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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
FOOD EXPORT ASSOCATION 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

City 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 $ 12,203,716

F Name and address of principal officer
TIMOTHY HAMILTON
309 W Washington
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)(3) ☑ 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 1969

M State of legal domicile IL

Part I Summary

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

Activities & Governance

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 individuals employed in calendar year 2012 (Part V, line 2a)	**5**	22
6	Total number of volunteers (estimate if necessary)	**6**	25
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	11,010,821	10,318,251
9	Program service revenue (Part VIII, line 2g)	1,697,570	1,678,146
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,128	8,600
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	178,716	198,719
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,891,235	12,203,716

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,095,856	6,952,911
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)	1,324,131	1,372,677
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–24e)	4,412,246	3,840,595
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,832,233	12,166,183
19	Revenue less expenses Subtract line 18 from line 12	59,002	37,533

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,559,387	3,956,677
21	Total liabilities (Part X, line 26)	684,520	2,044,277
22	Net assets or fund balances Subtract line 21 from line 20	1,874,867	1,912,400

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2013-06-20
Signature of officer | Date

TIMOTHY HAMILTON EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
John Woodhull				P01305268
Firm's name ▶ CROWE HORWATH LLP			Firm's EIN ▶	
Firm's address ▶ 70 West Madison Street Suite 700 Chicago, IL 606024903			Phone no (312) 899-7000	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶

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* (see instructions)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	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 United States? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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, highest 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, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *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, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	116		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	22		
b	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 (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
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?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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.*

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	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	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, 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 (312) 334-9200

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

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

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) DOUG GOEHRING BOARD PRESIDENT	1 00	X		X				0	0	0
(2) JAMIE CLOVER ADAMS BOARD SECRETARY/TREASURER	1 00	X		X				0	0	0
(3) JOE KELSAY BOARD PRESIDENT - PARTIAL YEAR	1 00	X		X				0	0	0
(4) BEN BRANCEL BOARD MEMBER	1 00	X						0	0	0
(5) BILL NORTHEY BOARD MEMBER	1 00	X						0	0	0
(6) BOB FLIDER BOARD MEMBER	1 00	X						0	0	0
(7) CHRISTIANE SCHMENK BOARD MEMBER	1 00	X						0	0	0
(8) DALE RODMAN BOARD MEMBER	1 00	X						0	0	0
(9) DAVE FREDRICKSON BOARD MEMBER	1 00	X						0	0	0
(10) GINA SHEETS BOARD MEMBER	1 00	X						0	0	0
(11) GREG IBACH BOARD MEMBER	1 00	X						0	0	0
(12) JON HAGLER BOARD MEMBER	1 00	X						0	0	0
(13) KEITH CREAGH BOARD MEMBER - PARTIAL YEAR	1 00	X						0	0	0
(14) WALT BONES BOARD MEMBER	1 00	X						0	0	0
(15) TIMOTHY HAMILTON EXECUTIVE DIRECTOR	40 00			X				169,827	0	17,098

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								169,827	0	17,098

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MARKET MAKERS INC SEIBUKAN BLDG 5F 1 5 9TOKYOJA	TRADE SERVICING AND CONSULTING	211,465
KOREA BUSINESS SERVICES YULCHON BLD 24 1 YOIDO DO 8TH FLSEOULKS	TRADE SERVICING AND CONSULTING	182,841
SMH INTERNATIONAL LTD SUITE 1107 1108 11/FPUDONG SHANGHAICH	TRADE SERVICING AND CONSULTING	178,746

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 3

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

				(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				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	10,318,251			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		10,318,251			
Program Service Revenue			Business Code				
	2a	US FAS ADMIN FEES	813910	800,000	800,000		
	b	BRANDED PROGRAM PARTICIPANT FEES	813910	578,866	578,866		
	c	INTERNATIONAL MARKETING PROGRAM PARTICIPANT FEES	813910	179,280	179,280		
	d	STATE MEMBERSHIP DUES	813910	120,000	120,000		
	e			0			
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f		1,678,146			
	3	Investment income (including dividends, interest, and other similar amounts)		8,600			8,600
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0 / 0				
	d	Net rental income or (loss)		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	0 / 0				
	d	Net gain or (loss)		0			
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	MANAGEMENT COST SHARING REIMBURSEMENT	900099	196,256	196,256		
	b	MISCELLANEOUS REVENUE	900099	2,463	2,463		
	c			0			
	d	All other revenue		0	0	0	0
	e	**Total.** Add lines 11a–11d		198,719			
	12	**Total revenue.** See Instructions		12,203,716	1,876,865	0	8,600

