CSL TAX ADVISORS LLC

3906 S OLD HIGHWAY 94 SUITE 500 Saint Charles, MO 63304 info@csltax.com Phone: (636)441-1110 | Fax: (636)447-3832

August 19, 2019

Midwest Alpaca Owners & Breeders Association 1580n Point Prairie Road Foristell, MO 63348

Midwest Alpaca Owners & Breeders Association:

Enclosed is the 2018 federal return for a tax-exempt organization, prepared for Midwest Alpaca Owners & Breeders Association from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, contact our office at (636) 441-1110.

Sincerely,

Craig Lovasz
CSL TAX ADVISORS LLC

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A	For the 2	018 calenda	r year, or tax year beginning , 20	18, and ending		, 20		
В	Check if app	olicable:	C Name of organization		D Employer identification number			
	Address cha	ange	MIDWEST ALPACA OWNERS & BREEDERS ASSOCIATI	ON	72-1551743			
	Name chang	ge	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone	e number		
	Initial return							
	Final return/	terminated	1580N POINT PRAIRIE ROAD		(636	795-2643		
	Amended re	turn	City or town, state or province, country, and ZIP or foreign postal code		F Group Ex	emption		
	Application	pending	FORISTELL, MO 63348		Number	>		
G	Accounting	ng Method:	☐ Cash ☒ Accrual Other (specify) ▶		I Check ► X	if the organization is not		
I	Website:	► MOPA			required to at	tach Schedule B		
J	Tax-exer	npt status (c	heck only one) -	7(a)(1) or 527	(Form 990, 99	90-EZ, or 990-PF).		
K	Form of o	organization:	☐ Corporation ☐ Trust ☐ Association ☐ C	Other				
L	Add lines	5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,00	0 or more, or if total	assets			
(Pa	art II, colu							
P	art	Revenu	e, Expenses, and Changes in Net Assets or Fund	Balances (see the	ne instructions	s for Part I)		
_			the organization used Schedule O to respond to any questic					
	1	Contributions	s, gifts, grants, and similar amounts received			1		
	2	Program ser	vice revenue including government fees and contracts · · ·			2 106,078		
	3	Membership	dues and assessments			3 7,495		
	4	Investment i	ncome			4		
	5a	Gross amou	nt from sale of assets other than inventory	5a				
	b	Less: cost or						
	С	Gain or (loss		5c				
	6	Gaming and						
	а	Gross incom						
ne		\$15,000) •						
Revenue	b	Gross incom	ons					
Re		from fundrais	sing events reported on line 1) (attach Schedule G if the					
		sum of such						
	С	Less: direct						
	d	Net income						
		line 6c) · ·		6d				
	7a	Gross sales	200					
	b	Less: cost of	f goods sold · · · · · · · · · · · · · · · · · · ·	7b				
	С		or (loss) from sales of inventory (Subtract line 7b from line 7a) · · ·			7c		
	8		ue (describe in Schedule O)			8 1,825		
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9 115,398		
	10		similar amounts paid (list in Schedule O) · · · · · · · · · · · · · · · · · ·		_	10		
	11		to or for members			11		
ď	12	Salaries, oth	er compensation, and employee benefits			12		
98	13	Professiona	fees and other payments to independent contractors			13 29,316		
Fxnenses	14	Occupancy,		14 16,852				
Ä	15	Printing, pub	lications, postage, and shipping			15 1,200		
	16		ses (describe in Schedule O) · · · · · · · · · · · · · · · · · ·			16 30,622		
	17		ses. Add lines 10 through 16 · · · · · · · · · · · · · · · · · ·			17 77,990		
	18		leficit) for the year (Subtract line 17 from line 9)			18 37,408		
pto	19		or fund balances at beginning of year (from line 27, column (A)) (must					
Not Accete			figure reported on prior year's return) · · · · · · · · · · · · · · · · · · ·			19 57,181		
t	20		es in net assets or fund balances (explain in Schedule O) · · · · ·			20		
2	21	Net assets of	or fund balances at end of year. Combine lines 18 through 20 · · · ·			21 94,589		

Form 990-EZ (2018)

