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SCANNED MAY 1 1 2010

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A F	or the	2008 calendar year, or tax year beginning SEP 1, 2008 and ending A	UG 31, 2009	
В	heck if	Please C Name of organization	D Employer identific	cation number
а	pplicable	USE IRS INTERNATIONAL ASSOCIATION FOR		
Γ-	Address	label or ECOD DROWE COLLON		
⊨	Name	t-0	35_0	894354
⊨	_lchange ∃Initial	Doing Business As		
<u> </u>	return	See Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number	
╚	Termin- ation	Instruc 6200 AURORA AVE., STE 200W	(515	<u>) 276-3344</u>
	Amende return	tions City or town, state or country, and ZIP + 4	G Gross receipts \$	<u>2,576,767.</u>
	Applica tion	DES MOINES, IA 50322-2864	H(a) Is this a group re	eturn
	pending	F Name and address of principal officer:DAVID THARP	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	
		mpt status. X 501(c) (3	1	list. (see instructions)
		EX SUITE STATES WWW.FOODPROTECTION.ORG	· ·	
			H(c) Group exemption	
			of formation: 1911 N	State of legal domicile: NJ
P		Summary	 	
o	1 1 8	Briefly describe the organization's mission or most significant activities: ${f TO}$ ${f PROVIDE}$	FOOD SAFET	<u>Y</u>
Governance	I	PROFESSIONALS WORLDWIDE WITH A FORUM TO EXCHAN	GE INFORMAT	ION ON
ığ.	2	Check this box if the organization discontinued its operations or disposed of more	than 25% of its assets	S.
Š	1	Number of voting members of the governing body (Part VI, line 1a)	3	6
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)	4	6
≪ ∨			5	12
Ę.		otal number of employees (Part V, line 2a)	· · · · ·	150
Activities &		otal number of volunteers (estimate if necessary)	6	
Š	l	otal gross unrelated business revenue from Part VIII, line 12, column (C)	7a	114,257.
	b 1	Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	143,211.	121,834.
	9 F	Program service revenue (Part VIII, line 2g)	2,278,672.	2,292,203.
Š	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	119,995.	_25,274.
ď	ſ	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	157,172.	137,456.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,699,050.	2,576,767.
			2,000,000	2,310,101.
	i	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	1	Benefits paid to or for members (Part IX, column (A), line 4)	E10 00E	756 046
ŝ	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	710,827.	756,946.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		
×	b⊺	otal fundraising expenses (Part IX, column (D), line 25)		
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24	1,836,249.	2,059,880.
	18 7	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,547,076.	2,816,826.
	19 F	November 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	151,974.	<240,059.
Net Assets or Fund Balances	1	1-1 APR 1-4 71111 191 1	Beginning of Year	End of Year
ets	20 1	otal assets (Part X, line 16)	2,208,772.	1,693,032.
SSS	20			
to D	21	otal liabilities (Part X, line 26)	665,198.	550,073.
<u> </u>	22 1	Net assets or fund balances. Subtract line 21 from line 20	1,543,574.	1,142,959.
Pa	art II	Signature Block		
	\	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and complete) Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	and to the best of my knowled	ge and belief, it is true, correct,
	1			
Sig	n	Mand W / Name	3/7/	10
Her	e	Stignature of officer	Date	
	i	▲ DAVID THARP, EXECUTIVE DIRECTOR		
		Type or print name and title		
_		l Data	eck if Prepar	er's identifying number
Paid	1 i	se'	f- (see in:	structions)
Pre		US/ 110 10111 US/ 12 10 UN		
Use	Only	yours if MCGOWEN, HURST, CLIARR & SMITH, P.C.	EIN >	
	- 1	self-employed), address, and 1601 WEST LAKES PARKWAY, SUITE 300	_	
		WEST DES MOINES, IA 50266	Phone no. ► (
May	the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No