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21	6,952,911			
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	186,925			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	932,252			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	44,505			
9 Other employee benefits	123,659			
10 Payroll taxes	85,336			
11 Fees for services (non-employees)				
a Management				
b Legal	762			
c Accounting	57,679			
d Lobbying				
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,857,689			
12 Advertising and promotion	204,546			
13 Office expenses	23,759			
14 Information technology	94,306			
15 Royalties . .				
16 Occupancy	133,472			
17 Travel	838,514			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	22,807			
19 Conferences, conventions, and meetings	557,864			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,907			
23 Insurance	5,262			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEMBERSHIPS	12,305			
b BAD DEBT EXPENSES	2,375			
c MINOR EQUIPMENT REPAIRS	1,348			
d				
e All other expenses	0			
25 **Total functional expenses.** Add lines 1 through 24e	12,166,183	0	0	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		677,613	1	2,056,370
	2	Savings and temporary cash investments		983,912	2	992,512
	3	Pledges and grants receivable, net		235,870	3	720,890
	4	Accounts receivable, net		338,124	4	72,800
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		19,640	9	28,565
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 409,174			
	b	Less accumulated depreciation	10b 333,939	91,011	10c	75,235
	11	Investments—publicly traded securities			11	
	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			14	
	15	Other assets See Part IV, line 11		213,217	15	10,305
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,559,387	16	3,956,677
Liabilities	17	Accounts payable and accrued expenses		512,274	17	193,140
	18	Grants payable			18	
	19	Deferred revenue		172,246	19	1,851,137
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	0
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		684,520	26	2,044,277
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,874,867	27	1,912,400
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,874,867	33	1,912,400
	34	Total liabilities and net assets/fund balances		2,559,387	34	3,956,677

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,203,716
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,166,183
3	Revenue less expenses Subtract line 2 from line 1	3	37,533
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,874,867
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,912,400

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a	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	3b	Yes	

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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

2012

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

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

If the organization answered "Yes" 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, Part V, line 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
FOOD EXPORT ASSOCATION OF THE MIDWEST USA	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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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-

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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		
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-		

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

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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) 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?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
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 carry over lobbying and political expenditures from the prior year?	3		No

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

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

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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
NONDEDUCTIBLE DUES	SCHEDULE C, PART III-A, LINE 1	THE ORGANIZATION'S MEMBERSHIP CONSISTS OF THE DEPARTMENTS OF AGRICULTURE OF 12 MIDWESTERN STATES THESE AGENCIES ARE GOVERNMENTAL ENTITIES THEREFORE, UNDER THE EXCEPTION OF IRC 6033(E)(3), ALL DUES PAID BY THE AGENCIES ARE NONDEDUCTIBLE WITH REGARD TO SECTION 162(E)

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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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
FOOD EXPORT ASSOCATION 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 can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or 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 (ASC 958) relating to these items

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

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

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

3 Using the organization's acquisition, 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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				0
b Buildings				0
c Leasehold improvements		21,114	14,075	7,039
d Equipment		388,060	319,864	68,196
e Other				0
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				75,235

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must 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) must 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) must 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) Book value
Federal income taxes	0
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	0

2. Fin 48 (ASC 740) Footnote In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

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

Identifier	Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
FOOD EXPORT ASSOCATION OF THE MIDWEST USA

Employer identification number
36-2691663

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	ATTENDANCE AND PARTICIPATION AT TRADE SHOWS, FOCUSED TRADE MISSIONS, AND BUYER MISSIONS RELATED TO INCREASING U S AGRICULTURAL SALES	65,036
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	ATTENDANCE AND PARTICIPATION AT TRADE SHOWS, FOCUSED TRADE MISSIONS, AND BUYER MISSIONS RELATED TO INCREASING U S AGRICULTURAL SALES	1,536,918
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	ATTENDANCE AND PARTICIPATION AT TRADE SHOWS, FOCUSED TRADE MISSIONS, AND BUYER MISSIONS RELATED TO INCREASING U S AGRICULTURAL SALES	116,411
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	ATTENDANCE AND PARTICIPATION AT TRADE SHOWS, FOCUSED TRADE MISSIONS, AND BUYER MISSIONS RELATED TO INCREASING U S AGRICULTURAL SALES	98,825
NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	ATTENDANCE AND PARTICIPATION AT TRADE SHOWS, FOCUSED TRADE MISSIONS, AND BUYER MISSIONS RELATED TO INCREASING U S AGRICULTURAL SALES	228,709
SOUTH AMERICA	0	0	PROGRAM SERVICES	ATTENDANCE AND PARTICIPATION AT TRADE SHOWS, FOCUSED TRADE MISSIONS, AND BUYER MISSIONS RELATED TO INCREASING U S AGRICULTURAL SALES	212,078
SOUTH ASIA	0	0	PROGRAM SERVICES	ATTENDANCE AND PARTICIPATION AT TRADE SHOWS, FOCUSED TRADE MISSIONS, AND BUYER MISSIONS RELATED TO INCREASING U S AGRICULTURAL SALES	241,012
3a Sub-total					
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	0	0			2,498,989

