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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Food Export Association of the Midwest USA

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
309 W Washington 600

City or town, state or province, country, and ZIP or foreign postal code
Chicago, IL 60606

D Employer identification number
36-2691663

E Telephone number
(312) 334-9200

G Gross receipts $ 11,823,046

F Name and address of principal officer
Timothy Hamilton
309 W Washington 600
Chicago, IL 60606

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates 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

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 2016 (Part V, line 2a)	**5**	29
6	Total number of volunteers (estimate if necessary)	**6**	20
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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	9,176,149	9,862,266
9	Program service revenue (Part VIII, line 2g)	1,754,877	1,676,889
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,593	11,117
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	225,153	272,774
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,162,772	11,823,046
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,170,201	6,919,802
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,551,121	1,740,599
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,428,775	3,136,731
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,150,097	11,797,132
19	Revenue less expenses Subtract line 18 from line 12	12,675	25,914

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,233,189	2,208,659
21	Total liabilities (Part X, line 26)	438,958	388,514
22	Net assets or fund balances Subtract line 21 from line 20	1,794,231	1,820,145

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

****** 2017-07-21
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 V Woodhull	John V Woodhull			P01305268

Firm's name ▶ CROWE HORWATH LLP — Firm's EIN ▶ 35-0921680

Firm's address ▶ 225 West Wacker Drive Suite 2600
Chicago, IL 606061224 — 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 or note to any line 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 $)

See Additional Data

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** ▶ 0

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		
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 other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, 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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	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**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		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 25a*	**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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
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**		
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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	109		
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**	29		
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" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**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 or note to any line 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, address, and telephone number of the person who possesses the organization's books and records ▶Robert Lowe 309 W Washington Suite 600 Chicago, IL 60606 (312) 334-9200

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

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

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

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

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

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

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

(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) RICHARD FORDYCE VICE PRESIDENT	1 0	X		X				0	0	0
(2) Jamie Clover Adams President	1 0	X		X				0	0	0
(3) Ben Brancel Secretary / Treasurer	1 0	X		X				0	0	0
(4) Greg Ibach Board Member	1 0	X						0	0	0
(5) Doug Goehring Board Member	1 0	X						0	0	0
(6) Raymond Poe Board Member	1 0	X						0	0	0
(7) Bill Northey Board Member	1 0	X						0	0	0
(8) Jackie McClaskey Board Member	1 0	X						0	0	0
(9) David Goodman Board Member	1 0	X						0	0	0
(10) Ted McKinney Board Member	1 0	X						0	0	0
(11) Dave Frederickson Board Member	1 0	X						0	0	0
(12) Mike Jaspers Board Member	1 0	X						0	0	0
(13) Tim Hamilton Executive Director	40 0			X				192,842	0	22,201
(14) Michelle Rogowski Deputy Director	40 0					X		100,042	0	11,258

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) ▶								292,884	0	33,459

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 ▶ 2

			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
Catalyst Fire Inc 2543 W Carmen Chicago, IL 60625	IT Consulting and Programming	514,571
SMH International Ltd SUITE 1107 1108 11/F Pudong Shanghai CH	Trade Servicing and Consulting	200,679
Korea Business Service YULCHON BLD 24 1 YOIDO DO 8TH FL Seoul KS	Trade Servicing and Consulting	181,591
Market Makers Inc 5 9 IIDABASHI I CHOME CHIYODAKU, TOKYO JA	TRADE SERVICING AND CONSULTING	161,295
WORLD CONQUER INTL CONSULT AL LORENA 800 SUITE 1803 SAO PAULO, BRAZIL 01424001 BR	Trade Servicing and Consulting	134,019

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 ▶ 5

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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	9,862,266		
	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 . . . . . ▶		9,862,266		

Program Service Revenue	Business Code				
2a US FAS Admin Fees	813910	850,000	850,000		
b Branded Program Participant Fees	813910	549,939	549,939		
c International Marketing Program Participant Fees	813910	156,950	156,950		
d State Membership Dues	813910	120,000	120,000		
e _____					
f All other program service revenue		0	0	0	0
g **Total.** Add lines 2a–2f . . . . ▶		1,676,889			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		11,117			11,117
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					
	(i) Real	(ii) Personal			
6a Gross rents					
b Less rental expenses					
c Rental income or (loss)	0	0			
d Net rental income or (loss) . . . . . ▶					
	(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) . . . . . ▶					
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 . . ▶					
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 . . ▶					
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 . . ▶					
Miscellaneous Revenue	Business Code				
11a Management Cost Sharing Reimbursement	900099	270,000	270,000		
b Miscellaneous Revenue	900099	2,774	2,774		
c _____					
d All other revenue		0	0	0	0
e **Total.** Add lines 11a–11d . . . . . ▶		272,774			
12 **Total revenue.** See Instructions . . . . . ▶		11,823,046	1,949,663	0	11,117

