DLN: 93493042003110 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019 C Name of organization D Employer identification number B Check if applicable US LIVESTOCK GENETICS EXPORTS ☐ Address change 43-1675167 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 522 SPRINGDALE STREET NO 102 ☐ Amended return (608) 437-2020 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code MOUNT HOREB, WI  $\,$  53572  $\,$ G Gross receipts \$ 3,005,002 Name and address of principal officer H(a) Is this a group return for MARTIN SIEBER □Yes ☑No subordinates? 522 SPRINGDALE STREET NO 102 H(b) Are all subordinates MOUNT HOREB, WI 53572 ☐ Yes ☐No included? Tax-exempt status 501(c)(3) **✓** 501(c) ( 5 ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► USLGE ORG L Year of formation 1994 M State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO ADMINISTER AND OPERATE FOREIGN MARKET DEVELOPMENT AND MARKET ACCESS PROGRAM ACTIVITIES AS AUTHORIZED BY THE UNITED STATES DEPARTMENT OF AGRICULTURE, FOREIGN AGRICULTURE SERVICE AND COMMODITY CREDIT CORPORATION Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 2 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 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 **Current Year** 2,000,672 1,977,179 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 811,279 1,024,267 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . -1,339 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,005,002 2,810,612 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1,989,994 1,604,450 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 218,587 160,754 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 707,121 1,002,783 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 2,915,702 2,767,987 19 Revenue less expenses Subtract line 18 from line 12 . -105,090 237,015 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 306,473 473,415 32,577 21 Total liabilities (Part X, line 26) . 103,728 22 Net assets or fund balances Subtract line 21 from line 20 . 440,838 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 2020-02-10 Signature of officer Sign Here MARTIN SIEBER PRESIDENT Type or print name and title Date Print/Type preparer's name Preparer's signature Check I If P01290591 Paid self-employed Firm's name > JOHNSON BLOCK & CO INC Firm's EIN > 39-1628949 **Preparer** Use Only Firm's address ▶ 9701 BRADER WAY SUITE 202 Phone no (608) 274-2002 MIDDLETON, WI 53562 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

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Pa	rt III Staten	nent of Program Service Acc	omplishments		
	——— Check ıf	Schedule O contains a response or	note to any line in this Part III		🗆
1	Briefly describe	the organization's mission			
			OPMENT AND MARKET ACCESS PROG CULTURE SERVICE AND COMMODITY		ZED BY THE UNITED
2	Did the organiz	ation undertake any significant prog	ram services during the year which w	vere not listed on	
	the prior Form	990 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describ	be these new services on Schedule (			
3	Did the organiz	ation cease conducting, or make sig	nificant changes in how it conducts, a	any program	
					☐ Yes ☑ No
4	Describe the or Section 501(c)(	ganization's program service accom	plishments for each of its three large required to report the amount of gran ervice reported		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Da		morating grants or ¢	, (norelide ¢	,
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program (Expenses \$	services (Describe in Schedule 0 ) including g	rants of \$	(Revenue \$	)
4e	Total progran	n service expenses ▶			

Form 990 (2018) Page 3 Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 Nο No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 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? 4 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? Yes 5 If "Yes," complete Schedule C, Part III 😼  $\dots \dots \dots \dots \dots \dots \dots$ 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? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No 8 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 No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 👺 . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11h assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 😏 . . . . . . . . Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 . . . . . . . . . . . . Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e No Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? **12**b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(u)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . 14a Nο **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 14h No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 No Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο **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 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . 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 . . . . . . . . . .

No

21

				Page
Par	Checklist of Required Schedules (continued)			
3	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	No No
	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
)	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
2	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		
i	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
а	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		
)	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		
	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
	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
	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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	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
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	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
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		No
	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
1	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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		
	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
	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
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
4	Statements Regarding Other IRS Filings and Tax Compliance			

1a

1b

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

0

13a

14a

14b

15

No

No

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13b

13c

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

orm	990 (2018)			Page <b>6</b>
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Na 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	" respo	onse to	lines 🗸
Se	ction A. Governing Body and Management			1
_			Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year  1a			
	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 9			
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	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
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			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	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			
	conflicts?	12b		No
	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		No
	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?			
	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)			
	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
Ь	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		
Se	ction 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-A 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 ▶THE ORGANIZATION 522 SPRINGDALE STREET NO 102 MOUNT HOREB, WI 53572 (608) 437-2020			

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"

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

- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- 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

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

(A)  Name and Title	(B) Average	Positio		(C	)		•	(D) Reportable	(E) Reportable	( <b>F</b> ) Estimated
Name and fide	hours per week (list any hours	than o	ne bo	ox, ι n of or/t	inles ficer	s pers	son	compensation from the organization	compensation from related organizations	amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) DARREL DEGROFFT CHAIR	1 00	Х		x				0	0	0
(2) TONY CLAYTON DIRECTOR	1 00	Х						0	0	0
(3) DOUG NEWCOM DIRECTOR	1 00	Х						0	0	0
(4) JAY WEIKER DIRECTOR	1 00	Х						0	0	0
(5) DAVID HOBBS DIRECTOR	1 00	Х						0	0	0
(6) CARL KENT DIRECTOR	1 00	Х						0	0	0
(7) SUZANNE RYAN-NUMRICH DIRECTOR	1 00	Х						0	0	0
(8) BILLY SMITH VICE CHAIR	1 00	Х		х				0	0	0
(9) JUAN SANCHEZ DIRECTOR	1 00	Х						0	0	0
(10) MARTIN SIEBER PRESIDENT/SECRETARY/TREASURER	40 00			х				100,000	0	33,801
										Form <b>990</b> (2018)