72-1551743

	Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	pond to any questio	n in this Part II			
				ginning of year		(B) End of year
	Cash, savings, and investments · · · · · · · · · · · · · · · · · · ·			57,181	22	94,589
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			0	24	0
	Total assets			57,181	25	94,589
	Total liabilities (describe in Schedule O) $\cdots \cdots \cdots$			0	26	0
	Net assets or fund balances (line 27 of column (B) must agree with			57,181	27	94,589
Pa	art III Statement of Program Service Accomplishme			_		Expenses
	Check if the organization used Schedule O to re				(Bar	quired for section
Wha	at is the organization's primary exempt purpose? PROMOTE AW.	ARENES OF ALPAC	CAS		,	(c)(3) and 501(c)(4)
Des	scribe the organization's program service accomplishments for each	of its three largest pro	gram services		11000000	inizations; optional for
	measured by expenses. In a clear and concise manner, describe the				othe	6
pers	sons benefited, and other relevant information for each program title	Э.			Otrie	15.)
28	ANNUAL ALPACA SHOW INCLUDES FLEECE AND HA	LTER SHOW, FIBE	R			
	ARTS COMPTETION, SILENT AND HERDSHIRE AUC	TIONS AND EDUCA	TION			
	SEMINARS					
	(Grants \$) If this amount in	cludes foreign grants, c	heck here · · · ·	▶ 🔲	28a	70,113
29						
		4	The same of the sa			
	(Grants \$) If this amount in	cludes foreign grants, c	heck here	▶ 🔲	29a	1
30						
	(Grants \$) If this amount in	cludes foreign grants, c	heck here · · · ·	▶ 🔲	30a	ı.
31						E
		cludes foreign grants, c	heck here · · · ·	▶ 🗍	31a	r l
32	Total program service expenses (add lines 28a through 31a) · ·				32	70,113
	art IV List of Officers, Directors, Trustees, and Key Employ				ons f	
	Check if the organization used Schedule O to respond to	any question in this Pa	art IV			
		(b) Average	(c) Reportable	(d) Health benefit:	s,	
	(a) Name and title	hours per week	compensation	contributions to emp		(e) Estimated amount of
		devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and		other compensation
BR:		dovoted to position		deferred compensa		
	ITT HASSELBRING	gorolog to position	(ii not paid, enter -0-)	deferred compensa		
SEI	ITT HASSELBRING NIOR DIRECTOR		(II not paid, enter -0-7	deferred compensa		0
_	NIOR DIRECTOR	10.00	(ii not paid, enter -5-7	deferred compensa		0
STI	NIOR DIRECTOR EVE RUSH	10.00	(ii not paid, enter -5-)			
STI	NIOR DIRECTOR EVE RUSH RECTOR				o dition	0
STI DII	NIOR DIRECTOR EVE RUSH RECTOR AN TRAINER	10.00			o dition	0
STI DII DII VIO	NIOR DIRECTOR EVE RUSH RECTOR AN TRAINER CE PRESIDENT	10.00	(0 0	
DII DII VIO	NIOR DIRECTOR EVE RUSH RECTOR AN TRAINER CE PRESIDENT ACCEY BLANK	10.00	(0 0	0
DII DII VIO STI	NIOR DIRECTOR EVE RUSH RECTOR AN TRAINER CE PRESIDENT ACEY BLANK CRETARY	10.00	(0 0	0
DII DII VIO STI SEO PA'	NIOR DIRECTOR EVE RUSH RECTOR AN TRAINER CE PRESIDENT ACEY BLANK CRETARY TTI JONES	10.00 10.00 10.00			0 0 0	0