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation
Method used to account for expenditures on organization's financial statements	Schedule F, Part I, Line 3	CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL EAST ASIA AND THE PACIFIC ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) ACCRUAL MIDDLE EAST AND NORTH AFRICA ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) ACCRUAL SOUTH AMERICA ACCRUAL SOUTH ASIA ACCRUAL
Method used to account for expenditures on organization's financial statements	Schedule F, Part I, Line 3	CENTRAL AMERICA AND THE CARIBBEAN ACCRUAL EAST ASIA AND THE PACIFIC ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) ACCRUAL MIDDLE EAST AND NORTH AFRICA ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) ACCRUAL SOUTH AMERICA ACCRUAL SOUTH ASIA ACCRUAL

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

2012

Open to Public Inspection

Name of the organization
FOOD EXPORT ASSOCATION OF THE MIDWEST USA

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

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. Part II can be duplicated 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 0

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 122

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation

Additional Data Return to Form

Software ID: 12000266
Software Version: v2012.1.0
EIN: 36-2691663
Name: FOOD EXPORT ASSOCATION OF THE MIDWEST USA

Form 990,Schedule I, Part II, 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
1-2-3 GLUTEN FREE INC 125 ORANGE TREE DR ORANGE,OH 44022	56-2460390	NA	15,632	0	NA	NA	MAP PROGRAM
AMERICAN POP CORN COMPANYP O BOX 178 ONE FUN PLACE SIOUX CITY,IA 51102	42-0113600	NA	203,152	0	NA	NA	MAP PROGRAM
ARCOBASSO FOODS8850 PERSHALL RD HAZELWOOD,MO 63042	43-1433825	NA	5,366	0	NA	NA	MAP PROGRAM
ASHBYS STERLING ICE CREAM LTDPO BOX 182395 SHELBY TWP,MI 48318	38-2089111	NA	7,024	0	NA	NA	MAP PROGRAM
AVITAE USA LLCPO BOX 93686 CLEVELAND,OH 44101	45-3687075	NA	28,749	0	NA	NA	MAP PROGRAM
BECKERS YOGURTDBA FROSTY PRODUCTS 42056 MIC CANTON,MI 48188	35-2253423	NA	9,000	0	NA	NA	MAP PROGRAM
BEST BREED INC2000 B FOSTORIA AVE FINDLAY,OH 45840	56-2283982	NA	6,852	0	NA	NA	MAP PROGRAM
BLACKWOOD PET FOOD LLC38281 INDUSTRIAL PARK RD LISBON,OH 44432	27-4649672	NA	15,101	0	NA	NA	MAP PROGRAM
BLADEN CORPORATIONPO BOX 118 LENOX HILL STATIO NEW YORK,NY 10021	13-3173687	NA	113,670	0	NA	NA	MAP PROGRAM
BRANDVENTURE GROUP INC3501 N SOUTHPORT AVE 274 CHICAGO,IL 60657	83-2968635	NA	15,523	0	NA	NA	MAP PROGRAM
BUTTER BUDS FOOD INGREDIENTS2330 CHICORY ROAD RACINE,WI 53403	11-2141348	NA	84,619	0	NA	NA	MAP PROGRAM
CEREAL INGREDIENTS INC 4720 S 13TH STREET LEAVENWORTH,KS 66048	43-1527502	NA	9,794	0	NA	NA	MAP PROGRAM
CHERRY CENTRAL COOPERATIVE INCPO BOX 988 TRAVERSE CITY,MI 49685	38-2010272	NA	25,548	0	NA	NA	MAP PROGRAM
CKB MANAGEMENT SERVICES LLC402 GARY LANE JEFFERSON CITY,MO 65109	20-4799255	NA	210,357	0	NA	NA	MAP PROGRAM
COLBY INTERNATIONAL LLC1967 KAPLAN DR WINDSOR,CO 80550	55-0911457	NA	13,606	0	NA	NA	MAP PROGRAM
COOPERATIVE ELEVATOR CO7211 E MICHIGAN AVE PIGEON,MI 48755	38-0430470	NA	268,942	0	NA	NA	MAP PROGRAM
COUNTRY OVENS LTD229 EAST MAIN ST FORESTVILLE,WI 54213	39-1583709	NA	8,432	0	NA	NA	MAP PROGRAM
CUSTOM BRANDS INTERNATIONALLLC 1024 EXECUTIVE PARKWAY CREVE COEUR,MO 63141	45-2403696	NA	6,550	0	NA	NA	MAP PROGRAM
DAELIA FOOD COMPANY LTD313 HILTON PLACE CINCINNATI,OH 45219	41-2232209	NA	17,539	0	NA	NA	MAP PROGRAM
DAIRY FARMERS OF AMERICA INC10220 N AMBASSADOR DRIVE ATTN KANSAS CITY,MO 64153	43-0905874	NA	7,370	0	NA	NA	MAP PROGRAM

