465	N/A	31,281	0 N/A	N/A	N/A	MAP PROGRAM
PAPA GEORGE 324 N 4TH ST STILLWATER, MN 55082	41-1979556	N/A	9,023	0 N/A	N/A	N/A	MAP PROGRAM
PARKER PRODUCTS INC 2737 TILLAS ST FT WORTH, TX 76107	93-1223321	N/A	43,244	0 N/A	N/A	N/A	MAP PROGRAM
M A S SALES LTD DBA PASTA FACTORY 11225 WEST GRAND AVE NORTHLAKE, IL 60164	36-2809022	N/A	28,403	0 N/A	N/A	N/A	MAP PROGRAM
PATTCO INC 1422 WOODLAND DRIVE SALINE, MI 48176	38-3014548	N/A	16,798	0 N/A	N/A	N/A	MAP PROGRAM
THE PETERSON COMPANY 6312 WEST MAIN STREET KALAMAZOO, MI 49009	38-1865035	N/A	21,208	0 N/A	N/A	N/A	MAP PROGRAM
PREFERRED POPCORN LLC 1132 9TH ROAD CHAPMAN, NE 68827	47-0809328	N/A	11,301	0 N/A	N/A	N/A	MAP PROGRAM
PREMIUM GOLD FLAX PRODUCTS 1321 12TH AVENUE NE DENHOFF, ND 58430	75-3023170	N/A	12,946	0 N/A	N/A	N/A	MAP PROGRAM
PREMIUM NUTRITIONAL PRODUCTS 10504 WEST 79TH STREET SHAWNEE, KS 66214	48-1125348	N/A	11,240	0 N/A	N/A	N/A	MAP PROGRAM
JA BUTLER COMPANIES INC 20573 CTY RD 297 COSBY, MO 64436	41-1993127	N/A	11,212	0 N/A	N/A	N/A	MAP PROGRAM
RED ARROW INTERNATIONAL LLC 633 S 20TH STREET MANITOWOC, WI 54220	39-1917822	N/A	55,410	0 N/A	N/A	N/A	MAP PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REE REE FOODS LLC 900 MORSE AVE ELK GROVE VILLAGE, IL 600075108	26-4056366	N/A	7,315	0	N/A	N/A	MAP PROGRAM
REID FOODS INC 1012 N BOULEVARD VIEW AVE GURNEE, IL 60031	36-3866181	N/A	5,618	0	N/A	N/A	MAP PROGRAM
S P MARKETING INC 11100-86TH AVENUE NORTH MAPLE GROVE, MN 55369	41-1701553	N/A	19,480	0	N/A	N/A	MAP PROGRAM
SAFIE SPECIALTY FOOD CO INC 25565 TERRA INDUSTRIAL DR CHESTERFIELD, MI 48051	38-3344567	N/A	7,550	0	N/A	N/A	MAP PROGRAM
SELECT SOY LLC DBA NATURES SELECT 209 CITATION COURT GREENBORO, NC 27409	38-3478404	N/A	39,047	0	N/A	N/A	MAP PROGRAM
SENCHA NATURALS 912 E 3RD ST BLDG 101 LOS ANGELES, CA 90013	38-3778607	N/A	10,794	0	N/A	N/A	MAP PROGRAM
SHORELINE FRUIT GROWERS INC 10850 EAST TRAVERSE HIGHWAY STE 446 TRAVERSE CITY, MI 49684	38-3120635	N/A	47,263	0	N/A	N/A	MAP PROGRAM
STIOUX HONEY ASSOCIATION 509 LEWIS BOULEVARD STIOUX CITY, IA 51102	42-0527930	N/A	100,248	0	N/A	N/A	MAP PROGRAM
SK FOOD INTERNATIONAL INC 4666 AMBER VALLEY PARKWAY S FARGO, ND 581048612	47-0421017	N/A	37,916	0	N/A	N/A	MAP PROGRAM
SMD PRODUCTS COMPANY PO BOX 1634 KANKAKEE, IL 60901	36-3980769	N/A	5,911	0	N/A	N/A	MAP PROGRAM
SNAX IN PAX INC 204 HAWPATCH DR TOPEKA, IN 46571	35-1875470	N/A	11,043	0	N/A	N/A	MAP PROGRAM
SUN SEED COMPANY INC PO BOX 33 BOWLING GREEN, OH 43402	34-1969631	N/A	64,017	0	N/A	N/A	MAP PROGRAM
SUNRICH LLC PO BOX 128 HOPE, MN 560460147	41-1945246	N/A	35,248	0	N/A	N/A	MAP PROGRAM
SUPERIOR PRODUCTS GROUP 4904 CREEKWOOD DRIVE FREMONT, CA 94555	20-0666193	N/A	34,649	0	N/A	N/A	MAP PROGRAM
TASTENORR SNACKSBASIC GRAIN 300 EAST VINE STREET COLDWATER, OH 45828	34-1776772	N/A	6,230	0	N/A	N/A	MAP PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SEED COMPANY 504 CENTER STREET LYNNVILLE, IA 50153	39-1873834	N/A	10,231	0	N/A	N/A	MAP PROGRAM
TIMBERLINE FOODS PO BOX 379 GARDEN CITY, MO 64747	43-1882991	N/A	13,802	0	N/A	N/A	MAP PROGRAM
SHARED VENTURES INC 2808 THOMASON DR. MATTOON, IL 61938	41-1906376	N/A	39,075	0	N/A	N/A	MAP PROGRAM
VARIED INDUSTRIES CORP 905 S CAROLINA AVENUE MASON CITY, IA 504021483	42-0923693	N/A	54,986	0	N/A	N/A	MAP PROGRAM
WAPTIL LABS INC 13739 LINCOLN ST NE STE A HAM LAKE, MN 553046971	20-4010115	N/A	7,686	0	N/A	N/A	MAP PROGRAM
WEAVER POPCORN COMPANY INC 14470 BERGEN BLVD STE 100 NOBLESVILLE, IN 460603377	35-0953313	N/A	50,964	0	N/A	N/A	MAP PROGRAM
WESTERN EXPORT SERVICES INC 140 EAST 19TH AVE STE 201 DENVER, CO 80203	84-1163477	N/A	267,374	0	N/A	N/A	MAP PROGRAM
WESTWOOD MARKET LLC 31500 W 13 MILE ROAD 112 FARMINGTON HILLS, MI 48334	20-3535725	N/A	23,113	0	N/A	N/A	MAP PROGRAM
WISCONSIN CRANBERRY COOP 2110 INDUSTRIAL STREET STE A WISCONSIN RAPIDS, WI 54495	39-2041364	N/A	7,193	0	N/A	N/A	MAP PROGRAM
WOEBER MUSTARD MFG CO 1966 COMMERCE CIRCLE SPRINGFIELD, OH 45504	31-0816660	N/A	6,376	0	N/A	N/A	MAP PROGRAM