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 or note to any line 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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	6,919,802			
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	215,043	0	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,241,880			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	52,245			
9 Other employee benefits	141,220			
10 Payroll taxes	90,211			
11 Fees for services (non-employees)				
a Management				
b Legal	4,278			
c Accounting	48,335			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
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)	696,618	0	0	0
12 Advertising and promotion	172,477			
13 Office expenses	53,546			
14 Information technology	480,954			
15 Royalties . .				
16 Occupancy	130,402			
17 Travel	674,829			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	29,759			
19 Conferences, conventions, and meetings	796,223			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	23,055			
23 Insurance . . .	6,914			
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	14,330			
b Minor Equipment Repairs	5,011			
c				
d				
e All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24e	11,797,132	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 or note to any line in this Part IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	393,659	1	322,677
	2	Savings and temporary cash investments	1,005,421	2	1,016,446
	3	Pledges and grants receivable, net	607,421	3	650,425
	4	Accounts receivable, net	37,495	4	63,499
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	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	10,966	9	21,649
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 490,690			
	b	Less accumulated depreciation — 10b: 436,790	44,968	10c	53,900
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	0	12	
	13	Investments—program-related See Part IV, line 11	0	13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	133,259	15	80,063
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,233,189	16	2,208,659
Liabilities	17	Accounts payable and accrued expenses	261,168	17	231,171
	18	Grants payable		18	
	19	Deferred revenue	177,790	19	157,343
	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	
	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	438,958	26	388,514
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	1,794,231	27	1,820,145
	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	1,794,231	33	1,820,145
	34	Total liabilities and net assets/fund balances	2,233,189	34	2,208,659

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,823,046
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,797,132
3	Revenue less expenses Subtract line 2 from line 1	3	25,914
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,794,231
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,820,145

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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	

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 36-2691663
Name: Food Export Association of the Midwest USA

Form 990 (2016)

Form 990, Part III, Line 4a:

Market Access Program (MAP) is 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

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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.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
Food Export Association 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-
2				
3				
4				
5				
6				

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(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 on 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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Schedule C, Part III-A, Line 1 Nondeductible Dues	THE ORGANIZATION 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," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Food Export Association of the Midwest USA

Employer identification number
36-2691663

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors 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" on 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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" on 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, for escrow or custodial account liability? ☐ 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" on 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 on 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" on 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.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. 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				
b Buildings				
c Leasehold improvements		21,113	21,113	0
d Equipment		469,577	415,677	53,900
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				53,900

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. 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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	0

2. Liability for uncertain tax positions 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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	11,553,046
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) 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	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	11,553,046
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	270,000		
c	Add lines **4a** and **4b**			4c	270,000
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	11,823,046

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	11,527,132
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	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	11,527,132
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	270,000		
c	Add lines **4a** and **4b**			4c	270,000
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	11,797,132

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 36-2691663
Name: Food Export Association of the Midwest USA

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	Food Export - Midwest has received a letter from the Internal Revenue Service indicating t hat it is exempt from income taxes under Section 501(c)(5) of the Internal Revenue Code an d applicable state law Accordingly, no provision for federal or state income taxes is inc luded in the financial statements There were no income tax related interest or penalties recognized by Food Export - Midwest during the years ended December 31, 2016 and 2015 Foo d Export - Midwest has not been examined by any tax jurisdiction Food Export - Midwest ha s no ongoing federal, state or local tax audits Food Export - Midwest does not expect the total amount of unrecognized tax benefits to significantly change in the next 12 months A tax position is recognized as a benefit only if it is more likely than not that the tax position would be sustained in a tax examination, with a tax examination being presumed to occur The amount recognized is the largest amount of tax benefit that is greater than 50 % likely of being realized on examination For tax positions not meeting the more likely t han not test, no tax benefit is recorded

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	REIMBURSEMENT OF SHARED SERVICES - 270000

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	SHARED SERVICES EXPENSE - 270000

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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.

► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Food Export Association 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 its grants and other 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 its grants and other assistance 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
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			2,010,693
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			2,010,693

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 organization may be required to separately 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, Information 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☑ No

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 36-2691663
Name: Food Export Association of the Midwest USA

Part V **Supplemental Information**

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).