Form 990,Schedule I, Part II, 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
DAIRYCHEM LABORATORIES INC9120 TECHNOLOGY DRIVE FISHERS,IN 46038	35-1884094	NA	10,000	0	NA	NA	MAP PROGRAM
DANIEL T SCHMITTDBA BLUE RIVER TRADING COMPANY BLUE RIVER,WI 53518	39-9724211	NA	5,949	0	NA	NA	MAP PROGRAM
DEATHS DOOR SPIRIT LLC 2220 EAGLE DRIVE MIDDLETON,WI 53562	26-3047177	NA	15,369	0	NA	NA	MAP PROGRAM
DIAMOND V MILLS INC 2525 60TH AVE SW CEDAR RAPIDS,IA 52404	42-0628408	NA	63,840	0	NA	NA	MAP PROGRAM
DIVERSIFIED MARKETING SOLUTIONLLC 9500 N 129TH EAST AVE OWASSO,OK 74055	32-0207297	NA	300,000	0	NA	NA	MAP PROGRAM
DOUMAK INC2201 E TOUHY AVE ELK GROVE VILLAGE,IL 60007	36-3255980	NA	227,994	0	NA	NA	MAP PROGRAM
DREAM PAK LLC2760 SOUTH 171ST STREET NEW BERLIN,WI 23151	54-1985805	NA	30,000	0	NA	NA	MAP PROGRAM
DUTCH FARMS INC700 E 107TH STREET CHICAGO,IL 60628	35-1698884	NA	5,058	0	NA	NA	MAP PROGRAM
E FORMELLA AND SONS INC411 E PLAINFIELD RD COUNTRYSIDE,IL 60525	36-3179474	NA	8,156	0	NA	NA	MAP PROGRAM
EAST-WEST INT''L GROUP INC4920 SOM CENTER RD MORELAND HILLS,OH 44022	20-8872398	NA	31,502	0	NA	NA	MAP PROGRAM
ECO HEAVEN LLC1900 AVE OF THE STARS LOS ANGELES,CA 90065	11-3820948	NA	7,364	0	NA	NA	MAP PROGRAM
ENJOY LIFE NATURAL BRANDS LLC3810 NORTH RIVER ROAD SCHILLER PARK,IL 60176	36-4433809	NA	20,658	0	NA	NA	MAP PROGRAM
ENM FOODS INTERNATIONAL INC 11860 COMMUNITY ROAD SUITE 10 POWAY,CA 92064	71-0997394	NA	294,808	0	NA	NA	MAP PROGRAM
EQUITRADE GROUP INC 225 W WASHINGTON STE 2200 CHICAGO,IL 60606	36-3865305	NA	14,824	0	NA	NA	MAP PROGRAM
EVANGERS DOG & CAT FOOD CO INC221 S WHEELING ROAD WHEELING,IL 60712	36-2416760	NA	92,495	0	NA	NA	MAP PROGRAM
EXPORT MARKETING CORP PO BOX 484 BENSENVILLE,IL 60106	26-2383957	NA	293,963	0	NA	NA	MAP PROGRAM
EXPORT TRADE OF AMERICA45 EAST 20TH ST NEW YORK,NY 10003	13-3538402	NA	62,046	0	NA	NA	MAP PROGRAM
FIBERSTAR INC713 SAINT CROIX ST RIVER FALLS,WI 54022	91-1886062	NA	74,067	0	NA	NA	MAP PROGRAM
FINISH LINE HORSE PRODUCTS INCP O BOX 1000 115 W GATEWAY RD BENSENVILLE,IL 60106	36-2962016	NA	6,169	0	NA	NA	MAP PROGRAM
FIRST CLASS IMPORTS AND EXPORT1166 E ROCK SPRINGS RD NE ATLANTA,GA 30306	20-1652731	NA	35,049	0	NA	NA	MAP PROGRAM

