CHANGE OF ACCOUNTING PERIOD

Department of the Treasury

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 (10)

OMB No 1545-0047

Inter	nal Rev	enue Service		► Go to www.	irs.gov/Fo	rm990	for instruction	ns and the la	itest	information.	140		Inspecti	on
A	or th	ne 2018 ca	alendar year, or	tax year beginnin	g NO	<i>7</i> 1,	2018	and ending	J	UN 30, 🗆	2019)		
В	Check i optical	f C Na	me of organizati	on				-		D Employer	identifi	ication n	umber	
	Addr	ess M:	idwest Po	oultry Fed	derat	ion.	Inc.							
_	Nam _chan	Α	ing business as							•	23-7	1616	19	
	Initia			(or P.O. box if mail is	not delive	red to etr	reat address)	Room/s	uuta					
	ireturi ∏F:nal	ים ו	D Box 26!		inot active	cu io sii	cci audiess)	noonii/s	uite	E Telephone		284-	6763	
	returi termi	ñ. —						L		 		204-		222
	ated ∏Amei			or province, count	ry, and ∠II	or fore	eign postal cod	de	}	G Gross receipts			759,	334.
	_returi ∏Appl		uffalo, 1		O	37-7		 		H(a) Is this a				
	ton Pending P Name and address of principal officer. G1 eg 1 e1 5011 for su										rdinates	_	Yes [_
PO BOX 265, BUITATO, MIN 55108 H(b) Are all subordinates included													i No	
_		cempt stat		3) X 501(c) (6)◀	(insert	no.) 4947	7(a)(1) or	527				Instructio	ns)
				stpoultry.			T			H(c) Group ex				
			on: X Corpora	ition Trust	Assoc	ciation	Other	<u> </u>	ear o	f formation: 19	9 / T V	✓ State of	legal domi	ole MN
Pa	rt I							·! -		····				
é	1			nization's mission o										
Activities & Governance	[prima	ary purpo	ose is to	host	an a	annual	regiona	.1 (conventi	ion	empha	<u>asizi</u>	ng
ř	2	Check th	is box 🕨 📖	if the organization	n discontir	nued its	operations or	disposed of r	nore	than 25% of it	s net as	ssets.		
Š	3	Number	of voting membe	ers of the governing	g body (Pa	art VI, lır	ne 1a)				3			16
ο <u>γ</u>	4	Number	of independent v	oting members of	the gover	ning bo	dy (Part VI, lin	e 1b)			4			15
es	5	Total nun	nber of individua	als employed in cal	endar yea	r 2018 (Part V, line 2a) \(\frac{1}{2} \)			5			0
Ζį	6	Total nun	nber of voluntee	rs (estimate if nece	essary)			- 1			6			0
Ę	7 a	Total unr	elated business	revenue from Part	VIII, colun	nn (C), li	ine 12	•			7a		171,	
	b	Net unrel	lated business ta	axable income fron	Form 99	0-T, line	38				7b		79,	712.
										Prior Year		Cu	ırrent Yea	ır
ø	8	Contribut	tions and grants	(Part VIII, line 1h)						4,0	000.			500.
Ę,	9	Program	service revenue	(Part VIII, line 2g)						550,2	205.		542,	030.
Revenue	10	Investme	nt income (Part	VIII, column (A), lin	es 3, 4, ar	nd 7d)				~	716.		-	502.
~	11	1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								167,1	20.		216,	300.
	12		,	8 through 11 (must			-	e 12)		722,0)41.	· · · · · · · · · · · · · · · · · · ·	759,	
	13			nts paid (Part IX, co						22,5				764.
	14			mbers (Part IX, col			,				0.			0.
S	15	-	-	ition, employee bei		•	umn (A). lines	5-10)		·	0.			0.
Expenses				ees (Part IX, colum			a (,,oc	o ,			0.			0.
per			•	es (Part IX, column	• •			0.				1		
Ĕ	17			column (A), lines 1	• •	•				717,1	42.		697,	701.
	18	-	-	s 13-17 (must equa		-	(Δ) line 25)			739,6			710,4	
	19			Subtract line 18 fro		, containing	57 (5 0 t 5 t	· = = -	\neg	-17,6				367.
es.						1_	- [Bea	inning of Curren		Fr	nd of Year	
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 1	16)		12		- (, 1	884,8			843,8	
Ass	21		ılıtıes (Part X, lıne	=		ď	MAR 2 3	2020	7	585,1			495,	
<u>ĕ</u> ĕ	22		-	ces Subtract line 2	1 from line	J. ::	2	16	? i -	299,6			348,	
Pa	rt II	Signa	ture Block	oo cabaaca iii c	T III OII T III I	-	0005	 		22373	<u> </u>		3107.	
				I have examined this	return, inc	luding ac	companying sc	hedules and sta	temer	nts, and to the he	est of my	/ knowled	ne and helu	ef it is
				of preparer (other tha								,	go ana bone	,, it is
,	-	1	YILM	1/11/2/1		, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ii or willon prop	<u> </u>	12/	12/2/	(2/)		
Sigr		Sign	pature of officer	700000						Date	WILL)/		
Her		Gr	er Nelsc	n, Presid	ent									
ner	•		e or print name an		.0110									
		ļ , ''			Dr.	anarar'a	oranatura		T Da	te Ta	Thank I	II PT	7N	—
Paid			e preparer's name oria L. H				signature Nattolin	مدا	- 1	المحدداناه	Check f			۱ ء،
Prep					110 12	TOTO	raki Bar	1000::-: -:			elf-employe		73561	
Use		Firm's nat	the Mali	oy Montag	DI A	T 110A	ASYT VG	TOREATC	īŢ	Firm's E	EIN 🕨	41-1	169038	5 4
USE.	Unity	rum s adi		Wayzata			- €• 4 ⊥U				0 = 4	^	- 040	
				eapolis,						Phone	no 95		5-0424	
Мау	the I	RS discus	s this return with	the preparer shou	vn above'	(see in	structions)					<u> X</u>	Yes	No