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 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 US AGRICULTURAL SALES	63,795
East Asia and the Pacific	0	0	Program Services	ATTENDANCE AND PARTICIPATION AT TRADE SHOWS, FOCUSED TRADE MISSIONS, AND BUYER MISSIONS RELATED TO INCREASING US AGRICULTURAL SALES	1,047,423
Europe (Including Iceland and Greenland)	0	0	Program Services	ATTENDANCE AND PARTICIPATION AT TRADE SHOWS, FOCUSED TRADE MISSIONS, AND BUYER MISSIONS RELATED TO INCREASING US AGRICULTURAL SALES	146,116

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
Middle East and North Africa	0	0	Program Services	ATTENDANCE AND PARTICIPATION AT TRADE SHOWS, FOCUSED TRADE MISSIONS, AND BUYER MISSIONS RELATED TO INCREASING US AGRICULTURAL SALES	140,390
North America (Canada & Mexico only)	0	0	Program Services	ATTENDANCE AND PARTICIPATION AT TRADE SHOWS, FOCUSED TRADE MISSIONS, AND BUYER MISSIONS RELATED TO INCREASING US AGRICULTURAL SALES	140,867
South America	0	0	Program Services	ATTENDANCE AND PARTICIPATION AT TRADE SHOWS, FOCUSED TRADE MISSIONS, AND BUYER MISSIONS RELATED TO INCREASING US AGRICULTURAL SALES	218,783

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
South Asia	0	0	Program Services	ATTENDANCE AND PARTICIPATION AT TRADE SHOWS, FOCUSED TRADE MISSIONS, AND BUYER MISSIONS RELATED TO INCREASING US AGRICULTURAL SALES	253,319

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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," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Food Export Association 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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC 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							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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 . . . . . ▶ 118

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	**Explanation**
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	The Organization administers grant funds in compliance with the requirements of the USDA, and all other state and federal regulatory bodies To ensure that the grants are used for their intended purposes, the Organization conducts an internal review of the grants, and participates in an annual compliance review of its procedures and expenditures by the USDA

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 36-2691663
Name: Food Export Association of the Midwest USA

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 CHAGRIN FALLS, OH 44022	56-2460390	N/A	83,573	0	N/A	N/A	MAP PROGRAM
ACG PRODUCTS LTD 3505 N 124TH STREET BROOKFIELD, WI 530052489	39-1815146	N/A	7,465	0	N/A	N/A	MAP PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
AGAVE LOCO LLC 1175 CORPORATE WOODS PKWY STE 218 VERNON HILLS, IL 60061	84-1699751	N/A	128,712	0	N/A	N/A	MAP PROGRAM
AL DENTE PASTA COMPANY INC 9815 MAIN ST WHITMORE LAKE, MI 48189	38-2467921	N/A	12,500	0	N/A	N/A	MAP PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
AMERICAN POP CORN COMPANY ONE FUN PLACE SIOUX CITY, IA 51108	42-0113600	N/A	92,449	0	N/A	N/A	MAP PROGRAM
ANGELIC BAKEHOUSE INC 3275 E LAYTON AVE CUDAHY, WI 53110	27-1018259	N/A	21,640	0	N/A	N/A	MAP PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ARTIC FOOD SERVICES INC 498 BUSSEN UNDERGROUND ROAD ST LOUIS, MO 63129	20-0833449	N/A	5,324	0	N/A	N/A	MAP PROGRAM
AVOBEST 5805 WILLOW LAKE DR GROVE CITY, OH 43123	46-0624890	N/A	50,000	0	N/A	N/A	MAP PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
BANZA LLC 760 VIRGINIA PARK STREET DETROIT, MI 482022033	46-4639706	N/A	30,010	0	N/A	N/A	MAP PROGRAM
BELMONT FOODS LLC 707 SKOKIE BLVD 580 NORTHBROOK, IL 60062	27-1504295	N/A	6,490	0	N/A	N/A	MAP PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BEST BREED INC 2000 C FOSTORIA AVE FINDLAY, OH 45840	56-2283982	N/A	10,627	0	N/A	N/A	MAP PROGRAM
BIADGI LLC 401 N MICHIGAN AVE STE 1200 CHICAGO, IL 60611	46-5273104	N/A	16,175	0	N/A	N/A	MAP PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BIOZYME INCORPORATED 6010 STOCKYARDS EXPRESSWAY ST JOSEPH, MO 64504	44-0557576	N/A	40,000	0	N/A	N/A	MAP PROGRAM
BLACKWOOD PET FOOD LLC 38281 INDUSTRIAL PARK RD LISBON, OH 44432	27-4649672	N/A	126,329	0	N/A	N/A	MAP PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
BLUE RIVER TRADING COMPANY LLC 2365 S 72ND STREET WEST ALLIS, WI 53219	80-0432645	N/A	8,238	0	N/A	N/A	MAP PROGRAM
BRAND CASTLE LLC 5111 RICHMOND ROAD BEDFORD HEIGHTS, OH 44146	20-1416682	N/A	10,582	0	N/A	N/A	MAP PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BUTTER BUDS INC 2330 CHICORY ROAD RACINE, WI 53403	80-0871111	N/A	34,973	0	N/A	N/A	MAP PROGRAM
CHERRY CENTRAL COOPERATIVE INC PO BOX 988 TRAVERSE CITY, MI 49685	38-2010272	N/A	15,786	0	N/A	N/A	MAP PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
CHERRY REPUBLIC 6026 SOUTH LAKE STREET GLEN ARBOR, MI 49636	38-2933781	N/A	50,008	0	N/A	N/A	MAP PROGRAM
CKB MANAGEMENT SERVICES LLC 402 GARY LANE JEFFERSON CITY, MO 65109	20-4799255	N/A	259,122	0	N/A	N/A	MAP PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
COLOR BRANDS 922 W WASHINGTON SUITE 207 CHICAGO, IL 60607	46-5189905	N/A	38,581	0	N/A	N/A	MAP PROGRAM
CONNOILS LLC PO BOX 357 BIG BEND, WI 53103	87-0802415	N/A	20,222	0	N/A	N/A	MAP PROGRAM