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Part VII	Section A. Officers, Direc	tors, Trustees	, Key I	Empl	oye	es, a	and H	ligh	nest Compensate	d Employees (co	ntinued)
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)		ne bo	n officor/tr	checonless	s pers and a	on	(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

	al trustee for	cnal Trustee	ployee	econpensated		

1b Sub-Total				<b>&gt;</b>		
c Total from continuation sheets to Pa	art VII <b>, Section</b>	Α		<b>&gt;</b>		
				-	400.000	 22.001

1b Sub-Total				•		•	•	
c Total from continuation sheets to Pa	rt VII <b>, Section</b>	Α		▶				
d Total (add lines 1b and 1c)				▶	100,000	0		33,801

1b Sub-Total				•			
c Total from continuation sheets to Pa	art VII <b>, Section</b>	Α		▶ [			
d Total (add lines 1b and 1c)				<b>&gt;</b>	100,000	0	33,801

10		-			i
c 1	Total from continuation sheets to Part VII, Section A	<b>&gt;</b>			
<b>d</b> 1	Total (add lines 1b and 1c)	•	100,000	0	33,801
2	Total number of individuals (including but not limited to those listed abo of reportable compensation from the organization $ ightharpoonup$ 0	ve) wh	o received more than	\$100,000	

C	Total from continuation sheets to Part VII, Section A			
ď	Total (add lines 1b and 1c)	0		33,801
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 ▶ 0			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on		Yes	No

1b 9	Sub-Total			
c T	Total from continuation sheets to Part VII, Section A ▶			
d٦	Total (add lines 1b and 1c)	0		33,801
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 $\triangleright$ 0			
			Yes	<del></del>
			1 165	No

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

Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	No
Individual	No

			Yes	No	
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No	
4	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such				
	ındıvıdual	4		No	
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	

4	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	ındıvıdual	4	No
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
S	ection B. Independent Contractors		
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of col	mnensatio	nn

		1 1							
	ındıvıdual	4		No					
5	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								
S	ection 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.								

	services rendered to the organization? If "Yes," complete Schedule J for such person		5	No								
Se	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		<b>C)</b> ensation								

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				
	TIAITTO ATTA PARTITION AND TOTAL	Becampion of convices	- Compensation				

2	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 ▶ 0							

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orm 9	90	0 (2018)											Page <b>9</b>
Part	VI	Statement of R	Revenue										
		Check if Schedule (	O contains a	respo	onse or n	ote to any	(	his Part VIII (A) revenue	Rela ex fur	(B) ated or cempt nction venue	(C) Unrelated business revenue	d s	(D) Revenue excluded from ax under sections 512 - 514
	1	1a Federated campaigns		1a				<u> </u>		venue			
ints		<b>b</b> Membership dues .	· j	1b									
Gra mo		c Fundraising events .	. į	1c									
ffs, FA		d Related organizations	i	1d		_							
n <u>i</u> Gi		e Government grants (cont	ributions)	1e		1,977,179							
Contributions, Gifts, Grants and Other Similar Amounts		<b>f</b> All other contributions, gi and similar amounts not above		<b>1</b> f									
ntrib d Oth		g Noncash contributions in lines 1a - 1f \$	s included										
S		<b>h Total.</b> Add lines 1a-1f	f			<b>&gt;</b>		1,977,179					
						Business	Code						
มแค	2	a SPECIAL PROJECTS					110000	75	7,029	757	029		
₹	-	<b>b</b> MEMBERSHIP DUES & ASS	E				110000	22	26,075	226	075		
Ce F		c MISCELLANEOUS INCOME					110000	1	7,968	17	968		
ervi		d ANNUAL MEETING INCOME					110000	1	.3,595	13,	595		
Program Service Revenue		e ADMINISTRATION FEES					110000		9,600	9	600		
ogra		f All other program servi	ice revenue										
ď		<b>9 Total.</b> Add lines 2a–2f		•	<b>&gt;</b>	1,0	024,267						
		Investment income (incl similar amounts)		ends, ı •	nterest,	and other		3,556					3,556
	4	Income from investmen	t of tax-exe	mpt b	ond proc	eeds 🕨	·						
	5	Royalties				. •	· <u>                                     </u>						
	6	ia Gross rents	(ı) Real		(II) F	Personal	+						
		<b>b</b> Less rental expenses					-						

Contribu and Othe		g Noncash contributio	ons included									
5 8		<b>h Total.</b> Add lines 1a-	1f				1,977,179					
,					Business C	Code						
ž.	2a	2a SPECIAL PROJECTS		1	10000		7,029	757,0				
₹	<b>b</b> MEMBERSHIP DUES & ASSE		1	10000		6,075	226,0					
3	c	MISCELLANEOUS INCOM	1E		1	10000		7,968	17,9			
ž	d	ANNUAL MEETING INCO	ME		1	10000		3,595	13,5			
٤	e ADMINISTRATION FEES		1	10000		9,600	9,6	00				
Program Service Revenue	f	All other program ser	rvice revenue									
Ĕ		<b>Total.</b> Add lines 2a-2i		•	1,02	24,267						
		Investment income (in		nterest.	and other							
	9	sımılar amounts) .			▶]		3,556					3,556
		Income from investme	•		,							
	5	Royalties	(ı) Real		. ▶  Personal							
	6a	Gross rents	(I) Keal	(11)	ersonar							
	ŀ	Less rental expenses										
	(	Rental income or (loss)										
	•	ا Net rental income or	r (loss)		· •							
			(ı) Securities	(11)	Other							
	7 <i>a</i>	Gross amount from sales of assets other than inventory										
	ł	Less cost or other basis and sales expenses										
	(	Gain or (loss)										
		d Net gain or (loss) .			<b>•</b>							
enne	8 <i>a</i>	Gross income from fu (not including \$ contributions reporte See Part IV, line 18	of d on line 1c)									
<b>&gt;</b>	ŀ	Less direct expenses										
7		Net income or (loss)		· •								
Other Re	9a Gross income from gaming activities See Part IV, line 19											
		3   a.a.   diwaah aymamaaa	a									
		<ul><li>Less direct expenses</li><li>Net income or (loss)</li></ul>		es .	· ▶							
		aGross sales of invent	ory, less									
		returns and allowance										
	ŧ	Less cost of goods s	a old b									
	•	Net income or (loss)	from sales of invent	ory .	. 🕨							
		Miscellaneous	Revenue	Busin	ess Code							
	11	La										
	ŀ	<u> </u>		•								
	•	•										
	•											
	•	d All other revenue .										
		Total. Add lines 11a-			<b>&gt;</b>							
	12	<b>2 Total revenue.</b> See	Instructions									
							3,005,002		1,024,267		0 Form	3,556 n <b>990</b> (2018)