Form		<u> </u>	Page 2
!Pa	rt: 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		
	To conduct and support those educational, promotional, an	d policy	
	advocacy activities that will enhance the viability and g	rowth of t	he
	poultry industry in the Midwest.		
	poddedy independent one independent	<u> </u>	
_	Did the organization undertake any significant program services during the year which were not listed on the		
2	• -	□ v _{os}	X No
	prior Form 990 or 990-EZ?	163	140
_	If "Yes," describe these new services on Schedule O		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	∟ Yes	I LALINO
	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 me		
	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 \$ 694,950 • including grants of \$) (Revenue \$		730.)
	Largest program and main purpose of the Midwest Poultry F	'ederation	is
	to put on the Midwest Poultry Federation Convention to co	mmunicate	
	information about the products, services, and technologies		
	vital to the success of the poultry industry. In 2019, th	e conventi	on
	drew more than 3,100 participants from 42 states as well	as Washing	rton
	D.C., 5 Canadian provinces, and several other countries.	ab wabiiiiig	,
	D.C., 5 Canadian provinces, and several other countries.		
4b	(Code) (Expenses \$;	
			
		- -	
			····
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$		}
			······································
			
			
		· · · · · · · · · · · · · · · · · · ·	
			
			
	100		
	Other program conjugate (December in Cahartula CA)		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 694,950.		
83200	2 12-31-18	Form 9	990 (2018)

23-7161619

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			х
_	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		<u> </u>
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-3-		
7	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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_ X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			l
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	\$ J.		
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		-	х
	Part VI	11a		
Þ	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		х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		.,	
	Schedule D, Parts XI and XII	12a	X	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13	\dashv	X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?			X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	-	
~	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		х
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		I	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
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		_ <u>X</u> _
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	24	х	
	domestic government out i art in, columnity, inte 1 · · · · res, complete ochedule i, Farts i and ii	21	40	

	1990 (2018) Midwest Poultry Federation, Inc. 23-716	1619	Р	age 4
Pa	rt;IVi Checklist of Required Schedules (continued)			
-			Yes	No
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	₩	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1]	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1	1	
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		}	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K If "No," go to line 25a	24a	 	<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	├──
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	104-	1	Ì
_	any tax-exempt bonds?	24c	 	├
	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		
L	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		├─-
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		ł	
	Schedule L, Part I	25b	İ	Ì
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200	ł	\vdash
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1		
	complete Schedule L, Part II	26		х
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	İ		
	of any of these persons? If "Yes," complete Schedule L, Part III	27	(Х
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):			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	L	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	[
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			- V-
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	l
2F -	Part V, line 1	34	^	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ĺ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
•	If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
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	х	ľ
Par		<u></u>		
-	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	4		
	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable 1b	0		76,5
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		4 7
	(gambling) winnings to prize winners?	1c	X	
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Midwest Poultry Federation, Inc.
Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
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	기		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	,	ـــــ	لسا
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
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	X	<u> </u>
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	ļ	X
þ	If "Yes," enter the name of the foreign country	"	İ	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			لنينا
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	Х
	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	1		l
	any contributions that were not tax deductible as charitable contributions?	6a	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		. 5 77
7	Organizations that may receive deductible contributions under section 170(c).			كتا
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?			<u> </u>
μ̈́,	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	l _		ŀ
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	┧┷┷━		$\frac{1}{X}$
e •	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		$\frac{x}{x}$
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	111		
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	-		-
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter	35		
	Initiation fees and capital contributions included on Part VIII, line 12		1	1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1, 1		
11	Section 501(c)(12) organizations. Enter	1	i	
а	Gross income from members or shareholders	' .		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	·	;	
	amounts due or received from them)	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	`	,	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	_	,	
ą	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		· ·]	1
b	Enter the amount of reserves the organization is required to maintain by the states in which the	، د		· 1
	organization is licensed to issue qualified health plans		•	
	Enter the amount of reserves on hand	_ *	<u></u>	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O	<u> </u>	900	0010
		LOUD	990 (ZV 10)