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

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COOPERATIVE ELEVATOR CO 7211 E MICHIGAN AVE PO BOX 619 PIGEON, MI 487550619	38-0430470	N/A	214,446	0	N/A	N/A	MAP PROGRAM
DAIRY FARMERS OF AMERICA INC 10220 N AMBASSADOR DR KANSAS CITY, MO 64153	43-0905874	N/A	101,035	0	N/A	N/A	MAP PROGRAM

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DAIRYCHEM LABORATORIES INC 9120 TECHNOLOGY LANE FISHERS, IN 46038	35-1884094	N/A	7,500	0	N/A	N/A	MAP PROGRAM
DEATHS DOOR SPIRIT LLC 2220 EAGLE DRIVE MIDDLETON, WI 53562	45-0599314	N/A	31,911	0	N/A	N/A	MAP PROGRAM

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

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SCHELL AND KEMPETER INC 103 NORTH OLIVEPO Box 156 META, MO 65058	43-0951994	N/A	403,081	0	N/A	N/A	MAP PROGRAM
DIAMOND V MILLS INC PO BOX 740422525 60TH AVE SW CEDAR RAPIDS, IA 52407	42-0628408	N/A	27,513	0	N/A	N/A	MAP PROGRAM

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DOUMAK INC 2201 E TOUHY AVE ELK GROVE VILLAGE, IL 600075327	36-3255980	N/A	203,092	0	N/A	N/A	MAP PROGRAM
DREAM PAK LLC 2770 SOUTH 171ST STREET NEW BERLIN, WI 53151	54-1985805	N/A	17,625	0	N/A	N/A	MAP PROGRAM

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

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DRINK EAT WELL LLC 2205 HASKELL AVE LAWRENCE, KS 66046	35-2481474	N/A	26,199	0	N/A	N/A	MAP PROGRAM
DUTCH FARMS INC 700 E 107TH STREET CHICAGO, IL 60628	35-1698884	N/A	8,000	0	N/A	N/A	MAP PROGRAM

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

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EAST-WEST INT'L GROUP INC 4920 SOM CENTER RD MORELAND HILLS, OH 44022	20-8872398	N/A	14,650	0	N/A	N/A	MAP PROGRAM
THE EDLONG CORPORATION 225 SCOTT STREET ELK GROVE VILLAGE, IL 60007	36-2245071	N/A	63,049	0	N/A	N/A	MAP PROGRAM

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

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THE ELI'S CHEESECAKE COMPANY 6701 WEST FOREST PRESERVE DRIVE CHICAGO, IL 60634	36-3099563	N/A	7,312	0	N/A	N/A	MAP PROGRAM
ENJOY LIFE NATURAL BRANDS LLC 3810 NORTH RIVER ROAD SCHILLER PARK, IL 60176	36-4433809	N/A	10,487	0	N/A	N/A	MAP PROGRAM

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

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EQUITRADE GROUP INC 225 W WASHINGTON STE 2200 CHICAGO, IL 606063561	36-3865305	N/A	8,276	0	N/A	N/A	MAP PROGRAM
EVANGERS DOG & CAT FOOD CO INC 221 S WHEELING ROAD WHEELING, IL 60712	36-2416760	N/A	64,911	0	N/A	N/A	MAP PROGRAM