Form 990,Schedule I, Part II, 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
FOODSOURCE INC314 SUNRISE AVE WILLOWBROOK,IL 60527	02-0732528	NA	22,307	0	NA	NA	MAP PROGRAM
FOREMOST FARMS USA COOPERATIVEINC E10889 PENNY LANE BARABOO,WI 53913	39-1805431	NA	8,741	0	NA	NA	MAP PROGRAM
GANEDEN BIOTECH INC 5800 LANDERBROOK DR STE 300 MAYFIELD HEIGHTS,OH 44124	33-0747308	NA	21,886	0	NA	NA	MAP PROGRAM
GENCHI CORP DBA GENCHI ASSOCIATES 5440 MERRICK ROAD MASSAPEQUA,NY 11758	11-2853906	NA	8,006	0	NA	NA	MAP PROGRAM
GINSENG AND HERB COOPERATIVE3909 1/2 CTY RD B PO BOX 581 MARATHON,WI 54448	03-0374040	NA	154,419	0	NA	NA	MAP PROGRAM
GLOBAL DEVELOPMENT ANDMANAGEMENT LLC 2037 MADISON PA CINCINNATI,OH 45208	27-1306463	NA	94,483	0	NA	NA	MAP PROGRAM
GOMACRO INC10608 SUMMIT RIDGE DRIVE VIOLA,WI 54664	75-3149015	NA	6,809	0	NA	NA	MAP PROGRAM
GOOD LIFE FOODS INCPO BOX 22422 LINCOLN,NE 68542	91-1817034	NA	202,309	0	NA	NA	MAP PROGRAM
GRACELAND FRUIT INC 1123 MAIN STREET FRANKFORT,MI 49635	38-2016646	NA	98,661	0	NA	NA	MAP PROGRAM
GRAMINEX LLC2- 300 COUNTY ROAD C DESHLER,OH 43516	38-3360436	NA	112,510	0	NA	NA	MAP PROGRAM
GRANDMA HOERNERS FOODS INC31862 THOMPSON RD ALMA,KS 66401	48-1237310	NA	9,390	0	NA	NA	MAP PROGRAM
HAMMONS PRODUCTS COMPANY105 HAMMONS DRIVE PO BOX 140 STOCKTON,MO 65785	44-0581152	NA	26,799	0	NA	NA	MAP PROGRAM
HOORAY PUREE LLC310 BUSSE HWY STE 322 PARK RIDGE,IL 60068	27-4536304	NA	16,666	0	NA	NA	MAP PROGRAM
HSU'S GINSENG ENTERPRISES INCT6819 COUNTY RD W WAUSAU,WI 54402	39-1385498	NA	250,027	0	NA	NA	MAP PROGRAM
HWD ACQUISITION INC DBAHURD WINDOW AND DOORS 575 S W MEDFORD,WI 54451	26-3579743	NA	10,459	0	NA	NA	MAP PROGRAM
ICE CREAM BAR INC4300 TWIN OAKS LANE SUITE A ROBBINSDALE,MN 55422	41-1774553	NA	5,030	0	NA	NA	MAP PROGRAM
INTERNATIONAL MARKETINGSERVICES INC C/O DAVID SCHMIT SIOUX CITY,IA 51101	26-4500593	NA	222,106	0	NA	NA	MAP PROGRAM
J AND J CORPORATION SOYKO INTLDBA CIRCLE C SEEDS 2493 380TH GARY,MN 56545	45-0457885	NA	7,103	0	NA	NA	MAP PROGRAM
J AND J GROUP LLCDBA RUFUS TEAGUE 13410 W 73RD SHAWNEE,KS 66216	20-1447517	NA	7,756	0	NA	NA	MAP PROGRAM
JB GLOBAL LLC2004 E MANOR BLVD BURNSVILLE,MN 55337	20-3061192	NA	11,418	0	NA	NA	MAP PROGRAM