Form 990 (2018) Midwest Poultry Federation, Inc. 23-7161619 Page Part VI: Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 6a, 6b, 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			X
Sec	tion 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 16	₹,	•	, ,
	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 0. Enter the number of voting members included in line 1a, above, who are independent 15	, o	,	1 "
ь		[, −]	ı	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	~		$\frac{\cdot}{\mathbf{x}}$
•	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		х
4	of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5 6	Did the organization have members or stockholders?	6	X	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	H		_
7 4	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>		
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		· 1	1
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	1) Light of the state of the st		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	استند		لبيدا
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
40	In Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	14	$\frac{x}{x}$	
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14		1
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1, 1	-	• ,
a	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		,	. 1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	_	1	1
	taxable entity during the year?	16a		X
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			لنـــــــــــــــــــــــــــــــــــــ
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	avaıla	ıble
	for public inspection. Indicate how you made these available Check all that apply.			
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	I financ	cial	
	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 Greg Nelson - 785-776-9401			
	PO Box 265, Buffalo, MN 55313		000	
832006	3 12-31-18	Form	990	(2018)

Form 990 (2018) Rart 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)							(D)	(E)	(F)
• •	1 ' '	(C) Position						Reportable	(E) Reportable	(F) Estimated
Name and Title	Average hours per	(do	(do not check more than one box, unless person is both an					compensation	compensation	amount of
	week		officer and a director/trustee)					from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	r dire				2		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee			eusa		(W-2/1099-MISC)		organization
	organizations	al tru	nal to		loyee	mo e				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Г оттег			organizations
(1) Nick Levendoski	1.00	Ĕ	ţ	5	Ke	포늄	Œ			
Director	1.00	х						0.	0.	0.
(2) Dr. R.M. Fulton	1.00	=			_	_				
Director		х						0.	0.	0.
(3) William Claybaugh	1.00									
Director		x						0.	0.	0.
(4) Bob Drake	1.00									
Director		X						0.	0.	0.
(5) Sandi Hoffmann	1.00							_	_	_
Director		X						0.	0.	0.
(6) Ross Thoreson	1.00			į						
Director		Х				Ш		0.	0.	0.
(7) Kim Reis	1.30							_		•
Director	4 00	Х				Щ		0.	0.	0.
(8) Lisa Beohm	1.00	٦,						0.	_	0
Director	1 00	X				ļ		0.	0.	0.
(9) Kerry Trambaugh	1.00	x						0.	0.	0.
Director (10) John Burkel	1.00	^			_	Н		0.	0.	0.
Director	1.00	х						0.	0.	0.
(11) Blake Van Denburgh	1.00	=				Н		•		
Director		х						0.	0.	0.
(12) Bruce Eastlund	1.30									
Director - Past President		X						0.	0.	0.
(13) Scott Waldner	1.00									
Secretary/Treasurer		X		X				0.	0.	0.
(14) Ben Thompson	1.30							_		_
Vice President		Х		X		Ш		0.	0.	0.
(15) Greg Nelson	1.30			_						
President	10.00	X	\sqcup	X	_	\square		0.	0.	0.
(16) Steve Olson	10.00			,				_	_	^
Past Executive Director	20.00			Х		\vdash		0.	0.	0.
						L				

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Rart VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, an	d H	ighe	st C	Compensated Employe	es (continued)		
(A) Name and title	(B) Average	(C) Position do not check more than one				оле	(D) Reportable	(E) Reportable	9	(F) Estimated	
	hours per week	box	, unle	ss pe	erson	is bot	h an	compensation	compensati		amount of
	(list any	\vdash	Π			Т		from the	from relate organization	-	other compensation
	hours for	Individual trustee or director				喜		organization	(W-2/1099-MI		from the
	related organizations	aşe	institutional trustee	1	92	Suadi		(W-2/1099-MISC)			organization
	below	la la la la la la la la la la la la la l	ıtıona	_	ploye	stcon	, n				and related organizations
	line)	lindia	Institu	Officer	Key employee	Highest compensated employee	Forme	Ĺ			o gameations
		-									
	-						-				
			_		-	_	_		, - , ,,		
		\vdash			_	_					
					_						
		-									
											·
1b Sub-total	1		<u> </u>		i	l	<u> </u>	0.		0.	0.
· c Total from continuation sheets to Part V	II, Section A							0.		0.	0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.	0.
2 Total number of individuals (including but r compensation from the organization	not limited to tr	nose	liste	ed al	bove	e) wr	no re	eceived more than \$100	,000 of reportat	ole	0
3 Did the organization list any former officer,	director or tri	ıctor	n ka	05	mole		0.5	highest componented o	mplovoo on	[Yes No
line 1a? If "Yes," complete Schedule J for s		15(6	e, Ke	y ei	npic	усс	, Ui	nighest compensated e	mployee on		3 X
4 For any individual listed on line 1a, is the su		le co	omp	ensa	atıor	and	d oth	her compensation from	the organization		
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4 X
5 Did any person listed on line 1a receive or	•				•		elat	ed organization or ındıvı	dual for services	3	
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or s	ıch	pers	son					5 X
Complete this table for your five highest co	mpensated in	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of cor	npens	ation from
the organization. Report compensation for	·=										
(A)							İ	(B)			(C)
Name and business Minnesota Turkey Growers								Description of s	ervices	C	ompensation
108 Marty Drive, Suite 1					5	531	3	Management S	ervices		107,467.
						_					
							1			_	
			•				+	·			
2 Total number of independent contractors (i	includina but n	ot lir	mite	d to	the	se lis		above) who received m	ore than		

Form **990** (2018)