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

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EXPORT SUPPORT SERVICES INC 1952 COUNTRY HOME RD BRONSON, IA 51101	46-2234432	N/A	258,881	0	N/A	N/A	MAP PROGRAM
FOOD DREAMS MADE REAL FDMR 1111 N 13TH STREET STE 114 OMAHA, NE 68102	46-3887446	N/A	35,020	0	N/A	N/A	MAP PROGRAM

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FIBERSTAR INC 713 SAINT CROIX ST RIVER FALLS, WI 540223600	91-1886062	N/A	33,503	0	N/A	N/A	MAP PROGRAM
FINE FOODS OF AMERICA INC 11700 MANOR ROAD LEAWOOD, KS 66211	45-2621321	N/A	5,812	0	N/A	N/A	MAP PROGRAM

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

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FOODSOURCE INC 314 SUNRISE AVE WILLOWBROOK, IL 60527	02-0732528	N/A	13,150	0	N/A	N/A	MAP PROGRAM
CARAMEL CRISP LLC 401 N MICHIGAN AVE 24TH FLOOR CHICAGO, IL 60611	45-4561610	N/A	35,246	0	N/A	N/A	MAP PROGRAM

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

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GARY POPPINS POPCORN 10929 FRANKLIN AVE SUITE N FRANKLIN PARK, IL 60131	30-0837372	N/A	19,823	0	N/A	N/A	MAP PROGRAM
GINSENG AND HERB COOPERATIVE PO BOX 581 3899 CITY ROAD B MARATHON, WI 54448	03-0374040	N/A	33,027	0	N/A	N/A	MAP PROGRAM

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

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GLOBAL DEVELOPMENT AND MANAGEMENT LLC 2037 MADISON ROAD SUITE 2 CINCINNATI, OH 45208	27-1306463	N/A	342,995	0	N/A	N/A	MAP PROGRAM
GOMACRO LLC 415 S WAGONER AVE VIOLA, WI 54664	75-3149015	N/A	8,052	0	N/A	N/A	MAP PROGRAM

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GOOD LIFE FOODS INC PO BOX 22422 LINCOLN, NE 685422422	91-1817034	N/A	245,161	0	N/A	N/A	MAP PROGRAM
GP CONCEPT LABS 1519 W ESTES AVE CHICAGO, IL 606262617	26-2095676	N/A	9,388	0	N/A	N/A	MAP PROGRAM

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GRACELAND FRUIT COOPERATIVE INC 1123 MAIN STREET FRANKFORT, MI 49635	38-2016646	N/A	81,882	0	N/A	N/A	MAP PROGRAM
GRAMINEX LLC 2-300 COUNTRY RD C DESHLER, OH 43516	38-3360436	N/A	32,699	0	N/A	N/A	MAP PROGRAM

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GREAT LAKES EXPORTING COMPANY 1374 STONE CREEK COURT SAINT JOSEPH, MI 49085	45-3956362	N/A	15,771	0	N/A	N/A	MAP PROGRAM
EXPORT TRADE OF AMERICA 4461 11TH STREET 2ND FL LONG ISLAND CITY, NY 11101	13-3538402	N/A	224,079	0	N/A	N/A	MAP PROGRAM

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HOMETOWN BAGEL INC 12401 S KEDVALE AVENUE ALSIP, IL 60803	36-4018867	N/A	11,905	0	N/A	N/A	MAP PROGRAM
HSU'S GINSENG ENTERPRISES INC T6819 COUNTY RD W PO BOX 509 WAUSAU, WI 544020509	39-1385498	N/A	70,993	0	N/A	N/A	MAP PROGRAM

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INTERNATIONAL MARKETING SERVICES INC 522 4TH STREET SUITE 200 SIOUX CITY, IA 51101	26-4500593	N/A	67,034	0	N/A	N/A	MAP PROGRAM
IYA FOODS LLC 348 SMOKE TREE BUSINESS PARK NORTH AURORA, IL 60542	47-5005401	N/A	5,072	0	N/A	N/A	MAP PROGRAM

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J AND J CORPORATION INC 2493 380TH STREET GARY, MN 56545	45-0457885	N/A	8,000	0	N/A	N/A	MAP PROGRAM
JENEIL BIOTECH INC 400 N DEKORA WOODS BLVD SAUKVILLE, WI 53080	39-1805745	N/A	13,355	0	N/A	N/A	MAP PROGRAM