TUILIX	otatement of Fanctional Expenses	
Section 501	(c)(3) and $501(c)(4)$ organizations must complete all columns	All other organizations must complete column (A)

orr	m 990 (2018)				Page <b>10</b>
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co			plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			<u> ⊔</u>
	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) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,604,450			
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	134,732			
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	14,222			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,157			
9	Other employee benefits	1,738			
10	Payroll taxes	8,905			
11	Fees for services (non-employees)				
a	a Management				
ı	Legal				
	c Accounting	20,900			
	il Lobbying				
	Professional fundraising services See Part IV, line 17				
1	Investment management fees				
9	GOTHER (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,256			
12	Advertising and promotion				
13	Office expenses	7,998			
14	Information technology	2,136			
15	Royalties				
16	Occupancy	20,748			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	8,479			
19	Conferences, conventions, and meetings	19,281			
	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,640			
	Insurance	5,593			
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 SPECIAL PROJECTS	485,935			
	b FOREIGN MARKET DEVELOPM	372,078			
	c MISCELLANEOUS EXPENSES	45,724			
	d DUES AND FEES	10,015			
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,767,987			
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)				

Forn	1 990	(2018)					Page <b>11</b>
P	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			161,828	1	102,110
	2	Savings and temporary cash investments .	[	50,000	2	126,382	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	41,347	4	192,031		
	5 6	Loans and other receivables from current and for trustees, key employees, and highest compense Part II of Schedule L	ated emp	ons (as defined under		5	
Assets	7	section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza voluntary employees' beneficiary organizations Part II of Schedule L Notes and loans receivable, net	ations of : (see inst	section 501(c)(9) ructions) Complete		6	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges		· +		9	
	-	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	14,283			
	Ь	Less accumulated depreciation	10b	9,298	7,626	10c	4,985
	11	Investments—publicly traded securities .			42,872	11	45,107
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	e 11 .			13	
	14	Intangible assets	<u> </u>		14		
	15	Other assets See Part IV, line 11	2,800	15	2,800		
	16	Total assets.Add lines 1 through 15 (must equ		<b>⊢</b>	306,473	16	473,415
	17	Accounts payable and accrued expenses			103,728	17	27,077
	18	Grants payable				18	
	19	Deferred revenue				19	5,500
	20	Tax-exempt bond liabilities				20	
c۸	21	Escrow or custodial account liability Complete F	Part IV of	Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
<u> </u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelated	d third pa	arties		24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		o related third parties,		25	
	26	Total liabilities.Add lines 17 through 25	Ī		103,728	26	32,577
ses		Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33	58), che				
Fund Balance	27 28	Unrestricted net assets Temporarily restricted net assets	ana 54.	_	202,745	27 28	440,838
8	29	Permanently restricted net assets		+		29	
Ξ	29	Organizations that do not follow SFAS 117	/ASC 05	;e)		29	
		check here ▶ ☐ and complete lines 30 th					
5.0	30	Capital stock or trust principal, or current funds				30	
ete	31	Paid-in or capital surplus, or land, building or ed	quipment	fund		31	
Assets or	32	Retained earnings, endowment, accumulated in	come, or	other funds		32	
Net /	33	Total net assets or fund balances			202,745	33	440,838
Ž	١			<del> -</del>	222 172		470.445

34

Form	990 (2018)				Page <b>12</b>
Pa	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		3	,005,002
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	,767,987
3	Revenue less expenses Subtract line 2 from line 1	3			237,015
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			202,745
5	Net unrealized gains (losses) on investments	5			1,078
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			440,838
Pa	rt 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				
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 separate basis, consolidated basis, or both	on a			
	☐ 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 consolidated basis, or both	basıs,			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	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 Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a	Yes	
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	3b	Yes	

Form **990** (2018)

## **Additional Data**

Software ID:

Software Version: EIN: 43-1675167

Name: US LIVESTOCK GENETICS EXPORTS

Form 990 (2018)

### Form 990 (2018)

Form 990, Part III, Line 4a:

TO COMBINE AND COORDINATE ALL OF THE FOREIGN MARKET DEVELOPMENT PROGRAMS OF THE FOREIGN AGRICULTURAL SERVICE FOR LIVESTOCK GENETICS INTO ONE OPERATION AND IMPROVE FEFTCHENCY AND EFFECTIVENESS ON BEHALF OF THE US FARMERS AND RANCHERS