\$100,000 of compensation from the organization

Part's Sart	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	Revenue excluded from tax under sections 512 - 514				
Contributions, Gifts, Grants and Other Similar Amounts	c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	ts, and ve 1f	500.	500.							
-				Business Code	The second contract the second	Treatment and		7477				
بو	2 a	Booth sales		110000	416,116.	416,116.						
Z (b		es	110000	91,614.							
Program Service Revenue	č	MPF Unhatched		110000	34,300.							
e a	d											
ogr R	e					_						
Pre	f	All other program service reve	enue									
	q	Total. Add lines 2a-2f			542,030.	WELLEN WILLIAM TO THE WARRING THE WARRING TO THE WARRING TO THE WARRING TO THE WARRING TO THE WARRING TO THE WARRING TO THE WARRING TO THE WARRING TO THE WARRING TO THE WARRING TO THE WARRING TO THE WARRING THE WARRING THE WARRING THE WARRING THE WARRING THE WARRING THE WARRING THE WARRING THE WARRING THE WARRING THE WARRING THE WARRING THE WARRING	THE REPORT OF THE PARTY OF THE	THE PROPERTY OF				
	3 4 5	Investment income (including other similar amounts) Income from investment of ta			502.			502.				
	5	Royalties .	(A Dool	(i) Porsonal	264 (264 265 265 265 265 265 265 265 265 265 265	HAT CARLETTING	STATE OF STATE AND	CLE POTTENES AND				
	6 a b		(i) Real	(ii) Personal								
	Ċ	Total Control										
		Net rental income or (loss)		>								
		Gross amount from sales of	(i) Securities	(ii) Other	NAME OF STREET			WEST SECTION				
		assets other than inventory	V	,,								
	b	Less cost or other basis				100						
		and sales expenses		}								
	С	Gain or (loss)					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
		Net gain or (loss)		•								
venue		Gross income from fundraisin including \$	of									
Other Rev		contributions reported on line Part IV, line 18	: 1c). See a									
븅		Less: direct expenses	ь			The Part of the Pa	MAC STATE					
		Net income or (loss) from fund		<u> </u>	MANAGEMENT STREET STREET	TO THE PERSON AND THE	Kanagan ayan katalan katalan	MERCANDAR CONTROL OF THE				
	9 a	Gross income from gaming ac			医多种的							
		Part IV, line 19	а									
		Less: direct expenses	b	L								
		Net income or (loss) from gam		> _	areastanese (energiae (estato)		1.0000000000000000000000000000000000000	CT LEARNING CONTRA				
	10 a	Gross sales of inventory, less										
		and allowances	a	· · · · · · · · · · · · · · · · · · ·								
		Less. cost of goods sold	b	L								
	<u>, c</u>	Net income or (loss) from sale		<u> </u>	THE STREET STREET SECTION	MENTAL PROPERTY SERVICES	ATTENNET PROPERTY AND THE SECOND SECO	253500000000000000000000000000000000000				
		Miscellaneous Revenu	ie	Business Code	171,600.		171,600.					
		Sponsorships Miscellaneous i	ncome	110000	44,700.	44,700.	1/1,000.					
	b	miscerianeous 1	TICOME	110000	44,/00.	44,/00.						
ŀ	C	All 14			<u> </u>							
1	d		216 200	ALLEGERATE THE THE PROPERTY.	Sicentification of the source of	THE STATE OF THE S						
		Total. Add lines 11a-11d			216,300.	EQC 720	471 600					
	12	Total revenue. See instructions		<u></u>	759,332.	586,730.	171,600.	502.				

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									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations			A STATE OF THE STA	tridile (Tridile)					
	and domestic governments See Part IV, line 21	12,764.								
2	Grants and other assistance to domestic			NAME OF STREET						
	individuals See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members			STATE OF THE STATE						
5	Compensation of current officers, directors,									
	trustees, and key employees									
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									
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits			- 1						
10	Payroll taxes		•							
11	Fees for services (non-employees)	405.465								
'a	Management .	107,467.								
b	Legal .	7.605								
С	Accounting .	7,685.								
d	, , , ,	'	Service and the Contract of th	of the they become they are subject to be						
е	Professional fundraising services. See Part IV, line 17		DESIGNATION OF THE PARTY OF THE	经产品的						
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A) amount, list line 11g expenses on Sch O.)	11 612								
12	Advertising and promotion	41,613.								
13	Office expenses	2,320.								
14	Information technology									
15 16	Royalties									
16 17	Occupancy	24,393.								
17 18	Travel Payments of travel or entertainment expenses	21,3531	<u>, </u>							
10	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	43,180.								
20	Interest				······································					
21	Payments to affiliates	,	-	*****						
22	Depreciation, depletion, and amortization									
23	Insurance	·								
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
·а	Unrelated business inco	25,509.								
b	Special functions	248,683.								
Ç	Exhibits	122,612.								
d	Registration	44,103.								
е	All other expenses	29,536.								
25	Total functional expenses Add lines 1 through 24e	710,465.								
26	Joint costs. Complete this line only if the organization		٠	İ	•					
	reported in column (B) joint costs from a combined				,					
	educational campaign and fundraising solicitation.		,							
	Check here If following SOP 98-2 (ASC 958-720)									