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JIMMY LUVS ENTERPRISES LLC 11912 W KAUL AVENUE MILWAUKEE, WI 532251010	27-0204906	N/A	9,408	0	N/A	N/A	MAP PROGRAM
JM GRAIN INC 12 NORTH RAILROAD STREET PO BOX 248 GARRISON, ND 58540	20-3098913	N/A	27,637	0	N/A	N/A	MAP PROGRAM

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CRISTINA DOMOGMA PO BOX 17370-990 SAINT PAUL, MN 55117	55-2790715	N/A	6,905	0	N/A	N/A	MAP PROGRAM
KOITA EXPORTS INC 1640 BRENTFORD DRIVE NAPERVILLE, IL 60563	46-3984540	N/A	7,174	0	N/A	N/A	MAP PROGRAM

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KRIENKE FOODS INTERNATIONAL 1343 ARDEN VIEW DRIVE ARDEN HILLS, MN 55112	27-5046086	N/A	13,145	0	N/A	N/A	MAP PROGRAM
LAFEBER COMPANY 24981 N 1400 EAST RD CORNELL, IL 61319	36-3754581	N/A	53,353	0	N/A	N/A	MAP PROGRAM

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LAKEVIEW FARMS LLC 1600 GRESSEL DRIVE DELPHOS, OH 45833	90-0751535	N/A	45,884	0	N/A	N/A	MAP PROGRAM
LAWRENCE FOODS INC 2200 LUNT AVENUE ELK GROVE VILLAGE, IL 60007	36-2073790	N/A	23,250	0	N/A	N/A	MAP PROGRAM

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LILLIES Q SAUCES & RIBS 1856 W NORTH AVE CHICAGO, IL 60622	46-4274514	N/A	11,620	0	N/A	N/A	MAP PROGRAM
LIVE BETTER BRANDS 800 WASHINGTON AVE N STE 207 MINNEAPOLIS, MN 554011148	45-1155108	N/A	242,928	0	N/A	N/A	MAP PROGRAM

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LIVE SMART BAR LLC 13305 CAPITAL ST SUITE 500 OAK PARK, MI 48237	27-1949320	N/A	12,312	0	N/A	N/A	MAP PROGRAM
LORANN OILS INC 4518 AURELIUS ROAD LANSING, MI 48910	38-1981129	N/A	6,674	0	N/A	N/A	MAP PROGRAM

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LOVE YOUR HEALTH LLC 833 KENMOOR AVENUE SE SUITE D GRAND RAPIDS, MI 495462390	45-5591684	N/A	14,507	0	N/A	N/A	MAP PROGRAM
MARATHON GINSENG INTERNATIONAL INC 4613 A CAMP PHILIPS RD UNIT A WESTON, WI 54476	45-4246700	N/A	27,910	0	N/A	N/A	MAP PROGRAM

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MEDITERRANEAN BRANDS INC 950 MILWAUKEE AVE SUITE 205 GLENVIEW, IL 60025	27-1457958	N/A	19,008	0	N/A	N/A	MAP PROGRAM
MICHAELS BAKERY PRODUCTS LLC 2205 6TH AVE SOUTH CLEAR LAKE, IA 50428	11-3694117	N/A	5,240	0	N/A	N/A	MAP PROGRAM

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MIDWEST AG ENTERPRISES INC 505 W MAIIN STREET MARSHALL, MN 56258	05-0542980	N/A	11,252	0	N/A	N/A	MAP PROGRAM
MINNESOTA SHIPPERS ASSOCIATION 7500 FLYING CLOUD DR STE 900 EDEN PRAIRIE, MN 553443758	02-0595810	N/A	7,759	0	N/A	N/A	MAP PROGRAM

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MIDWESTERN PET FOODS INC 9634 HEDDEN ROAD EVANSVILLE, IN 47725	35-1058442	N/A	194,729	0	N/A	N/A	MAP PROGRAM
MORRISON FARMS 85824 519TH AVENUE CLEARWATER, NE 68726	47-0652655	N/A	14,542	0	N/A	N/A	MAP PROGRAM

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MULDOON DAIRY INC 2201 MICA RD MADISON, WI 53719	02-0758726	N/A	64,107	0	N/A	N/A	MAP PROGRAM
NATURAL PRODUCTS INC 2211 6TH AVE GRINNELL, IA 50112	42-1171344	N/A	22,758	0	N/A	N/A	MAP PROGRAM

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NATURES LOGIC 3534 SOUTH 48TH STREET STE 3B LINCOLN, NE 68506	46-0844394	N/A	7,931	0	N/A	N/A	MAP PROGRAM
NEW COMPOSITE PARTNERS 5 1/2 W ROLLIN ST STE B BOX 299 EDGERTON, WI 53534	27-1365817	N/A	249,604	0	N/A	N/A	MAP PROGRAM