**SCHEDULE C** 

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493042003110

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

Inspection

f the	Section 527 organizations Complete organization answered "Yes" of Section 501(c)(3) organizations that Section 501(c)(3) organizations that organization answered "Yes" of xy Tax) (see separate instruction	n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Tax s), then	90-EZ, Part VI, Iir ection 501(h)) Conder section 501(h	ne <b>47 (Lobbying Activitie</b> Implete Part II-A Do not control ()) In Complete Part II-B Do	es), then complete Part II-B o not complete Part II-A
	Section 501(c)(4), (5), or (6) organized of the organized on the organization	zations Complete Part III		Employer ide	entification number
	LIVESTOCK GENETICS EXPORTS				intilication number
Dar	t I-A Complete if the orga	nization is exempt under section	n FO1(s) or is	43-1675167	ization
1	"political campaign activities")	nization's direct and indirect political car	npaign activities in	Part IV (see Instructions	for definition of
2	Political campaign activity expend	ditures (see instructions)		<b>•</b>	\$
3	Volunteer hours for political camp	paign activities (see instructions)			
Par	t I-B Complete if the orga	nization is exempt under section	n 501(c)(3).		
1	Enter the amount of any excise to	ax incurred by the organization under se	ection 4955	<b>&gt;</b>	\$
2	Enter the amount of any excise to	ax incurred by organization managers u	nder section 4955	<b>&gt;</b>	\$
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	this year?		🗌 Yes 🔲 No
4a	Was a correction made?				☐ Yes ☐ No
Ь	If "Yes," describe in Part IV				
Par	t I-C Complete if the orga	nization is exempt under section	n 501(c), exce	ept section 501(c)(3	).
1	Enter the amount directly expend	led by the filing organization for section	527 exempt funct	ion activities	\$
2	Enter the amount of the filing org function activities	anization's funds contributed to other o	rganizations for se	ection 527 exempt	\$
3	Total exempt function expenditur	es Add lines 1 and 2 Enter here and or	n Form 1120-POL,	line 17b ▶	\$
4	Did the filing organization file For	rm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of reach organization listed, enter the amo that were promptly and directly deliver ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's fund: olitical organization, such	nich the filing s Also enter the amount
	(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-
1					
2					
3					
4					
5					
6					
or P	aperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C	(Form 990 or 990-EZ) 2018

ь	Total lobbying expenditures to influence a legislative		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and	i 1d)	
f	Lobbying nontaxable amount Enter the amount fron columns	n the following table in both	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
	Not over \$500,000	20% of the amount on line 1e	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
			 •
g	Grassroots nontaxable amount (enter 25% of line 1f		
h	Subtract line 1g from line 1a If zero or less, enter -(	)-	

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 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 (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

activity

Volunteers?

Media advertisements?

Return Reference

1

(b)

Amount

(a)

No

Yes

#### Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 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 Were substantially all (90% or more) dues received nondeductible by members? 1 Nο 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B 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." Dues, assessments and similar amounts from members 1 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). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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) 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

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

**SCHEDULE D** 

**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.

DLN: 93493042003110 OMB No 1545-0047

**b** Assets included in Form 990, Part X

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

(Form 990)

	al Revenue Service	► Go to <u>www.irs.q</u>	ov/Form990 for the la	atest information.		In	spection
Na	me of the organ	ization			Employer id	entification	number
JS	LIVESTOCK GENETIC	.S EXPORTS			43-1675167		
Pa	rt I Organi:	zations Maintaining Donor Advis	sed Funds or Other	Similar Funds o	r Accounts.		
	Complet	te if the organization answered "Ye					
			(a) Donor adv	ised funds	(b)Fund	s and other	accounts
	Total number at						
		of contributions to (during year)					
i		of grants from (during year)					
	Aggregate value	·					
i	organization's p	ation inform all donors and donor advisor roperty, subject to the organization's ex-	clusive legal control?				Yes 🗌 No
i		ation inform all grantees, donors, and do uses and not for the benefit of the donor					] Yes □ No
Pa	rt III Conser	vation Easements. Complete if th	e organization answe	ered "Yes" on Forn	n 990, Part IV	, line 7.	
	Purpose(s) of co	onservation easements held by the organ	nization (check all that a	ipply)			
	Preservation	on of land for public use (e g , recreation	or education)	Preservation of an	historically imp	ortant land	area
	☐ Protection	of natural habitat		Preservation of a c	ertified historic	structure	
	☐ Preservation	on of open space					
	Complete lines 2	2a through 2d if the organization held a e last day of the tax year	qualified conservation co	ontribution in the for		ation at the End o	of the Vear
а	Total number of	conservation easements			2a		
b	Total acreage re	stricted by conservation easements			2b		
С	Number of conse	ervation easements on a certified historic	structure included in (a	a)	2c		
d		ervation easements included in (c) acqui n the National Register	red after 7/25/06, and r	not on a historic	2d		
	Number of constant tax year ▶	ervation easements modified, transferre	d, released, extinguishe	d, or terminated by t	the organization	n during the	
	Number of state	es where property subject to conservation	n easement is located <b>&gt;</b>	,			
	Does the organi	zation have a written policy regarding that of the conservation easements it holds	ie periodic monitoring, ii	nspection, handling o	of violations,	☐ Yes	□ No
	Staff and valuet	took bours dovoted to monitoring unappe	ting handling of wolatio	one and onforcing co	near ation and		
•	> Stall and volunt	eer hours devoted to monitoring, inspec	ting, handling of violatic	ons, and emorcing co	niservation east	ements durii	ig the year
	Amount of expe	nses incurred in monitoring, inspecting,	handling of violations, a	and enforcing conserv	vation easemen	ts during the	e year
1	Does each conse and section 170	ervation easement reported on line 2(d) $(h)(4)(B)(II)$ ?	above satisfy the requir	rements of section 17	70(h)(4)(B)(ı)	☐ Yes	□ No
l	balance sheet, a	scribe how the organization reports consi and include, if applicable, the text of the i's accounting for conservation easement	footnote to the organiza				
ar		zations Maintaining Collections		reasures, or Oth	er Similar As	ssets.	
		te if the organization answered "Ye					
a	art, historical tre	on elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finan	public exhibition, educat	tion, or research in f			
b	historical treasu	on elected, as permitted under SFAS 11 ires, or other similar assets held for publ nts relating to these items					
(	(i) Revenue includ	led on Form 990, Part VIII, line 1			▶ \$		
(i	ii)Assets ıncluded	ın Form 990, Part X			<b>-</b> \$		
	If the organizati	on received or held works of art, historicates required to be reported under SFAS 1			ncıal gaın, provi	de the	
а	_	ed on Form 990, Part VIII, line 1	, ,		<b>▶</b> \$		