832010 12-31-18

i.ed	C.Y.C.W	Check if Schedule O contains a response or note to any line in this Part X		
		Oncore il Concodio O containo a response of note to any inte in titlo i alt X	(A)	(B)
			Beginning of year	End of year
	1	Cash - non-interest-bearing	557,296.	1 486,798.
-	2	Savings and temporary cash investments	139,081.	2 231,575
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	3,226.	4 19,190.
	5	Loans and other receivables from current and former officers, directors,		
	`	trustees, key employees, and highest compensated employees. Complete		
		Part II of Schedule L	A ACTOR OF THE PROPERTY AND A CONTRACT OF THE PARTY AND A	5
	6	Loans and other receivables from other disqualified persons (as defined in	uler CERCLES CONTROL	ALL PERSONAL PROPERTY
	•	section 4958(f)(1)), persons described in Section 4958(c)(3)(b), and contrib	版。12. 文章是自己的信息。13. 20 20 20 20 20 20 20 20 20 20 20 20 20	
		employers and sponsoring organizations of section 501(c)(9) voluntary		
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6
Assets	7	Notes and loans receivable, net		7
As	8	Inventories for-sale or use		8
	9	Prepaid expenses and deferred charges	150,583.	9 65,286
	1 -	Land, buildings, and equipment cost or other	CHECK THE TAX TO THE T	
	''-	basis Complete Part VI of Schedule D 10a		
	Ь	Less: accumulated depreciation 10b	POLICE AND ADDRESS AND THE PROPERTY OF THE PRO	10c
	11	Investments · publicly traded securities .		11
	12	Investments - other securities See Part IV, line 11		12
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets See Part IV, line 11	34,634.	15 40,967.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	884,820.	16 843,816.
	17	Accounts payable and accrued expenses	4,314.	17 34,121.
	18	Grants payable		18
,	19	Deferred revenue	4,100.	19 1,500.
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
S	22	Loans and other payables to current and former officers, directors, trustee	s, Figure 1	
Liabilities		key employees, highest compensated employees, and disqualified person	s	
abi		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		1
		Schedule D		25 459,672.
	26	Total liabilities. Add lines 17 through 25	585,164.	26 495,293.
		Organizations that follow SI AS 117 (ASC 958), check here 🕨 🔝 a	md Park Table	
es		complete lines 27 through 29, and lines 33 and 34.		
anc	27	Unrestricted net assets		325,773.
Bal	28	Temporarily restricted net assets	22,250.	28 22,750.
ğ	29	Rermanently restricted net assets	Deligner Lugger and distribution and to	29
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ L		
S O		and complete lines 30 through 34.		
set	30	Capital stock or trust principal, or current funds		30
As	31	Paid-in or capital surplus, or land, building, or equipment fund	<u> </u>	31
Yet	32	Retained earnings, endowment, accumulated income, or other funds		32 349 523
-	33	Total net assets or fund balances		33 348,523.
	34	Total liabilities and net assets/fund balances	884,820.	843,816.

	1990 (2018) Midwest Poultry Federation, Inc.	23	-7161619	Pag	ge 12					
Pa	rt XI Reconciliation 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			<u>32.</u>					
2	Total expenses (must equal Part IX, column (A), line 25)	2			65.					
3	Revenue less expenses. Subtract line 2 from line 1	3			67.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29	9,6	56.					
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	348	<u>3,5</u>	23.					
Pa	Part XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII				X.					
			r	Yes	No					
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		<u> </u>		1					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	<u></u> .	<u></u>	لنزينا					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	- 1	- , [[*] -					
	separate basis, consolidated basis, or both:				ľ					
	Separate basis Consolidated basis Both consolidated and separate basis			<u></u>	لــــــا					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	ا ، ا	.	∴ ∤					
	consolidated basis, or both:				i. J					
	Separate basis Consolidated basis Both consolidated and separate basis		<u></u>		لــــــــــــــــــــــــــــــــــــــ					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt	1 1	,,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X						
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				لسنسا					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Au		ļ	77					
	Act and OMB Circular A-133?		3a		X					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au			I					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200						
			Corns !	4411/	')A10\					

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public

Name of the organization

Midwest Poultry Federation, Inc.

Employer identification number 23-7161619

(P,a	tilis Organizations Maintaining Donor Advise		s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6 (a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year	tal position advisor failed	(S) I dilect 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	waters that the seests hold in densy adv	and funds
5	Did the organization inform all donors and donor advisors in the organization's property subject to the organization's		Yes No
_	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	
Par	impermissible private benefit? tillঃ Conservation Easements. Complete if the org	ganization answered "Ves" on Form 990	
	Purpose(s) of conservation easements held by the organizati		raitiv, inte i
1			corically important land area
	Preservation of land for public use (e.g , recreation or e		orically important land area tified historic structure
	Preservation of open space	Freservation of a cen	tilled historic structure
•	Complete lines 2a through 2d if the organization held a qualif	ind consequences contribution in the form	of a concentation accoment on the last
2	day of the tax year.	led conservation contribution in the form	Held at the End of the Tax Year
2	Total number of conservation easements		2a
a		• •	2b
b	Total acreage restricted by conservation easements	· · ·	2c 2c
ب 2	Number of conservation easements on a certified historic strange of conservation easements included in (c) acquired a		
ď	4.50 (1.80.4)	arter 7/25/00, and not on a historic struct	2d
3	listed in the National Register Number of conservation easements modified, transferred, rel	eaced extinguished or terminated by the	
3	vear	eased, extinguished, or terrilliated by the	e organization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
•	>		,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
•	▶ \$		3 ,
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170)(h)(4)(B)(ı)
Ť	and section 170(h)(4)(B)(ii)?	, ,	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	e statement, and balance sheet, and
_	include, if applicable, the text of the footnote to the organizat	·	
	conservation easements		3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Par	tilli Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
<u> </u>	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	ince of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pu	blic 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 treations	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 1:		
а	Revenue included on Form 990, Part VIII, line 1	,,	▶ \$
	Assets included in Form 990, Part X	•	▶ \$
-	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2018
	10-29-18		