Form 990,Schedule I, Part II, 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
JENEIL BIOTECH INC400 N DEKORA WOODS BLVD SAUKVILLE,WI 53080	39-1805745	NA	11,409	0	NA	NA	MAP PROGRAM
JENIS SPLENDID ICE CREAMS LLC1145 CHEAPEAKE AVE STE L COLUMBUS,OH 43212	05-0566589	NA	10,653	0	NA	NA	MAP PROGRAM
JM GRAIN INC12 NORTH RAILROAD STREET PO BO GARRISON,ND 58540	20-3098913	NA	25,682	0	NA	NA	MAP PROGRAM
JOHN LENORE BEVERAGE GROUP DBACOLD SPRING BREWING COMPANY 21 COLD SPRING,MN 56320	84-1391118	NA	77,953	0	NA	NA	MAP PROGRAM
JOHN VOLPI AND COMPANY INC5263 NORTHRUP AVE ST LOUIS,MO 63110	43-0741443	NA	11,860	0	NA	NA	MAP PROGRAM
JOURNEY BAR LLCPO BOX 4339 CHICAGO,IL 60680	27-0680281	NA	9,467	0	NA	NA	MAP PROGRAM
KAY'S NATURALS INC100 FIRST AVE SE PO BOX 669 CLARA CITY,MN 56222	41-1874026	NA	17,354	0	NA	NA	MAP PROGRAM
KC INNOVATIONS INC 2900 W43RD AVE KANSAS CITY,KS 66103	64-0949919	NA	6,299	0	NA	NA	MAP PROGRAM
KOEZE COMPANY2555 BURLINGAME AVE SW GRAND RAPIDS,MI 49509	38-2185672	NA	28,157	0	NA	NA	MAP PROGRAM
LAFEBER COMPANY24981 N 1400 EAST RD CORNELL,IL 61319	36-3754581	NA	27,543	0	NA	NA	MAP PROGRAM
LOVE YOUR HEALTH LLC 555 CASCADE WEST PKWY SE GRAND RAPIDS,MI 49546	38-3478404	NA	27,655	0	NA	NA	MAP PROGRAM
MEMBRELL LLC2213 MISSOURI AVE CARTHAGE,MO 64836	27-3847506	NA	17,464	0	NA	NA	MAP PROGRAM
MIDAMAR CORPORATION 1105 60TH AVENUE SW CEDAR RAPIDS,IA 52406	42-1244351	NA	45,846	0	NA	NA	MAP PROGRAM
MIDWESTERN PET FOODS INC9634 HEDDEN ROAD EVANSVILLE,IN 47725	35-1058442	NA	266,181	0	NA	NA	MAP PROGRAM
MORRISON FARMS85824 519TH AVENUE CLEARWATER,NE 68726	47-0652655	NA	9,169	0	NA	NA	MAP PROGRAM
MOUNTAIN CREST SRL LLC DBA MINHAS CRAFT BREWERY 1208 MONROE,WI 53566	98-0501913	NA	300,000	0	NA	NA	MAP PROGRAM
MULDOON DAIRY INC2211 MICA RD MADISON,WI 53719	02-0758726	NA	7,426	0	NA	NA	MAP PROGRAM
MY FAVORITE GOURMET INC22685 ELEANOR COURT KILDEER,IL 60047	30-0592230	NA	5,868	0	NA	NA	MAP PROGRAM
NATIONAL ENZYME COMPANY INC15366 US HIGHWAY 160 FORSYTH,MO 65653	36-1522557	NA	5,714	0	NA	NA	MAP PROGRAM
NATURAL PRODUCTS INC 2211 6TH AVE GRINNELL,IA 50112	42-1171344	NA	17,375	0	NA	NA	MAP PROGRAM

Form 990,Schedule I, Part II, 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
NATURESTAR FOODS INC DBAPLOCKYS FINE SNACKS 15 SPINNIN HINSDALE,IL 60521	36-3587817	NA	17,837	0	NA	NA	MAP PROGRAM
NEW COMPOSITE PARTNERS5 1/2 WEST ROLLIN STREET LOWE EDGERTON,WI 53534	27-1365817	NA	31,689	0	NA	NA	MAP PROGRAM
NIKKI''S COOKIES INC 2018 S 1 ST MILWAUKEE,WI 53207	39-1474554	NA	8,148	0	NA	NA	MAP PROGRAM
NORTHERN MINNESOTA WILD RICEPRODUCERS COOP 301 TOWER STREE CLEARBROOK,MN 56634	58-1919599	NA	50,000	0	NA	NA	MAP PROGRAM
NORTHWOODS INTERNATIONAL LLCPO BOX 13513 GREEN BAY,WI 54313	20-5486041	NA	9,050	0	NA	NA	MAP PROGRAM
NU LIFE MARKET LLCPO BOX 105 1202 E 5TH STREET SCOTT CITY,KS 67871	26-1557456	NA	5,650	0	NA	NA	MAP PROGRAM
OMEGA SEA LLC1000 BACON ROAD PAINESVILLE,OH 44077	27-4722083	NA	31,395	0	NA	NA	MAP PROGRAM
ORGANIC VALLEY FAMILY OF FARMSONE ORGANIC WAY LA FARGE,WI 54639	39-1605145	NA	31,169	0	NA	NA	MAP PROGRAM
ORIGINAL JUAN SPECIALTY FOODSINC 111 SOUTHWEST BLVD KANSAS CITY,KS 66103	48-1220553	NA	21,015	0	NA	NA	MAP PROGRAM
OXBOW AMINAL HEALTH 29012 MILL ROAD MURDOCK,NE 68407	47-0711465	NA	6,625	0	NA	NA	MAP PROGRAM
PAPA GEORGE324 NORTH FOURTH ST STILLWATER,MN 55082	41-1979556	NA	33,243	0	NA	NA	MAP PROGRAM
PLOCHMAN INC1333 N BOUDREAU RD MANTENO,IL 60950	36-2531092	NA	28,528	0	NA	NA	MAP PROGRAM
PREFERRED POPCORN LLC 1132 9TH ROAD CHAPMAN,NE 68827	47-0809328	NA	10,944	0	NA	NA	MAP PROGRAM
PURE MARKET EXPRESS LLC500 N CHESTNUT CHASKA,MN 55318	26-3399571	NA	5,509	0	NA	NA	MAP PROGRAM
RANDYS GRANOLADBA SIMPLY SUZANNE 200 RIVER DETROIT,MI 48207	26-4298890	NA	5,835	0	NA	NA	MAP PROGRAM
RED ARROW INTERNATIONAL LLC633 S 20TH STREET PO BOX 75 MANITOWOC,WI 54220	39-1917822	NA	49,777	0	NA	NA	MAP PROGRAM
REX EXPORTS LLCPO BOX 266984 WESTON,FL 33326	26-4164402	NA	10,349	0	NA	NA	MAP PROGRAM
RHINELANDER BREWING COMPANYLLC 59 SOUTH BROWN STREET RHINELANDER,WI 54501	68-0678909	NA	43,500	0	NA	NA	MAP PROGRAM
RIBUS INC8000 MARYLAND AVE SUITE 460 ST LOUIS,MO 63105	43-1626254	NA	11,282	0	NA	NA	MAP PROGRAM
ROGUE PARTNERS LLC3201 STRATTON LANE AURORA,IL 60502	20-4289162	NA	7,292	0	NA	NA	MAP PROGRAM