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Ma	aintaining Col	lections o	of Art, F	listori	cal Tı	reası	ares, or	Other	Similar As	ssets (	continued)
3		the organization's acq	uisition, accession	n, and other	r records,	check	any of	the fo	llowing t	:hat are a	significant i	use of it	s collection
а	items	s (check all that apply)				d							
	Ш	Public exhibition				•	Ш	Loan	or excha	ange pro	grams		
b		Scholarly research				е		Othe	ır				
С		Preservation for future	generations										
4	Provi Part :	de a description of the XIII	organızatıon's col	lections and	dexplain	how the	ey furth	ner the	e organız	ation's e	xempt purpo	se in	
5		ng the year, did the organise to be sold to raise fur									nılar	□ Ye	es 🗆 No
Pa	rt IV	Escrow and Cust											
		Complete if the org X, line 21.	ganization answ	ered "Yes	on For	m 990	, Part	IV, II	ine 9, oi	r reporte	ed an amou	int on I	Form 990, Part
1a		e organization an agent ded on Form 990, Part )		an or other	ıntermed	lary for	contri	bution	ns or othe	er assets	not	☐ <b>Y</b> €	es 🗆 No
ь	If "Y€	es," explain the arrange	ement in Part XIII	and comple	ete the fo	llowing	table				A	mount	
c		nning balance		,					l	1c			
d	Addıt	ions during the year								1d			
е	Dıstrı	butions during the year	-							1e			
f	Endır	ng balance								1f			
2a	Did tl	he organization include	an amount on Fo	rm 990. Pai	rt X. line	21. for	escrow	or cu	Istodial a	ccount li	ability?	Пу	es 🗆 No
ь		es," explain the arrange										_	
_	rt V	Endowment Fund											
				(a)Currer			rior yea				(d)Three yea		(e)Four years back
<b>1</b> a	Beginn	ning of year balance .											
b	Contrib	outions											
c	Net inv	vestment earnings, gair	ns, and losses										
d	Grants	or scholarships	•										
е		expenditures for facilitie	es										
f	Admin	strative expenses .											
g	End of	year balance											
2	Provi	de the estimated percei	ntage of the curre	ent vear end	d balance	(line 1	a. colu	mn (a	)) held a	s	1	l	
а		d designated or quasi-e		,		<b>,</b>	5,		,,				
b	Perm	anent endowment ▶											
c	Temp	porarily restricted endov	vment ▶										
·		percentages on lines 2a		ld equal 10	0%								
3а		here endowment funds nization by	not in the posses	sion of the	organızat	on tha	t are h	eld an	ıd admını	istered fo	r the		Yes No
	(i) u	nrelated organizations										3	a(i)
		elated organizations .											a(ii)
b		es" on 3a(II), are the rel	<del>-</del>		•			?.					3b
4	_	ribe in Part XIII the inte			on s endov	wment	runas						
Pa	rt VI	Land, Buildings, Complete if the org			" on For	m 990	Part	TV li	ine 11a	See Fo	rm 990 Pa	rt X lu	ne 10
	Descr	iption of property	(a) Cost or oth (investme	er basıs	(b) Cost						depreciation		(d) Book value
	Land												
		ngs											
		nold improvements											
		nent						14,283			9,298		4,985
	Other										- / 3		.,
		lines 1a through 1e (Co	ı olumn (d) must ed	qual Form 9	1. 990, Part .	X, colui	nn (B)	, line .	10(c)) .		<b>&gt;</b>		4,985
		<u> </u>		<u> </u>			. , ,				Sch	edule [	O (Form 990) 2018