STI DII VIO STI SEO PA!	NIOR DIRECTOR EVE RUSH RECTOR AN TRAINER CE PRESIDENT ACEY BLANK CRETARY TTI JONES EASURER	10.00	(0 0	0
STI DII VIO STI SEO PA' TRI	NIOR DIRECTOR EVE RUSH RECTOR AN TRAINER CE PRESIDENT ACEY BLANK CRETARY TTI JONES EASURER ARON HEIMES	10.00 10.00 10.00 10.00			0 0 0	0 0
STI DII VIO STI SEO PA' TRI SHI	NIOR DIRECTOR EVE RUSH RECTOR AN TRAINER CE PRESIDENT ACEY BLANK CRETARY TTI JONES EASURER ARON HEIMES RECTOR	10.00 10.00 10.00			0 0 0	0 0
STI DII VIO STI SEC TRI SHI BEV	NIOR DIRECTOR EVE RUSH RECTOR AN TRAINER CE PRESIDENT ACEY BLANK CRETARY TTI JONES EASURER ARON HEIMES RECTOR VERLY STOCK	10.00 10.00 10.00 10.00			0 0 0 0	0 0 0
STI DII VIO STI SEC TRI SHI BEV	NIOR DIRECTOR EVE RUSH RECTOR AN TRAINER CE PRESIDENT ACEY BLANK CRETARY TTI JONES EASURER ARON HEIMES RECTOR	10.00 10.00 10.00 10.00			0 0 0	0 0
STI DII VIO STI SEC TRI SHI BEV	NIOR DIRECTOR EVE RUSH RECTOR AN TRAINER CE PRESIDENT ACEY BLANK CRETARY TTI JONES EASURER ARON HEIMES RECTOR VERLY STOCK	10.00 10.00 10.00 10.00			0 0 0 0	0 0 0
STI DII VIO STI SEC TRI SHI BEV	NIOR DIRECTOR EVE RUSH RECTOR AN TRAINER CE PRESIDENT ACEY BLANK CRETARY TTI JONES EASURER ARON HEIMES RECTOR VERLY STOCK	10.00 10.00 10.00 10.00			0 0 0 0	0 0 0
STI DII VIO STI SEC TRI SHI BEV	NIOR DIRECTOR EVE RUSH RECTOR AN TRAINER CE PRESIDENT ACEY BLANK CRETARY TTI JONES EASURER ARON HEIMES RECTOR VERLY STOCK	10.00 10.00 10.00 10.00			0 0 0 0	0 0 0
STI DII VIO STI SEC TRI SHI BEV	NIOR DIRECTOR EVE RUSH RECTOR AN TRAINER CE PRESIDENT ACEY BLANK CRETARY TTI JONES EASURER ARON HEIMES RECTOR VERLY STOCK	10.00 10.00 10.00 10.00			0 0 0 0	0 0 0
STI DII VIO STI SEC TRI SHI BEV	NIOR DIRECTOR EVE RUSH RECTOR AN TRAINER CE PRESIDENT ACEY BLANK CRETARY TTI JONES EASURER ARON HEIMES RECTOR VERLY STOCK	10.00 10.00 10.00 10.00			0 0 0 0	0 0 0
STI DII VIO STI SEC TRI SHI BEV	NIOR DIRECTOR EVE RUSH RECTOR AN TRAINER CE PRESIDENT ACEY BLANK CRETARY TTI JONES EASURER ARON HEIMES RECTOR VERLY STOCK	10.00 10.00 10.00 10.00			0 0 0 0	0 0 0
STI DII VIO STI SEC TRI SHI BEV	NIOR DIRECTOR EVE RUSH RECTOR AN TRAINER CE PRESIDENT ACEY BLANK CRETARY TTI JONES EASURER ARON HEIMES RECTOR VERLY STOCK	10.00 10.00 10.00 10.00			0 0 0 0	0 0 0
STI DII VIO STI SEC TRI SHI BEV	NIOR DIRECTOR EVE RUSH RECTOR AN TRAINER CE PRESIDENT ACEY BLANK CRETARY TTI JONES EASURER ARON HEIMES RECTOR VERLY STOCK	10.00 10.00 10.00 10.00			0 0 0 0	0 0 0
STI DII VIO STI SEC TRI SHI BEV	NIOR DIRECTOR EVE RUSH RECTOR AN TRAINER CE PRESIDENT ACEY BLANK CRETARY TTI JONES EASURER ARON HEIMES RECTOR VERLY STOCK	10.00 10.00 10.00 10.00			0 0 0 0	0 0 0
STI DII VIO STI SEC TRI SHI BEV	NIOR DIRECTOR EVE RUSH RECTOR AN TRAINER CE PRESIDENT ACEY BLANK CRETARY TTI JONES EASURER ARON HEIMES RECTOR VERLY STOCK	10.00 10.00 10.00 10.00			0 0 0 0	0 0 0