		Poultry F								Page 2
Par	t,III: Organizations Maintaining C									
3	Using the organization's acquisition, accessi (check all that apply):	on, and other record	ds, chec	k any of the	following th	at are a sig	gnificant i	use of its	collection	ı items
а	Public exhibition	d		Loan or exc	hange progi	rams				
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how ti	hey further ti	he organizat	tion's exen	npt purpo	ose ın Par	t XIII.	
5	During the year, did the organization solicit of	•		•	-					
	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	tilV Escrow and Custodial Arran					"Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par	rt X, line 21								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other a	ssets not i	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ustodial acc	ount liabili	ty?		Yes	L No
	If "Yes," explain the arrangement in Part XIII						 			
Par	t.V. Endowment Funds. Complete i	f the organization ar	swered	"Yes" on Fo	*					
		(a) Current year	(b) F	rior year	(c) Two yea	ars back (d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance		ļ							
b	Contributions		ļ <u>.</u>							
C	Net investment earnings, gains, and losses		Ļ <u>.</u>							
ď	Grants or scholarships .									
е	Other expenditures for facilities									
	and programs				ļ					
f	Administrative expenses				ļ					
g	End of year balance		L		<u> </u>	}			L	
2	Provide the estimated percentage of the cur	rent year end baland		ig, column (a	a)) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
_	The percentages on lines 2a, 2b, and 2c sho		4 41-		خور مراسم ام م	arad far th		antion.		
Зa	Are there endowment funds not in the posse	ession of the organiz	auon un	at are neid a	ina aamiinst	erea for th	ie organiz	Zation	Г	Yes No
	by:								3a(i)	163 140
	(i) unrelated organizations							•	3a(ii)	
	(ii) related organizations If "Yes" on line 3a(ii), are the related organizations	stione lieted as requi	irad on S	 Schedule B2			•		3b	
	Describe in Part XIII the intended uses of the	· ·							0.0	
Par	t _i VIII Land, Buildings, and Equipm		ownent	iuius.						
10,000	Complete if the organization answere		0. Part l'	V. line 11a. S	See Form 99	0. Part X. I	line 10.			
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Book	value
	Besonption of property	basis (investi		1	(other)	1 ''	reciation		(-,	
	Land	<u> </u>						100		
	Buildings			<u> </u>	····					
	Leasehold improvements	1		<u> </u>						
	Equipment									
	Other									
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colui	mn (B), line 1	10c.)			>		0.

Schedule D (Form 990) 2018

	.				
Schedule D (Form 990) 2018 Midwest Pou	ltry Federat	ion, Inc.	23	-7161619	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes'					-
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation. Cost or end	l-of-year market va	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)		 	 		
(B)					
(C)					
(D)		_			
<u>(E)</u>					
<u>(F)</u>					
(G)					
(H)		Attended the Michigan make	D. selphonist Bhy the Visit Selection	Contract to the Contract of th	- Mair sex
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			HONE TO THE REAL PROPERTY.	NEW TOWN	die Proposition
Rart VIII Investments - Program Related.	5 000 B 1844	44 0 5 000	0.141.40		
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, II (b) Book value		, Part X, line 13 valuation: Cost or end	Lofvear market vs	aluo
	(b) Book value	(c) Method of	valuation. Cost of end		nue
(1)		-		······································	
(2)		,			-
(3)					
(5)					
(6)					
(7)					
(8)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		NE POLICIE DE L'ANDRE	NET THE TOTAL		·
Part IX Other Assets.	1	\$350.368666.445695.4	14 Give on the Bank of the second	28 to Very Harry Vill atti	- ALV.
Complete if the organization answered "Yes"	on Form 990, Part IV to	ne 11d. See Form 990	Part X line 15		
	Description		, , , a, e , , , , , , ,	(b) Book valu	ue
(1)	· · · · · · · · · · · · · · · · · · ·				
(2)	•				
(3)					
(4)			***************************************		
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)				
Part X Other Liabilities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, II	ne 11e or 11f. See For	m 990, Part X, line 25		
1. (a) Description of liability		(b) Book value	人工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工	等於為為這些	41
(1) Fèderal income taxes				The state of	4
Co	J	202 262	I Salve Te Transaction Control of the Control	A DO BUTTON TO THE	4 27

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) Covention booth deposits	293,363.	
(3) Contracts payable	92,159.	
(4) Deferred sponsorships	74,150.	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 459,672.	