Schedule J
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
FOOD EXPORT ASSOCIATION OF THE MIDWEST USA

Employer identification number
36-2691663

Part I Questions Regarding Compensation

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"><tr><td>☐ First-class or charter travel</td><td>☐ Housing allowance or residence for personal use</td></tr><tr><td>☐ Travel for companions</td><td>☐ Payments for business use of personal residence</td></tr><tr><td>☐ Tax indemnification and gross-up payments</td><td>☐ Health or social club dues or initiation fees</td></tr><tr><td>☐ Discretionary spending account</td><td>☐ Personal services (e.g., maid, chauffeur, chef)</td></tr></table>	☐ First-class or charter travel	☐ Housing allowance or residence for personal use	☐ Travel for companions	☐ Payments for business use of personal residence	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
☐ First-class or charter travel	☐ Housing allowance or residence for personal use									
☐ Travel for companions	☐ Payments for business use of personal residence									
☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees									
☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2									
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <table border="0"><tr><td>☒ Compensation committee</td><td>☒ Written employment contract</td></tr><tr><td>☐ Independent compensation consultant</td><td>☒ Compensation survey or study</td></tr><tr><td>☐ Form 990 of other organizations</td><td>☒ Approval by the board or compensation committee</td></tr></table>	☒ Compensation committee	☒ Written employment contract	☐ Independent compensation consultant	☒ Compensation survey or study	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee				
☒ Compensation committee	☒ Written employment contract									
☐ Independent compensation consultant	☒ Compensation survey or study									
☐ Form 990 of other organizations	☒ Approval by the board or compensation committee									
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.										
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a									
b Any related organization?	5b									
If "Yes," to line 5a or 5b, describe in Part III.										
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a									
b Any related organization?	6b									
If "Yes," to line 6a or 6b, describe in Part III.										
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7									
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8									
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50053T

Schedule J (Form 990) 2009

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
QUESTIONS REGARDING COMPENSATION	SCHEDULE J, PART 1, LINE 1-2	THE ORGANIZATION DOES NOT PROVIDE ANY OF THE LISTED BENEFITS. THEREFORE, THESE QUESTIONS ARE NOT APPLICABLE AND HAVE BEEN INTENTIONALLY LEFT BLANK.

Schedule J (Form 990) 2009

**SCHEDULE O
(Form 990)**Department of the
Treasury
Internal Revenue
ServiceName of the organization
FOOD EXPORT ASSOCIATION OF THE MIDWEST USA**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009Open to Public
Inspection