EEA

Pari	Other Information (Note the Schedule A and personal benefit contract statement requirements in the		[
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	· · · ·	Yes	No
			163	140
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	33		X
	detailed description of each activity in Schedule O	33	-	<u> </u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	1 1		
	any of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		X
	shapes on Schedule O. See instructions	34		71
35 a	Did the association have uprelated business gross income of \$1,000 or more during the year from business	35a		X
	this is a stage reported on lines 2 for and 7a among others)? · · · · · · · · · · · · · · · · · · ·	35b	_	71
b	It "You" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	335	_	
С	the execution a paction 501(c)(4) 501(c)(5) or 501(c)(6) organization subject to section 503(e) notice,	35c		Χ
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	300		
36	Situate association undergo a liquidation, dissolution, termination, or significant disposition of net assets	36		X
	the year? If "Vos " complete applicable parts of Schedule N · · · · · · · · · · · · · · · · · ·	51.57.0		
37 a	- the state of the	37b	800000	X
h	Did the organization file Form 1120-POL for this year? · · · · · · · · · · · · · · · · · · ·	The same		
38 a	polythe appropriation borrow from or make any loans to any officer, director, trustee, or key employee of well	38a		X
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this returns			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 1			3
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: Section 4912 Section 4955			
			TO SEE	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b		
	that has not been reported on any of its prior Forms 990 of 990-EZ? If ites, compared on the start imposed			
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		7	
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	第		
	4955, and 4958			
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
6	transaction? If "Yes," complete Form 8886-T	40e		X
	1: 1 the states with which a copy of this return is filer			
41	List the states with which a copy of this return state. Telephone no. 636- The organization's books are in care of PATTY HASSELBRING Telephone no. 636- 718-4	795-2	2643	
42 8	Located at > 1580N POINT PRAIRTE ROAD, FORISTELL, MO	18		
	the during the colondar year did the organization have an interest in or a signature or other authority over		Yes	No
'	At any time during the calendar year, the triganization was a financial account, or other financial account)?	42b		X
	If I'Vee I' enter the name of the foreign COUNTRY		差	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	30-33-3		
		10	102801	X
	Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States?	42c		
43	above the trusts filing Form 990-F7 in lieu of Form 1041-Check here · · · · · · · · · · · · · · · · · ·	2		
	and enter the amount of tax-exempt interest received or accrued during the tax year.	-5	Yes	No
		19 20 20	103	
44	a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	448	3	X
	completed instantial Form 990-F7	IS RESIDEN		
	the second are not possible facilities during the year? If "Yes," Form 990 must be	E	b	X
		. 44	_	X
	Pid the organization receive any payments for indoor tanning services during the year?			- 16
	the state of the s	A P. RESCHOOL	d	
		. 45	_	X
45	Pid the organization have a controlled entity within the meaning of section 512(b)(13)?	V H	2 %	
	b. Did the organization receive any payment from or engage in any transaction with a controlled chitry warm and	10		4.3
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	. 45	b	X
_	Form 990-EZ. See instructions	Form	990-EZ	Z (2018

Page 4

46	Did the	organization engage, directly or indirectly, in	political campaign activiti	es on behal	f of or in oppo	sition					
	to cand	lidates for public office? If "Yes," complete S	chedule C, Part I					[46	X	
Par		Section 501(c)(3) Organizations									
		All section 501(c)(3) organizations	must answer quest	tions 47 -	49b and 5	2, and co	omplete the	table	s for line	s	
		50 and 51.									
		Check if the organization used Sch	nedule O to respond	to any q	uestion in	this Part	VI			. 🗆	
								_	Yes	No	
47		organization engage in lobbying activities or									
									47		
48	The state of the s								48		
49a	The state of the s								49a		
								49b			
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key											
	employ	ees) who each received more than \$100,000	of compensation from th	e organizati	on. If there is	none, ente	er "None."				
		I Description of the Control of the	(b) Average	(c) R	eportable		th benefits, ns to employee	(e) E	stimated amou	int of	
		(a) Name and title of each employee	hours per week devoted to position		pensation 2/1099-MISC)	benefit plan	s, and deferred		other compensation		
-			devoted to position	(FOITIS VV-	2/1099-WISC)	com	pensation				
					4						
			- ×	-	No.						
_	-										
				44	1						
				1	J						
				1							
				1	4						
f	Total nu	umber of other employees paid over \$100,00	0	11							
51	Comple	ete this table for the organization's five highes	at compensated independ	ent contract	ors who each	received r	nore than				
	\$100,00	00 of compensation from the organization. If	there is none, enter Non	e."							
	(2)	Name and business address of each independent contra			. T f i						
	(4)	Name and business address of each independent confus	actor	(L) Type of service		(c) Compe	ensation		
			,								