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

Schedule D (Form 990) 2018

	edule D (Form 990) 2018 MIGWEST POULTRY FEGERATION		23-7161619	Page 4
Par	t:XI🔄 Reconciliation of Revenue per Audited Financial Stateme	ents 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		1 768	,932.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		1 4	
а	Net unrealized gains (losses) on investments	2a	<u> </u>	
b	Donated services and use of facilities	2b 9,600	<u>) - (역</u>	
С	Recoveries of prior year grants .	2c		
d	Other (Describe in Part XIII)	2d	1.5	
е	Add lines 2a through 2d .		2e 9	,600.
3	Subtract line 2e from line 1		3 759	,332.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			,332.
Par	t XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses pe	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		1 720	,065.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		(* ; <u>*</u>	
а	Donated services and use of facilities	2a 9,600	1 5 1	
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	<u></u>	
е	Add lines 2a through 2d .		2e 9	,600. ,465.
3	Subtract line 2e from line 1		3 710	,465.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		,	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	' 1	
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5 710	,465.
Par	t ⁱ XIII Supplemental Information.			
Provi	de 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	e 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 addi	tional information.		
_				
Par	ct X, Line 2:		·	
տե -	. Madawatian in assampt form tarretion and a			
THE	e Federation is exempt from taxation as a r	ionprofit organ	lzation in	
200	cordance with 501(c)(6) of the Internal Rev	ronus Codo Mbo	Badamatian	1 -
acc	ordance with Solic/(6) of the internal key	venue code. The	rederaction	<u>s</u>
inc	ome tax exemption does not extend to net a	drortiaina ina	070	
1110	ome cax exemption does not extend to net a	dercising inc	ome.	
•	Section 18 to 18 t			
ጥክe	Federation follows the recognition requir	rements for unc	ertain inco	mΔ
****	reactation tottomb the recognition requir	Cilicites for dife	CI CAIN INCO.	
tax	positions as required by the Financial Ac	counting Stand	ards Board	
	positions as required sy the remainded in	beamering beama	arab boara	
(FA	SB) Accounting Standards Codification (ASC	7) 740-10. Inco	me tax hene	fite
`	bb) Hoodanding Beamarab Coarried (11be	3/ /10 10 · 111CO	me can bene	1100
are	recognized for income tax positions taken	or expected to	o be taken	in a
		- <u>01 011p0000u 0</u>	0 20 00.101.	
tax	return, only when it is determined that t	the income tax	position wi	11
		out	<u> </u>	
mor	e-likely-than-not be sustained upon examin	nation by taxing	g authoriti	es.
-			9 4401101101	
The	Federation has analyzed tax positions tak	en for filing	with the	•
	10-29-18		Schedule D (Form !	90) 2018
	16		202400 5 (1 01111)	20, 2010

2018.05050 Midwest Poultry Federation, 4090___1

10050304 793815 4090

Schedule D (Form 990) 2018

SCHEDULE 1 (Form 990)

Department of the Treasury

Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▼ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Name of the organization	Employer identification
Midwest Poultry Federation, Inc.	23-716
表記述[数] 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	selection
criteria used to award the grants or assistance?	Yes

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

» X

number 1619

programs and research, (h) Purpose of grant Center of Excellence To provide funds for or assistance 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 noncash assistance (g) Description of A/A (f) Method of valuation (book, FMV, appraisal, other) O.FMV (e) Amount of assistance non-cash recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (d) Amount of 10,000 cash grant (c) IRC section (if applicable) 501(c)(3) 41-1763452 (P) EIN 1 (a) Name and address of organization 4630 Churchill Street Suite #1 Midwest Poultry Consortium or government Shoreview, MN 55126 Part II

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table LHA · For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

Page 2 Schedule I (Form 990) (2018) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Partive Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. 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 (d) Amount of non-cash assistance (c) Amount of cash grant . Midwest Poultry Federation, Inc. (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2018) 832102 11-02-18 Part III

23-7161619

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Go to www.irs.gov/Form990 for the latest information.

Open to Public # Inspection € . N.J.

OMB No 1545-0047

Employer identification number 23-7161619

Form 990, Part I, Line 1, Description of Organization Mission: on-farm poultry production with a goal of offering cutting-edge information to attendees through a balanced offering of exhibits and educational workshops.

Midwest Poultry Federation, Inc.

Form 990, Part VI, Section A, line 6:

According to the by-laws, regular members are "statewide" organizations or associations that represent and whose membership consists of producers, processors, marketers, or distributors of poultry products, including but not limited to turkeys, broilers, fowl, egg, and other poutlry products. Associate members are organizations that have an interest in the poultry industry but are not eligible for regular membership.

Form 990, Part VI, Section A, line 8b:

The Midwest Poultry Federation does not have committees that can act on behalf of the governing body.

يعلي الرحوم أن و أواد.

Form 990, Part VI, Section B, line 11b:

The financial statements are provided to the Executive Assistant and the entire Board of Directors for approval. The Form 990 is provided to the Executive Assistant and Board President for approval and signature by the President before being filed. The entire Board of Directors does not review the 990.