	Saa Form 990 Part V lina 17					
	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		(b) Book value		(c) Method of or end-of-yea	valuation r market value
	al derivatives					
	Tield equity interests	<u> </u>				
(A)						
[B)						
(C)						
(D)						
(E)						
F)						
(G)						
(H)						
Fotal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12 )	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on F	Form 990. P	art IV. line	e 11c. See Fo	rm 990. Par	t X. line 13.
	(a) Description of investment		ok value		(c) Method of	
(1)				Cost	or end-or-yea	ir market value
(2)						
3)						
4)						
5)						
6)						
(7)						
(8)						
(8)						
(9)	nn (b) must equal Form 990, Part X. col (B) line 13 )					
(9) Fotal. (Colum	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d S	See Form 990,	
9)  Fotal. (Column  Part IX			n 990, Part	IV, line 11d S	See Form 990,	Part X, line 15  (b) Book value
9)  Fotal. (Column  Part IX  1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1)  2)  3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	iee Form 990,	
(9)  Fotal. (Column Part IX  1)  2)  3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
(9)  Fotal. (Column Part IX  1)  2)  3)  4)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
(9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)	Other Assets. Complete if the organization answered (a) Description		m 990, Part	IV, line 11d S	See Form 990,	
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)	Other Assets. Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, col (B) line 15  Other Liabilities. Complete if the organization a	n				(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X	Other Assets. Complete if the organization answered (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15	n		 n 990, Part I		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Must equal Form 990, Part X, col (B) line 15)  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	n	es' on Forr	 n 990, Part I		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1) Federal (1)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1) Federal (1)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (1)  2)  3)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1) Federal (1)  2)  3)  4)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (1)  2)  3)  4)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (  2)  3)  4)  5)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 66) 7) 88) 9) Fotal. (Column Part X 1) Federal (1) Federal (2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) Part X 1. 1) Federal (1) 5) 6) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
(9)  Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column Part X  1.	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.  (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value

Page 4

2,520,145

2,282,052

485,935

2.767.987

Schedule D (Form 990) 2018

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b 485.935 b

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Total revenue, gains, and other support per audited financial statements . . . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

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

Add lines **4a** and **4b** . . . . . . . . . . . . . . . . .

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Schedule D (Form 990) 2018

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . . .

Supplemental Information

Part XI

1

c

d

3 4

b

5

Part XIII

See Additional Data Table

Return Reference

Add lines **4a** and **4b** . . . . . . . 485,935 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . 5 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

3,005,002 Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 2,282,052

2 Amounts included on line 1 but not on Form 990, Part IX, line 25

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

2a 2b

2c

2d

4a

4b

Explanation

2e

3

4c

5

485.935

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

## Additional Data

Software Version:

Software ID:

EIN: 43-1675167

Name: US LIVESTOCK GENETICS EXPORTS

une. US EIVESTOCK GENETICS EXTOKTS

Supplemental Information

Return Reference	Explanation					
PART X, LINE 2	THE ORGANIZATION HAS RECEIVED TAX-EXEMPT STATUS UNDER SECTION 501(C)(5) (LABOR, AGRICULTUR					

PART X, LINE 2

THE ORGANIZATION HAS RECEIVED TAX-EXEMPT STATUS UNDER SECTION 501(C)(5) (LABOR, AGRICULTUR E, OR HORTICULTURAL ORGANIZATION) OF THE INTERNAL REVENUE CODE AND THEREFORE IS NOT SUBJECT TO FEDERAL OR STATE INCOME FRANCHISE TAX THE ORGANIZATION MUST RECOGNIZE THE TAX BENEFI TASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITION WILL BE SUSTAINED THE ORGANIZATION DOES NOT BELIEVE THERE WERE ANY MATER IAL UNCERTAIN TAX POSITIONS, AND, ACCORDINGLY IT DID NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS FOR THE YEARS ENDED SEPTEMBER 30, 2019 AND 2018, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE FINANCIAL STATEMENTS

Supplemental Information							
Return Reference	Explanation						
PART XI, LINE 4B - OTHER ADJUSTMENTS	SPECIAL PROJECT EXPENSES NETTED WITH REVENUE ON FINANCIAL STATEMENTS 485,935						

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Supplemental Information							
Return Reference	Explanation						
PART XII, LINE 4B - OTHER ADJUSTMENTS	SPECIAL PROJECT EXPENSES NETTED WITH REVENUE ON FINANCIAL STATEMENTS 485,935						

DLN: 93493042003110 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number US LIVESTOCK GENETICS EXPORTS 43-1675167 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

ALL COSTS ARE LIMITED TO ELIGIBLE REIMBURSEMENT BASED ON THE GRANT AGREEMENT. FUNDS ARE NOT DISBURSED UNLESS ALL REPORTS AND SUPPORT ARE

(5) (6)

(7)

Part IV

PART I, LINE 2

Return Reference

Schedule I (Form 990) 2018

Explanation

PRESENT FOR ANY AMOUNT REQUESTED BY A MEMBER

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. USLGE IS RESPONSIBLE FOR MONITORING ALL GRANT FUNDS EXPENSED BY THEIR MEMBERS USLGE PROVIDES ALL FUNDS ON A COST REIMBURSEMENT BASIS, SO

Schedule I (Form 990) 2018

Page **2** 

## **Additional Data**

		Software ID: Software Version: EIN: Name:	: 43-1675167	NETICS EXPORTS			
Form 990,Schedule I, Part  (a) Name and address of organization or government	II, Grants and (b) EIN	Other Assistance to (c) IRC section If applicable	Domestic Organizat (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 JERSEY CATTLE ASSOCIATION 6486 EAST MAIN STREET REYNOLDSBURG, OH 43068	31-4383429		14,866				MARKET DEVELOPMENT
AMERICAN QUARTER HORSE ASSOCIATION PO BOX 200 1600 QUARTER HORSE DRIVE AMARILLO, TX 79168	75-0725576		160,462				MARKET DEVELOPMENT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance BROWN SWISS CATTLE 36-6222496 8 837 MARKET DEVELOPMENT

BREEDERS	30 0222 130	3,537		THE SEVEL OF THE IT
800 PLEASANT STREET BELOIT, WI 53511				
HOLSTEIN ASSOCIATION USA	03-0130760	82.744		MARKET DEVELOPMENT