		_									
		~ ~									
							+				
		+ V)									
d	Total n	umber of other independent contractors each	receiving over \$100 000		•						
52		organization complete Schedule A? Note: All									
								П	Yes 🏻	No	
Under		of perjury, I declare that I have examined this retu						ge and			
		nd complete. Declaration of preparer (other than or						30 0.10	2011011, 11 10		
		PATTI JONES					03-13-	-2019			
Sign	1	Signature of officer				Date					
Her	e	PATTI JONES, TREASURER									
		Type or print name and title			1						
		Print/Type preparer's name	Preparer's signature		Date		Check if	PTIN			
Paic		Craig Lovasz C	raig Lovasz		08-19-20	19	self-employed	P005	521702		
	parer	Firm's name CSL TAX ADVISORS	S LLC			Firm's	EIN ►				
Use	Only	Firm's address > 3906 S OLD HIGHW	VAY 94 SUITE 50	0							
		Saint Charles MC				Phone	e no. 636-		.110		
May t	he IRS d	liscuss this return with the preparer shown al	bove? See instructions				>	X	Yes	No	
EEA								For	m 990-EZ	(2018)	

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047 2018

▶ Attach to Form 990 or Form 990-EZ. **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.

▶ 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

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organizatio	ns: Complete Part III.							
Nam	e of organization			Employer	identification number				
M	DWEST ALPACA OWNERS & BRE	EDERS ASSOCIATION		72-155	1743				
		anization is exempt under sec	tion 501(c) or is						
1	Provide a description of the organization	n's direct and indirect political campaign	activities in Part IV. (see instructions for					
	definition of "political campaign activitie	s")							
2	Political campaign activity expenditures	s (see instructions)		> \$					
3	Volunteer hours for political campaign a	activities (see instructions)							
Pa		anization is exempt under sec							
1	Enter the amount of any excise tax inco	urred by the organization under section 4	955	▶ \$					
2	Enter the amount of any excise tax inco	urred by organization managers under se	ection 4955 · · ·	> \$					
3		955 tax, did it file Form 4720 for this year			· Yes No				
4a	Was a correction made?			*	· Yes No				
b	If "Yes," describe in Part IV.								
Pa	rt I-C Complete if the orga	anization is exempt under see	tion 501(c), exc	cept section 501(c)(3).				
1		the filing organization for section 527 ex							
	activities			▶ \$					
2	Enter the amount of the filing organizat	ion's funds contributed to other organiza	tions for section						
	527 exempt function activities			▶ \$					
3	Total exempt function expenditures. Ad	d lines 1 and 2. Enter here and on Form	1120-POL,						
	line 17b · · · · · · · ▶ \$								
4	Did the filing organization file Form 112	0-POL for this year?			· Yes No				
5		oyer identification number (EIN) of all se							
	organization made payments. For each	organization listed, enter the amount pa	aid from the filing orga	anization's funds. Also ente	r				
	the amount of political contributions red	ceived that were promptly and directly de	livered to a separate	political organization, such					
	as a separate segregated fund or a pol	litical action committee (PAC). If addition	al space is needed, p	rovide information in Part I	V.				
	(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)	111		-						
(2)			-						
(3)			-						
(4)			-						
(5)			-						
(6)			-						

		OWNERS & BREEDERS A		72-1551			
P	complete if the organization i	s exempt under sectio	n 501(c)(3) and filed	Form 5768 (elec	tion under		
^	section 501(h)). Check ▶ ☐ if the filing organization belongs to an	offiliated aroun (and list in Dort	IV and afflicted aroun me	mbada nama			
^	address, EIN, expenses, and share of			ember's name,			
В	Check if the filing organization checked box A						
	Limits on Lobbyir		s арріу.	(a) Filian	/L\ ACCULATE		
	(The term "expenditures" mea		1	(a) Filing organization's totals	(b) Affiliated group totals		
1a	Total lobbying expenditures to influence public opinio				g. oup totals		
b	Total lobbying expenditures to influence a legislative						
С	Total lobbying expenditures (add lines 1a and 1b)						
d	The state of the s						
е	Total exempt purpose expenditures (add lines 1c and	1d)					
f	Lobbying nontaxable amount. Enter the amount from						
	columns.	and removing table in both					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable a	mount 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 exc					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the exc	THE COURSE OF TH	是一次的人的影響。			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the exce		2000年1000年1			
	Over \$17,000,000	\$1,000,000.					
g	Grassroots nontaxable amount (enter 25% of line 1f)						
h	Subtract line 1g from line 1a. If zero or less, enter -0						
i	h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0-						
j	j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720						
	reporting section 4911 tax for this year?				Yes No		
	4-	Year Averaging Period U	nder section 501(h)				
	(Some organizations that made a sect				s below.		
	See th	e separate instructions f	or lines 2a through 21	F.)			
			,				
	Lobbying	Expenditures During 4-Year	Averaging Period				
	Calendar year (or fiscal year	(a) 2015 (b) 2016	(c) 2017	(d) 2018	(e) Total		
	beginning in)	(3) 25 1	(0,201)	(4) 2010	(6) (6)		
	2-3						
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))			THE PARTY OF THE P			
С	Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots Johnving synandityses						