Form	990 (2608) FOOD PROTECTION	<u> 35-0894</u>	<u> 354 </u>	Page 2
Par	rt III Statement of Program Service Accomplishments (see instructions)			
1	Briefly describe the organization's mission. TO PROVIDE FOOD SAFETY PROFESSIONALS WORLDWIDE WITH A EXCHANGE INFORMATION ON PROTECTING THE FOOD SUPPLY.	FORUM TO		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	[Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service if "Yes", describe these changes on Schedule O.	es?	Yes	X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount allocations to others, the total expenses, and revenue, if any, for each program service reported			
4a	(Code) (Expenses \$ 896,537. including grants of \$) THE ASSOCIATION PRINTS AND PUBLISHES JOURNALS, BOOKS A EDUCATE THE PUBLIC AND ITS MEMBERS ABOUT FOOD SAFETY.			497.) ro
4b	(Code:)(Expenses \$ 916,279. including grants of \$ THE ASSOCIATION'S ANNUAL MEETING IS HELD TO INFORM ITS INDUSTRY PERSONNEL ABOUT ADVANCES IN FOOD SAFETY.) (Revenue \$ S MEMBERS		214.) FOOD
4c	(Code) (Expenses \$ 2,450. including grants of \$ THE ASSOCIATION MAINTAINS A LIBRARY OF VIDEOS AND TAPE AND DAIRY SAFETY, WHICH IS AVAILABLE AS A RESOURCE FOR MEMBERS.			
4d		898.)		
<u>4e</u>	Total program service expenses ▶ \$ 1,995,798. (Must equal Part IX, Line 25, column (B).)	Fe 00	30 (2008)

INTERNATIONAL ASSOCIATION FOR FOOD PROTECTION

Ŧ	art IV	Checklist of Required Schedule	S

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1 -
	K BV-a B assessed to Carlo de de	١.	1 37	
•	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	_		
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	↓	↓
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice	١.	1	
_	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1_		۱
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	 	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		1	
	Schedule D, Part III	8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<u> </u>	X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?	-	١	l
	If. "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	X	<u> </u>
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was	1	١	İ
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		١	
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity	1		١
40	located outside the United States? If "Yes," complete Schedule F, Part II	15	<u> </u>	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		٠,	i
4-	located outside the United States? If "Yes," complete Schedule F, Part III	16	X	1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20 21	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21		$\frac{\hat{x}}{x}$
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Х	
24a	- · · · · · · · · · · · · · · · · · · ·	23	<u> </u>	
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
•	any tax-exempt bonds?	24c	i	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	270		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			 -
-	pnor year? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	- 1	х
		Form	990 (2	

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			1
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			1
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			1
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		-X -
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Form **990** (2008)

	Established and Devil of Form 1000 Appendix Devil Transmitted of		Yes	No_							
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of										
	U.S. Information Returns. Enter -0- if not applicable 1a 24										
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0										
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			7.7							
_	(gambling) winnings to prize winners?	1c		<u> </u>							
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	X								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)										
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X								
b											
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X							
b	If "Yes," enter the name of the foreign country:										
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and										
	Financial Accounts.		<u>'</u>								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		- X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited										
	Tax Shelter Transaction?	<u>5c</u>									
6a	Did the organization solicit any contributions that were not tax deductible?	<u>6a</u>	ļ	X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).		x								
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?											
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X								
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	<u>7c</u>		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year										
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal										
	benefit contract?	<u>7e</u>		<u>X</u>							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7</u> f		X							
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>		X							
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<u>7</u> h									
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)										
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have										
_	excess business holdings at any time during the year?	8_									
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	_		•							
a	Did the organization make any taxable distributions under section 4966?	<u>9a</u>									
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter: N/A										
a	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities										
11	Section 501(c)(12) organizations. Enter: N/A										
a	Gross income from members or shareholders										
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
40	amounts due or received from them.)										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	\vdash								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b		L								

Form 990 (2008) FOOD PROTECTION 35-0894354 Pa
Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			1
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			İ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			1
	officer, director, trustee, or key employee?	2		X
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		-	
	by the following:			İ
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9a	Does the organization have local chapters, branches, or affiliates?	9a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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	11		х
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
_	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	in Schedule O how this is done	12c	X	1
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			İ
9	The organization's CEO, Executive Director, or top management official?	15a	X	ĺ
h	Other officers or key employees of the organization?	15b	_ 41	X
D	Describe the process in Schedule O. (see instructions)	100		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			i
iva	taxable entity during the year?	16a		x
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	iva		
U	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		ĺ
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ►NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
10	public inspection. Indicate how you make these available. Check all that apply.	101		
	Own website Another's website X Upon request			
10		nd fina	noisi	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, as statements available to the public.	iu iilia	ııcıdı	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	-		
20	DAVID THARP - (515)276-3344	aon 📂		
	6200 AURORA AVE, STE 200W, DES MOINES, IA 50322-2864			
83200		Form	gan	(2008)
12-18-	70	. 01111		[[[]