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

N 1833 TWO CREED ROAD BONDUEL, WI 54107

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 43-1717306 281.810 NATIONAL ASSOCIATION OF IMARKET DEVELOPMENT

ANIMAL BREEDERS PO BOX 1033 COLUMBIA, MO 65205

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

WEST LAYFAYETE, IN 47906

NATIONAL SWINE REGISTRY 35-1921926 53.549 MARKET DEVELOPMENT 2639 YEAGER ROAD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 82-0229989 28.974 APPALOSSA HORSE CLUB IMARKET DEVELOPMENT

2720 WEST PULLMAN ROAD MOSCOW, ID 83843 44-0624028 8.271 MARKET DEVELOPMENT INTERNATIONAL BRANGUS BREEDER

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

5700 EPSILON

SAN ANTONIO, TX 78249

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 61-0590716 95.746 MARKET DEVELOPMENT KENTUCKY THOROUGHBRED

ASSOCIATION 4079 IRON WORKS PARKWAY LEXINGTON, KY 40511

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

10805 E BETHANY DRIVE AURORA, CO 80014

ARABIAN HORSE 01-0744024 22.627 MARKET DEVELOPMENT ASSOCIATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 75-1104655 106.815 MARKET DEVELOPMENT AMERICAN PAINT HORSE ASSOCIATION PO BOX 961023

MARKET DEVELOPMENT

30.181

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

FORT WORTH, TX 76161

AMERICAN-INTL CHAROLAIS

11700 NW PLAZA CIRCLE KANSAS CITY, MO 64153

ASSOCIATION

74-1294627

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance WISCONSIN DEPARTMENT OF 39-6006422 19,858 MARKET DEVELOPMENT

AGRICULTURE PO BOX 8911 MADISON, WI 53708				
AMERICAN BRAHMAN BREEDERS ASSOCIATION	74-1054596	39,288		MARKET DEVELOPMENT

3003 SOUTH LOOP WEST SUITE 52

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

HOUSTON, TX 77054

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 81-0422884 41.006 MARKET DEVELOPMENT AMERICAN SIMMENTAL ASSOCIATION ONE SIMMENTAL WAY BOZEMAN, MT 59715

MARKET DEVELOPMENT

19.623

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

FLORIDA THOROUGHBRED

801 SW 60TH AVENUE OCALA, FL 34474

BREEDERS

59-0944678

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance AMERICAN EMBRYO TRANSFER 36-3234146 81.465 MARKET DEVELOPMENT

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

UNITED

6800 PARK TEN BLVD SAN ANTONIO, TX 78213

ASSOCIATION 1800 SOUTH OAK ST SUITE	30 323 11 10	01,103		THAT DEVELOTIFIEN
100 CHAMPAIGN, IL 61820				
BEEFMASTER BREEDERS	74-1457036	30,403		MARKET DEVELOPMENT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 44-0556867 11.435 AMERICAN MILKING MARKET DEVELOPMENT SHORTHORN SOCIETY

23515 RANGE ROAD
UNION CITY, PA 16438

AYRSHIRE BREEDERS
ASSOCIATION
1224 ALTON DARBY CREEK

O3-0102250

MARKET DEVELOPMENT

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

ROAD

COLUMBUS, OH 43228

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 16-1756787 36,455 MARKET DEVELOPMENT ILLINOIS DEPARTMENT OF AGRICULTURE

PO BOX 19281 SPRINGFIELD, IL 62794				
MARYLAND DEPARTMENT OF AGRICULTURE	52-6002033	31,633		MARKET DEVELOPMENT

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

PARKWAY

ANNAPOLIS, MD 21401

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 48-6029925 23.129 KANSAS DEPARTMENT OF MARKET DEVELOPMENT AGRICULTURE

1320 RESEARCH PARK DRIVE MANHATTAN, KS 66502

MISSOURI DEPARTMENT OF AGRICULTURE

AGRICULTURE

1320 RESEARCH PARK DRIVE MARKET DEVELOPMENT STATEMENT OF AGRICULTURE

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

1616 MISSOURI BOULEVARD JEFFERSON CITY, MO 65109

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 47-0491233 16.163 MARKET DEVELOPMENT NEBRASKA DEPARTMENT OF

AGRICULTURE PO BOX 94947 LINCOLN, NE 68509 TEXAS DEPARTMENT OF 74-6027560 17.734 MARKET DEVELOPMENT

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

AGRICULTURE PO BOX 12847 AUSTIN, TX 78711

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance NEW MEXICO DEPARTMENT OF 85-6000401 22,518 MARKET DEVELOPMENT

MSC 5600 PO BOX 30005 LAS CRUCES, NM 88003				
COLORADO DEPARTMENT OF AGRICULTURE 700 KIPLING STREET SUITE 400	84-0644739	22,007		MARKET DEVELOPMENT

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

ACRICULTURE

LAKEWOOD, CO 80215

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 81-0302402 51.801 MARKET DEVELOPMENT MONTANA DEPARTMENT OF AGRICULTURE PO BOX 200201

MARKET DEVELOPMENT

8.629

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

HELENA, MT 59620 NEVADA DEPARMENT OF

405 SOUTH 21ST STREET SPARKS, NV 89431

AGRICULTURE

88-6000022

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 62-0382358 13.431 TENNESSEE WALKING HORSE MARKET DEVELOPMENT BREEDERS' & EXHIBITORS'

ASSOCIATION PO BOX 286 LEWISBURG, TN 37091 10,778 VIRGINIA DEPARTMENT OF 54-6001707 AGRICULTURE

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

MARKET DEVELOPMENT 102 GOVERNOR STREET ROOM 328 RICHMOND, VA 23219

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SENEPOL CATTLE BREEDERS 43-1562408 52.995 MARKET DEVELOPMENT ASSOCIATION 2321 CHESTNUT STREET WILMINTON, NC 28405