Schedule C (Form 990 or 990-EZ) 2018

EEA

990-EZ) 2018	MIDWEST	AT.DACA	OWNERS	ء	BREEDERS	ASSOCIATION	72-1551743
omplete if	the organ	ization i	s exemp	ťι	ınder secti	on 501(c)(3) and	d has NOT filed Form 5768
ompioto ii	and or gan					5 55 5	

	(election under section 501(h)).			(6)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)	(b)
400	cription of the lobbying activity.	Yes	No	Amount
			Ta	
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:		Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner	
a				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			The second second second
C	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?		100	
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	1000		
b	If "Yes," enter the amount of any tax incurred under section 4912	THE REAL PROPERTY.	2162	
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			Budgett at the
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	c)(5)	or s	ection
Pa	irt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	c)(c),	0. 0	oction
_	501(c)(6).			Yes No
	Worse substantially all (90% or more) dues received nondeductible by members?			
1	VVEIE Substantially all (50% of more) adds reserves			
2	Did the organization make only in-nouse lobbying expericitures of \$2,000 or less.			3 X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			
P	art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (c)	OR (h) Pai	rt III-A. line 3. i
		JI (2	,	t iii 7 i, iii 6 o, i
_	answered "Yes."		1	
1	Dues, assessments and similar amounts from members			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		100	
	political expenses for which the section 527(f) tax was paid).		2a	
8	Current year		2b	1
t	Carryover from last year		2c	
(Total · · · · · · · · · · · · · · · · · · ·		3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		4772	
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		4	
	and political expenditure next year?		5	
5	Taxable amount of lobbying and political expenditures (see instructions)		3	
P	art IV Supplemental Information	lines 1	and	
Pro	ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A,	lines 1	and	
2 (see instructions); and Part IPB, line 1. Also, complete this part for any additional information.			
_				
_				
_				
_				
_				
_				

SCHEDULE O

(Form 990 or 990-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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

72-1551743 MIDWEST ALPACA OWNERS & BREEDERS ASSOCIATION 01. Description of other revenue (Part I, line 8) AMOUNT DESCRIPTION 1,825 2019 WINTER NEONTAL 02. Description of other expenses (Part I, line 16) AMOUNT DESCRIPTION 22,745 OTHER SHOW EXPENSES DEFERRED EXPENSES 7,877

8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB	No	1545-	1878

Department of the Treasury Internal Revenue Service

For calendar year 2018, or fiscal year beginning

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

2018

Name of exempt organization

Employer identification number

MIDWEST ALPACA OWNERS & BREEDERS ASSOCIATION 72-1551743 Name and title of officer

PATTI JONES, TREASURER

Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return, If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	
2a	Form 990-EZ check here b total revenue, if any (Form 990-EZ, line 9)	115,398
	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	
5a	Form 8868 check here ▶ ☐ b Balance Due (Form 8868, line 3c)	

Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic lands withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

ICEI	S FIN. CHEC	K OHE	DOX 0	illy		W B		
X	I authorize	CSL	TAX	ADVISORS	LLC	to enter my PIN	10010	as my signature
	-			ERO fi	rm name		Enter five numbers, but	
					1		do not enter all zeros	
	on the orga	nizatio	n's tax	year 2018 ele	ctronically t	filed return. If I have indicated within	this return that a cop	y of the return is
	being filed	with a s	state a	gency(ies) reg	ulating cha	ities as part of the IRS Fed/State pr	rogram, I also authoriz	ze the aforementioned
	ERO to ent	er my l	PIN on	the return's di	sclosure co	nsent screen.		
				4	1			

As an officer of the organization, I will enter my PNN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

430230 10010

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above 1 confirm that am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date > 08-19-2019

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So