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NIKKI'S COOKIES INC 1775 EAST BOLIVAR AVE ST FRANCIS, WI 53235	39-1474554	N/A	6,214	0	N/A	N/A	MAP PROGRAM
NORTH BAY PRODUCE INC 1771 N US 31 S PO BOX 988 TRAVERSE CITY, MI 496850988	38-3002393	N/A	19,573	0	N/A	N/A	MAP PROGRAM

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NORTHERN MINNESOTA WILD RICE PRODUCERS INC 12350 516TH STREET GONVICK, MN 56644	58-1919599	N/A	60,413	0	N/A	N/A	MAP PROGRAM
NU LIFE MARKET LLC 1202 E 5TH STREET SCOTT CITY, KS 67871	26-1557456	N/A	8,517	0	N/A	N/A	MAP PROGRAM

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VALUE ADDED SCIENCE AND TECHNOLOGIES 3782 9TH STREET SW MASON CITY, IA 50401	26-0736024	N/A	66,162	0	N/A	N/A	MAP PROGRAM
OLYMPIA FOOD INDUSTRIES INC 9501 NEVADA AVE FRANKLIN PARK, IL 60131	36-3684447	N/A	12,051	0	N/A	N/A	MAP PROGRAM

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OMEGA SEA LLC 1000 BACON ROAD PAINESVILLE, OH 44077	27-4722083	N/A	53,148	0	N/A	N/A	MAP PROGRAM
COOPERATIVE REGIONS OF ORGANIC PRODUCER POOLS ONE ORGANIC WAY LA FARGE, WI 546396604	39-1605145	N/A	68,837	0	N/A	N/A	MAP PROGRAM

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OSKRI CORP 528 E TYRARENA PARK RD LAKE MILLS, WI 53551	39-1954705	N/A	47,203	0	N/A	N/A	MAP PROGRAM
OXBOW ENTERPRISES 29012 MILL ROAD MURDOCK, NE 684072352	47-0711465	N/A	80,875	0	N/A	N/A	MAP PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
GEORGE ABI GHANEM DBA PAPA P O BOX 50058 MINNEAPOLIS, MN 554050058	52-6697051	N/A	7,082	0	N/A	N/A	MAP PROGRAM
THE PETERSON COMPANY 6312 WEST MAIN STREET KALAMAZOO, MI 49009	38-1865035	N/A	6,408	0	N/A	N/A	MAP PROGRAM

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

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UNITED STATES DISTILLED 1607 S 12TH ST PRINCETON, MN 55371	41-1408632	N/A	25,009	0	N/A	N/A	MAP PROGRAM
PREMIUM NUTRITIONAL PRODUCTS 10504 WEST 79TH STREET SHAWNEE, KS 66214	48-1125348	N/A	18,038	0	N/A	N/A	MAP PROGRAM

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PROBIUM LLC 7111 STEWART AVENUE WAUSAU, WI 54401	46-3995500	N/A	5,597	0	N/A	N/A	MAP PROGRAM
PURETEIN BIOSCIENCE LLC 4800 PARK GLEN ROAD ST LOUIS PK, MN 55416	26-2041221	N/A	13,475	0	N/A	N/A	MAP PROGRAM

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RALCO NUTRITION INC 1600 HAHN ROAD MARSHALL, MN 56358	41-0978726	N/A	9,587	0	N/A	N/A	MAP PROGRAM
RED ARROW INTERNATIONAL LLC 633 S 20TH STREET PO BOX 755 MANITOWOC, WI 54220	39-1917822	N/A	25,750	0	N/A	N/A	MAP PROGRAM

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

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RHINELANDER BREWING COMPANY LLC 59 SOUTH BROWN STREET RHINELANDER, WI 54501	68-0678909	N/A	300,000	0	N/A	N/A	MAP PROGRAM
RIBUS INC 200 S HANLEY STE 1108 ST LOUIS, MO 63105	43-1626254	N/A	6,571	0	N/A	N/A	MAP PROGRAM