Form 990,Schedule I, Part II, 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
SAFIE SPECIALTY FOOD CO INC25565 TERRA INDUSTRIAL DR CHESTERFIELD,MI 48051	38-3344567	NA	5,848	0	NA	NA	MAP PROGRAM
SCHAFER FISHERIES INC 2112 SANDRIDGE RD THOMSON,IL 61285	36-3391519	NA	10,176	0	NA	NA	MAP PROGRAM
SCHELL AND KEMPETER INCDBA DIAMOND PET FOOD 103 N OLI META,MO 65058	43-0951994	NA	255,646	0	NA	NA	MAP PROGRAM
SD OIL CO4320 CASANNA WAY APT 1807 OCEANSIDE,CA 92057	51-0669160	NA	245,410	0	NA	NA	MAP PROGRAM
SENCHA NATURALS INC 104 N UNION AVE LOS ANGELES,CA 90026	38-3778607	NA	20,202	0	NA	NA	MAP PROGRAM
SHARED VENTURES INC DBA US SOY LLC 2808 THOMASON D MATTOON,IL 61938	41-1906376	NA	18,508	0	NA	NA	MAP PROGRAM
SHORELINE FRUIT GROWERS INC10850 EAST TRAVERSE HIGHWAY SU TRAVERSE CITY,MI 49684	38-3120635	NA	24,128	0	NA	NA	MAP PROGRAM
SIOUX HONEY ASSOCIATION301 LEWIS BOULEVARD SIOUX CITY,IA 51101	42-0527930	NA	262,000	0	NA	NA	MAP PROGRAM
SK FOOD INTERNATIONAL INC4666 AMBER VALLEY PARKWAY S FARGO,ND 58104	47-0421017	NA	24,380	0	NA	NA	MAP PROGRAM
TC HEARTLANDDBA HEARLAND FOOD PRODUCTS GRO CARMEL,IN 46032	20-1938376	NA	100,100	0	NA	NA	MAP PROGRAM
THANASI FOODS LLC4745 WALNUT ST UNIT A BOULDER,CO 80301	42-1642792	NA	34,174	0	NA	NA	MAP PROGRAM
THE DELONG COMPANY INCPO BOX 552 CLINTON,WI 53525	39-1101457	NA	7,500	0	NA	NA	MAP PROGRAM
THE PETERSON COMPANY 6312 WEST MAIN STREET KALAMAZOO,MI 49009	38-1825035	NA	9,826	0	NA	NA	MAP PROGRAM
UAS LABORATORIES INC 6800 FRANCE AVE S SUITE 520 EDINA,MN 55435	41-1356693	NA	14,947	0	NA	NA	MAP PROGRAM
UNITED AGRI-SERVICESINC9953 VALLEY VIEW ROAD EDEN PRAIRIE,MN 55344	41-1356693	NA	9,784	0	NA	NA	MAP PROGRAM
UNITED STATES DISTILLED PRODUCTS COMPANY DBA PHILLIPS PRINCETON,MN 55371	41-1408632	NA	17,417	0	NA	NA	MAP PROGRAM
US WINE EXPORT LTDPO BOX 3143 KENT,OH 44240	45-4161107	NA	5,820	0	NA	NA	MAP PROGRAM
VARIED INDUSTRIES CORP 905 S CAROLINA AVENUE MASON CITY,IA 50401	42-0923693	NA	89,913	0	NA	NA	MAP PROGRAM
WEAVER POPCORN COMPANY INC14470 BERGEN BLVD STE 100 NOBLESVILLE,IN 46060	35-0953313	NA	113,698	0	NA	NA	MAP PROGRAM
WOEBER MUSTARD MFG CO 1966 COMMERCE CIRCLE SPRINGFIELD,OH 45504	31-0816660	NA	164,986	0	NA	NA	MAP PROGRAM