Employer identification number

36-2691663

Identifier	Return Reference	Explanation
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	ALL MEMBERS ARE OF THE SAME CLASS AND HAVE THE SAME RIGHTS. THERE ARE 12 MEMBERS OF THE GOVERNING BODY, ONE FROM EACH OF THE STATE DEPARTMENTS OF AGRICULTURE WHO CONSTITUTE THE ORGANIZATION'S MEMBERSHIP. EACH MEMBER HAS THE RIGHT TO DESIGNATE WHO SITS ON THE BOARD ON ITS BEHALF. THE ORGANIZATION'S MEMBERS HAVE THE RIGHT TO RECEIVE A SHARE OF THE ORGANIZATION'S ASSETS OR A PORTION OF THE EXCESS DUES UPON THE ORGANIZATION'S DISSOLUTION.
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11A	PRIOR TO FILING THE RETURN WITH THE IRS, A DRAFT OF THE COMPLETED FORM 990 IS REVIEWED BY THE ORGANIZATION'S INTERNAL MANAGEMENT AND ITS INDEPENDENT PAID TAX PREPARERS. AFTER REVIEW, COPIES OF THE FINAL FORM 990 ARE DISTRIBUTED TO THE ORGANIZATION'S FINANCE COMMITTEE FOR REVIEW, AND SUBSEQUENTLY FILED WITH THE IRS.
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	THE ORGANIZATION HAS DEVELOPED AND IMPLEMENTED A CONFLICT OF INTEREST / FRAUD DETECTION POLICY. AS PART OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, A QUESTIONNAIRE IS DISTRIBUTED TO THE ORGANIZATION'S INTERESTED PERSONS (OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES) TO IDENTIFY ANY ISSUES OF CONFLICT THAT MAY HAVE ARISEN. ADDITIONALLY, PROACTIVE QUESTIONS ARE ASKED DURING ANY FINANCIAL DECISION-MAKING PROCESS TO ENSURE APPROPRIATE STEPS (RECUSAL, INELIGIBILITY TO BID, ETC) ARE TAKEN. THE ORGANIZATION'S DEPUTY DIRECTOR AND THE EXECUTIVE DIRECTOR INITIALLY REVIEW THE QUESTIONNAIRES TO DETERMINE IF ANY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST EXIST WITH THE ORGANIZATION. IF IT IS DETERMINED A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, THEY DEFER THE MATTER TO THE BOARD. BASED ON THE NATURE OF THE ACTIVITY THE BOARD WILL DETERMINE THE APPROPRIATE ACTION STEPS TO DETERMINE WHETHER OR NOT THE TRANSACTIONS CONSTITUTE A CONFLICT AND THE RESTRICTIONS TO BE IMPOSED ON PERSONS WITH A CONFLICT.
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	A PERSONNEL SUBCOMMITTEE OF THE BOARD OF DIRECTORS, COMPRISED OF THE BOARD PRESIDENT, PAST PRESIDENT, AND 3 OTHER MEMBERS, CONDUCTS A FORMAL REVIEW ANNUALLY OF THE EXECUTIVE DIRECTOR THAT INCLUDES A COMPENSATION REVIEW. AS PART OF THAT PROCESS THE BOARD PERSONNEL COMMITTEE REVIEWS ORGANIZATIONAL GOALS VS. RESULTS, INDIVIDUAL GOALS VS. RESULTS, AND SALARY SURVEYS/REPORTS WITH DATA ON COMPENSATION FOR SIMILARLY EMPLOYED INDIVIDUALS. THIS PROCESS LAST OCCURRED IN JANUARY 2009, AND WAS DOCUMENTED IN A TIMELY MANNER.
Public Disclosure	Form 990, Part VI, Section C, Line 19	FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104. THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME.
COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES	FORM 990, PART VI, LINE 15B	THE ORGANIZATION DOES NOT HAVE ANY OTHER OFFICERS OR KEY EMPLOYEES PER THE IRS' DEFINITION, THEREFORE THIS LINE IS NOT APPLICABLE, AND HAS BEEN INTENTIONALLY LEFT BLANK.
NON-DEDUCTIBLE CONTRIBUTIONS	FORM 990, PART V, LINE 6A	THE ENTIRETY OF THE CONTRIBUTIONS THE ORGANIZATION RECEIVED ARE IN THE FORM OF GOVERNMENT GRANTS AND THEREFORE, DEDUCTIBILITY IS NOT AN ISSUE. DUE TO THIS FACT, THE ORGANIZATION HAS ANSWERED "NO" TO THIS QUESTION.
CLASSIFICATION OF EXECUTIVE DIRECTOR AS AN OFFICER	FORM 990, PART VII, SECTION A, LINE 1A	PER THE ORGANIZATION'S BYLAWS AND THE STATE LAWS THE ORGANIZATION IS INCORPORATED IN, THE EXECUTIVE DIRECTOR IS NOT AN OFFICER OF THE ORGANIZATION. THE EXECUTIVE DIRECTOR IS REPORTED AS AN OFFICER ON THE FORM 990, DUE THE INSTRUCTIONS OF THE FORM.

For Paperwork Reduction Act Notice, see the Instructions for Form 990, Cat. No. 51056K

Schedule O (Form 990) 2009

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **►**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐ **►**

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization FOOD EXPORT ASSOCIATION OF THE MIDWEST USA	Employer identification number 36-2691663
	Number, street, and room or suite no. If a P.O. box, see instructions 309 W. WASHINGTON, SUITE 600	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60606	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

- The books are in the care of **► ROBERT LOWE**

Telephone No. **► 312 334-9200**

FAX No. **► 312 334-9230**

- If the organization does not have an office or place of business in the United States, check this box ☐ **►**
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **N/A**. If this is for the whole group, check this box ☐ **►**. If it is for part of the group, check this box ☐ **►** and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **8/16**, 20**10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20**09** or
 - ☐ tax year beginning _____, 20____, and ending _____, 20_____.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

ISA