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

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SAFIE SPECIALTY FOOD CO INC 25565 TERRA INDUSTRIAL DR CHESTERFIELD, MI 48051	38-3344567	N/A	20,745	0	N/A	N/A	MAP PROGRAM
SARTORI COMPANY 107 N PLEASANT VIEW ROAD PLYMOUTH, WI 530730258	39-0768447	N/A	24,765	0	N/A	N/A	MAP PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SD OIL CO 4320 CASSANA WAY APT 1807 OCEANSIDE, CA 920577625	51-0669160	N/A	320,050	0	N/A	N/A	MAP PROGRAM
SHORELINE FRUIT GROWERS INC 10850 E TRAVERSE HWY STE 4460 TRAVERSE CITY, MI 49684	38-3120635	N/A	22,947	0	N/A	N/A	MAP PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SIOUX HONEY ASSOCIATION 301 LEWIS BOULEVARD SIOUX CITY, IA 51101	42-0527930	N/A	151,654	0	N/A	N/A	MAP PROGRAM
SK FOOD INTERNATIONAL 4666 AMBER VALLEY PARKWAY S FARGO, ND 581048612	46-3595128	N/A	13,124	0	N/A	N/A	MAP PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
SUN FOODS LLC 6224 WALL STREET PARKVILLE, MO 64151	45-3075461	N/A	9,235	0	N/A	N/A	MAP PROGRAM
SUNBERRY LIMITED LLC PO BOX 426 BRIGHTON, MI 48116	27-3709131	N/A	24,258	0	N/A	N/A	MAP PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SWEET HARVEST FOODS MANAGEMENT COMPANY 515 CANNON INDUSTRIAL BLVD CANNON FALLS, MN 55009	41-1854628	N/A	14,495	0	N/A	N/A	MAP PROGRAM
TOTAL HEALTH ADVANCED NUTRITION INC 5182 CENTRAL AVE NE COLUMBIA HEIGHTS, MN 55421	61-1406697	N/A	9,689	0	N/A	N/A	MAP PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
US GREENS LLC PO BOX 130 LARNED, KS 67550	46-5547050	N/A	11,557	0	N/A	N/A	MAP PROGRAM
V & V SUPREMO FOODS 2141 S THROOP STREET CHICAGO, IL 606084410	36-2653261	N/A	13,147	0	N/A	N/A	MAP PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
VESTA INGREDIENTS INC 5767 THUNDERBIRD RD INDIANAPOLIS, IN 46236	05-0628386	N/A	10,873	0	N/A	N/A	MAP PROGRAM
WOEBER MUSTARD MFG CO 1966 COMMERCE CIRCLE SPRINGFIELD, OH 45504	31-0816660	N/A	302,745	0	N/A	N/A	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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Food Export Association of the Midwest USA

Employer identification number
36-2691663

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on 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 directors, trustees, officers, including 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 on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on 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," on line 5a or 5b, describe in Part III			
6	For persons listed on 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," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on 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" on 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 on 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 in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Tim Hamilton Executive Director	(i)	192,842	0	0	12,280	9,921	215,043	0
	(ii)	0	0	0	0	0	0	0

See Additional Data Table

Part III Supplemental Information

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

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Food Export Association of the Midwest USA

Employer identification number
36-2691663

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 6a Non-Deductible Contributions	The Organization's sole contributor is a governmental entity Therefore, deductibility of contributions received is not relevant

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation of Other Officers and Key Employees	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	The Executive Committee shall consist of the President, Vice President, Secretary/Treasure r, 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 Direct ors The Executive Committee may exercise the powers of the Board of Directors when the Bo ard of Directors is not in session, reporting to the Board of Directors at its succeeding meeting any action taken

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	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 sh all be applied first to the payment of debts and second as a pro rata return to regular me mbers based on past fees and assessments Any remaining assets may be released to an organ ization fulfilling as nearly as possible the purposes for which Food Export - Midwest was organized

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	See narrative on Form 990, Part VI, Section A, Line 6

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	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 revie w, copies of the final Form 990 are distributed to the Board Secretary/Treasurer for revie w, and subsequently filed with the IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	The Organization has developed and implemented a Conflict of Interest / Fraud Detection po licy As part of the Organization's conflict of interest policy, a questionnaire is distri buted to the organization's interested persons (officers, directors, trustees, key employe es), on an annual basis, to identify any issues of conflict that may have arisen Addition ally, proactive questions are asked during any financial decision-making process to ensure appropriate steps (recusal, ineligibility to bid, etc) are taken The organization's depu ty 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 deter mined a potential or actual conflict of interest exists, they defer the matter to the boar d Based on the nature of the activity the board will determine the appropriate action ste ps to determine whether or not the transaction constitutes a conflict and the restrictions to be imposed on persons with a conflict

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	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 Direct or that includes a compensation review As part of that process the Board Personnel Commit tee reviews Organizational goals vs results, individual goals vs results, and salary sur veys/reports with data on compensation for similarly employed individuals This process oc curred in Feb 2016, and was documented in a timely manner

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Top Management Official	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