Form 990,Schedule I, Part II, 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
ZING ZANG INC950 MILWAUKEE AVE 218 GLENVIEW,IL 60025	36-4101939	NA	16,038	0	NA	NA	MAP PROGRAM
ZINPRO CORPORATION 10400 VIKING DR STE 240 EDEN PRAIRIE,MN 55344	41-0971062	NA	47,884	0	NA	NA	MAP PROGRAM

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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

2012

Open to Public Inspection

Name of the organization
FOOD EXPORT ASSOCATION OF THE MIDWEST USA

Employer identification number
36-2691663

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification 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 of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ 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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations 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**		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)TIMOTHY HAMILTON EXECUTIVE DIRECTOR	(i)	169,827	0	0	10,212	6,886	186,925	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
FOOD EXPORT ASSOCATION OF THE MIDWEST USA

Employer identification number
36-2691663

Identifier	Return Reference	Explanation
NON-DEDUCTIBLE CONTRIBUTIONS	FORM 990, PART V, LINE 6A	THE ORGANIZATION'S SOLE CONTRIBUTOR IS A GOVERNMENTAL ENTITY THEREFORE, DEDUCTIBILITY OF CONTRIBUTIONS RECEIVED IS NOT RELEVANT

Identifier	Return Reference	Explanation
Delegate broad authority to a committee	Form 990, Part VI, Section A, Line 1a	THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE PRESIDENT, VICE PRESIDENT, SECRETARY/TREASURER, AND TWO ADDITIONAL MEMBERS TO BE SELECTED BY THE BOARD OF DIRECTORS, ONE OF WHOM SHALL BE THE IMMEDIATE PAST PRESIDENT OR, IF NONE HOLD OFFICE, A DESIGNEE OF THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE MAY EXERCISE THE POWERS OF THE BOARD OF DIRECTORS WHEN THE BOARD OF DIRECTORS IS NOT IN SESSION, REPORTING TO THE BOARD OF DIRECTORS AT ITS SUCCEEDING MEETING ANY ACTION TAKEN

Identifier	Return Reference	Explanation
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	THE ORGANIZATION'S MEMBERSHIP CONSISTS OF THE DEPARTMENTS OF AGRICULTURE OF 12 MIDWESTERN STATES EACH MEMBER HAS THE RIGHT TO DELEGATE A MEMBER OF THE GOVERNING BODY TO SIT ON THE BOARD ON ITS BEHALF UPON DISSOLUTION, UNDER THE LAWS OF THE STATE OF ILLINOIS, ASSETS SHALL BE APPLIED FIRST TO THE PAYMENT OF DEBTS AND SECOND AS A PRO RATA RETURN TO REGULAR MEMBERS BASED ON PAST FEES AND ASSESSMENTS ANY REMAINING ASSETS MAY BE RELEASED TO AN ORGANIZATION FULFILLING AS NEARLY AS POSSIBLE THE PURPOSES FOR WHICH FOOD EXPORT - MIDWEST WAS ORGANIZED

Identifier	Return Reference	Explanation
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	SEE NARRATIVE ON FORM 990, PART VI, SECTION A, LINE 6

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	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 BOARD SECRETARY/TREASURER FOR REVIEW, AND SUBSEQUENTLY FILED WITH THE IRS

Identifier	Return Reference	Explanation
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), ON AN ANNUAL BASIS, 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 TRANSACTION CONSTITUTES A CONFLICT AND THE RESTRICTIONS TO BE IMPOSED ON PERSONS WITH A CONFLICT

Identifier	Return Reference	Explanation
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 FEBRUARY 2012, AND WAS DOCUMENTED IN A TIMELY MANNER

Identifier	Return Reference	Explanation
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 HAS BEEN CHECKED "NO" IN ACCORDANCE WITH THE INSTRUCTIONS

Identifier	Return Reference	Explanation
Governing documents, conflict of interest policy and financial statements available to the public	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.

Identifier	Return Reference	Explanation
TOP MANAGEMENT OFFICIAL	FORM 990, PART VII, SECTION A	PER THE ORGANIZATION'S GOVERNING DOCUMENTS AND THE STATE LAW THE ORGANIZATION IS INCORPORATED IN, THE EXECUTIVE DIRECTOR IS NOT AN OFFICER OF THE ORGANIZATION HOWEVER, PURSUANT TO THE IRS' DEFINITION OF TOP MANAGEMENT OFFICIAL, THE EXECUTIVE DIRECTOR HAS BEEN REPORTED IN PART VII OF THE FORM 990