75-1608397 20.997 MARKET DEVELOPMENT

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

AMERICAN MINIATURE HORSE ASSOCIATION

5601 S INTERSTATE 35W LAVARADO, TX 76009

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 35-0934152 21.242 NEW GENERATION GENETICS IMARKET DEVELOPMENT W6368 BRIAR LANE FORT ATKINSON, WI 53538

LIVESTOCK EXPORTERS 37-1231244 20.339 MARKET DEVELOPMENT

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

ASSOCIATION OF THE USA

CHICAGO, IL 60630

4610 NORTH KENTON AVENUE

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CLYDESDALE BREEDERS OF 42-0996041 6,394 MARKET DEVELOPMENT THE USA

17346 KELLEY ROAD PECATONICA, IL 61063				
IDAHO DEPARTMENT OF AGRICULTURE 2720 OLD PENITENTIARY	82-6000952	17,354		MARKET DEVELOPMENT

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

ROAD

BOISE, ID 83712

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance PERCHERON HORSE 35-0934152 28 026 MARKET DEVELOPMENT

MARKET DEVELOPMENT

ASSOCIATION			1		
10330 QUAKER ROAD		'	1		
FREDRIČKSON, OH 45331		1			
SANTA ELENA RANCH	74-1491933	6.060			MARKET DEVELOPM

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

7020 HWY 75 SOUTH MADISONVILLE, TX 77864

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SCHEDUL (Form 990 or EZ)		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.				2018
► Attach to Form 990 or 990-EZ.  Department of the Treasury  ► Go to <u>www.irs.qov/Form990</u> for the latest information.						Open to Public Inspection
<b>Name</b> l <b>Bftherofg</b> US LIVESTOCK GE		r'S			Employer identi 43-1675167	fication number
990 Schedule	e O, Supple	emental Informatio	n			
Return Reference				Explanation		
FORM 990, PART VI, SECTION A, LINE 6	RESTED IN PURPOSES NCIALLY IN LL BE ELIG ALL QUALII ACCEPTAN	I PROMOTING AND SU S AND OBJECTIVES OF I THE AMOUNTS AND I IBLE FOR MEMBERSH FIED APPLICANTS FOF	PPORTING THE FOR THIS ORGANIZATIC UNDER SUCH TERM: IIP WITHIN THE APPF R MEMBERSHIP SHA MAJORITY VOTE OF	IN, MEMBERSHIP IS AVAILABL REIGN MARKET DEVELOPMEN DN, AND WHO WILL CONTRIBL S AND CONDITIONS AS THE B ROPRIATE CLASS AND AS DET LL BE PRESENTED TO THE BG THE DIRECTORS PRESENT A IBERSHIP	T PROGRAMS, SI JTE TO ITS SUPP OARD MAY DETE TERMINED BY TH DARD OF DIRECT	JPPORTING THE ORT FINA :RMINE, SHA E BOARD 'ORS FOR

Return Explanation
Reference

LINE 7A

FORM 990, AT EACH ANNUAL MEETING, THE MEMBERS OF THE ASSOCIATION ELECT DIRECTORS PART VI, SECTION A.

Return

Reference	
	DIRECTORS MAY BE REMOVED FROM OFFICE ONLY BY A VOTE OF TWO-THIRDS OF THE DIRECTORS NOTICE OF THE PROPOSED REMOVAL SHALL BE GIVEN TO ALL DIRECTORS OF THE ORGANIZATION PRIOR TO ACTI ON THERON AN OFFICER MAY BE REMOVED BY A VOTE OF A MAJORITY OF THE ENTIRE BOARD OF DIRECT ORS WHENEVER, IN ITS JUDGEMENT, THE BEST INTERESTS OF THE ORGANIZATION IN ADDITION, THE B YLAWS MAY BE AMENDED BY A MAJORITY VOTE OF THE VOTING DELEGATES AT THE ANNUAL MEETING, OR AT A SPECIAL MEETING CALLED FOR THAT PURPOSE, PROVIDED THAT NOTICE OF THE NATURE OF THE PR OPOSED AMENDMENT OR AMENDMENTS IS INCLUDED IN THE CALL AND NOTICE OF MEETING

Explanation

Return Explanation
Reference

FORM 990, PART VI, SECTION B, LINE 11B

Return Explanation

FORM 990, THE BOARD HAS ADOPTED A WRITTEN "ETHICAL BUSINESS CONDUCT POLICY/CONFLICT OF INTEREST" TO SERVE AS A GUIDELINE WHILE MONITORING AND ENFORCING COMPLIANCE

LINE 12C

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990,	THE BOARD ANNUALLY REVIEWS AND APPROVES THE PRESIDENT'S COMPENSATION PACKAGE CONSIDERING T
PART VI,	HAT A MAJORITY OF THE MEMBERS OF THE ORGANIZATION, ARE ALSO TAX-EXEMPT ORGANIZATIONS, THE
SECTION B,	BOARD OF DIRECTORS IS ABLE TO COMPARE THE PRESIDENT'S COMPENSATION TO THAT OF PERSONNEL WI
LINE 15A	HIN THEIR OWN ORGANIZATIONS TO DERMINE WHETHER OR NOT THE COMPENSATION IS REASONABLE AND C
	OMPARABLE THIS REVIEW AND APPROVAL PROCESS AND THEIR DECISION REGARDING THE COMPENSATION

PACKAGE IS DULY NOTED AND APPROVED IN THE MINUTES TO THE BOARD OF DIRECTORS MEETING

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19