Form 990, Part VI, Section C, Line 19:

The documents are provided upon request.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

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SCHEDULE R (Form 990) Name of the organization

Partil

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

2018

OMB No 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public 7

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Inc. Midwest Poultry Federation,

Employer identification number 23-7161619

Direct controlling Identification of Related Tax-Exempt Organizations. Complete If the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year entity ε End-of-year assets <u>e</u> Total income g Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Partill

(g) Section 512(b)(13) ŝ × × × controlled entity? Yes Direct controlling status (if section Public charity 501(c)(3)) Exempt Code section 501(c)(5) 301(c)(6) 501(c)(6) Legal domicile (state or foreign country) Minnesota Minnesota Minnesota Research, promotion, and Dedicated to foresting successful Minnesota education of poultry Primary activity urkey industry Association industry Chicken and Egg Association of Minnesota -41-0679860, 108 Marty Drive, Buffalo, MN 41-1325637, 108 Marty Drive, Buffalo, MN Minnesota Turkey Research and Promotion Council - 41-6058096, 108 Marty Drive, Minnesota Turkey Growers Association Name, address, and EIN of related organization 55313 Buffalo, MN 55313

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

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Schedule R (Form 990) 2018

Page 2 -23 - 7161619

Schedule R (Form 990) 2018 Midwest Poultry Federation, Inc.

Partilly Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	(k)	General or Percentage managing ownership partner?	<u>o</u>		~				 				 			
	9	ieneral nanagi partne	Yes		_			┢	 _		\vdash			┢		_
	Θ,	Code V-UBI amount in box	K-1 (Form 1065)												•	
		tionate ons?	No													
	Ξ	Disproportionate allocations?	Yes		_											
	(<u>6</u>)	Share of end-of-year	51000	<u>.</u>					 	-		~				
	E	Share of total income														
	(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)													
	(D)	Direct controlling entity														
.	<u>ပ</u>	Legal domicile (state or	country)				a		 			<i>.</i>				
	(q)	Primary activity				_										
	(a)	Name, address, and EIN of related organization				•										

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Partily

ء ا	tion b)(13) rolled rty?	No													2018
-	Section 512(b)(13) controlled entity?	Yes													986
3	ge de														Schedule R (Form 990) 2018
(6)	Share of end-of-year	00000													Sche
ω	Share of total income						-								
(e)	Type of entity (C corp, S corp,		=	=	-				-		-	 			
(p)	Orect controlling entity										_	-			
(0)	Legal domicile (state or foreign	country)	·												23
(q)	Primary activity													•	
(a)	Name, address, and EIN of related organization												-		832162 10-02-18

Page 3

Schedule R (Form 990) 2018 Midwest Poultry Federation, Inc.

FPARV! Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Receipt of (i) interest. (ii) annuities. (iii) royalities, or (iv) rent from a controlled entity				Ł	WAR AND AND AND AND AND AND AND AND AND AND	
10 10 10 10 10 10 10 10 10 10 10 10 10 1				1	1a	×
Gift grant, or capital contribution to related organization(s)	•			t	49,	×
Gift grant or capital contribution from related organization(s)				<u> </u>	<u>2</u>	×
		•		<u> </u>	3	×
Loans or loan guarantees to or for related organization(s)				_l.	2	;
Loans or loan guarantees by related organization(s)				l	-	
Dividends from related organization(s)						
מומכוומם ווסוו וכומנסת כושמי ווכמון		•			<u> </u>	
Sale of assets to related organization(s)	•			_!	Jā	4
Purchase of assets from related organization(s)					+	×
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				l	¥	×
Exchange of assets with related organization(s)		:		_J_	=	;
Lease of facilities, equipment, or other assets to related organization(s)		•		-	<u>-</u>	× —
				7		
				<u> </u>	\$	×
Lease of Tacilities, equipment, of other assets from related organization(s)				1	<u> </u>	; -
Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)				=	4
Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)				ام	
standard botales with a standard and an analysis of the standard and s	(a)		:	L	4	_
orialing of facilities, equipment, mailing lists, or other assets with related organization (s)	(c)iio			<u>. I</u>	+	╀
Sharing of paid employees with related organization(s)		•	•		10 △	_
				7		7
ambumomet pour to veloted executation(e) for execute				4		
חפוווסתואפווופוון השום זם ופושופם סומשווולשווסווא) זמן פאהפואפא		•			╀	>
Reimbursement paid by related organization(s) for expenses.					-	4
				274	0 - 2	
Other transfer of cash or property to related organization(s)					+	×
(a) and the property of the pr			•	<u>!</u>	4	×
Other transfer of cash of property from related organization(s)					2	
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete the	ns line, including covered	relationships and transaction thresho	olds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	amount involv	ved	
(1) Minnesota Turkey Growers Association	Ж	107,467.	Cash			
Minnesota Turkev Growers Association	ρ	17,808.	Cash			
7		• •				

Page 4 23-7161619

Schedule R (Form 990) 2018 Midwest Poultry Federation, Inc.

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	structions regarding exclu-	sion for certain inve	stment partnerships	,		-)	
. (e)	(q)	(0)		(e)	ε	(6)	(H)	€	3	(K)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income par (related, unrelated, 5	Are all partners sec 501(c)(3)	Share of	Share of Sond Sond Sond Sond Sond Sond Sond Sond	Dispropor- tionate	Code V-UBI General or Percentage amount in box 20 managing	General	Percentage
6		country)	sxcluded from tax under sections 512-514)	orgs?	income	assets	Allocations?	of Schedule K-1 (Form 1065)	yes No	disciplina
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	Provide additional inform	ation for respons	es to questions	on Schedule R. See ins	structions		
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