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

Name and Title	A				C)			(D)	(E)	(F)		
	Average hours	Position (check all that app					lv)	Reportable compensation	Reportable compensation	Estimated amount of		
~	per week	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	-	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
SARY ACUFF												
PAST PRESIDENT	8.00	X						0.	0.	0		
. STAN BAILEY												
PRESIDENT	15.00	X		X				0.	0.	0		
EE-ANN JAYKUS												
VICE PRESIDENT	8.00	X	_	X		<u> </u>		0.	0.	0		
ROGER L. COOK	- 1		İ	ŀ								
AFFILIATE COUNCIL SEC	8.00	X	<u> </u>					0.	0.	0		
VICKIE LEWANDOWSKI						•						
RESIDENT-ELECT	8.00	X	L	<u> </u>				0.	0.	0		
SABEL WALLS		ļ.	}			1				l		
SECRETARY	8.00	X	ļ	X	<u> </u>			0.	0.	0		
DAVID THARP		i					ļ					
EXECUTIVE DIRECTOR	40.00	<u> </u>	<u> </u>	X	<u> </u>	X	_	145,936.	0.	21,961		
ISA K. HOVEY		İ		İ		İ			_			
ASSISTANT DIRECTOR	40.00	\vdash		X	-	\vdash	-	92,749.	0.	14,326		
		L	_	_	ļ.,							
				<u> </u>	1					·		
							:					
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							-					
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		-		\vdash	-	-	_					
		L				<u> </u>						
			1									

Form 990 (2008)

Ра	rt VII Section A. Officers, Director		mple	oyee			High	est						
	(A) Name and title	(B) Average	(C) Position						(D) Reportable	(E) Reportable	}	E-	(F) stimate	4
	Name and title	hours	(c				app	oly)	compensation	compensation	,		nount (
		per week	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		fr org an	other pensation the anization d relate anization	e on ed
							-	-						
												•		
							-						-	
_1b	Total					,	▶		238,685.		0.	3	6,2	87.
2	Total number of individuals (including	those in 1a) who re	ceiv	ed n	nore	tha	ın \$1	00,	000 in reportable					1
	_compensation from the organization								 -	 -			Yes	No
3	Did the organization list any former of line 1a? If "Yes," complete Schedule			e, ke	y en	nplo	yee,		-	nployee on		3		х
4	For any individual listed on line 1a, is the and related organizations greater than	the sum of reportab	le c						her compensation from	the organization		4	x	
5	Did any person listed on line 1a receiv								•	ces rendered to	Ī	•		
Sec	the organization? If "Yes," complete Section B. Independent Contractors	Schedule J for such	pers	son	<u></u>							5		X
1	Complete this table for your five higher the organization. NONE	est compensated in	dep	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of com	pensa	ation	irom	
	(A Name and bus								(B) Description of s	services	C		C) nsatioi	1
				_								-		
	Total number of independent contract from the organization	tors (including those	e in	1) W	ho r	ecei	ved	mor	re than \$100,000 in com	pensation			000	
												Form	990 (2	2008)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3): All other organizations must compl		tions must complete al		(D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
_	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16 .				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			i	
	trustees, and key employees	250,519.		250,519.	
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	342,798.	236,952.	105,846.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	58,751.	23,500.	35,251.	
9	Other employee benefits	62,275.	24,910.	37,365.	
10	Payroll taxes	42,603.	17,041.	25,562.	·
11	Fees for services (non-employees):				
а	Management	420		420	· · · · · · · · · · · · · · · · · · ·
b	Legal	438.		438.	
c	Accounting	11,450.		11,450.	
đ	Lobbying				· · · · · · · · · · · · · · · · · · ·
e	Professional fundraising services. See Part IV, line 17				
T	Investment management fees			<u></u>	
9	Other Advertising and promotion				
12 13	Office expenses	35,699.	17,770.	17,929.	
14	Information technology	33,033.		11,525.	
15	Royalties				
16	Occupancy	44,030.		44,030.	
17	Travel	92,397.	83,162.	9,235.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	845,399.	824,165.	21,234.	
20	Interest	2,404.		2,404.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	26,263.		26,263.	
23	Insurance	8,400.	4,043.	4,357.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	PRINTING AND PUBLICATIO	588,154.	553,917.	34,237.	·
b	POSTAGE AND SHIPPING	131,045.	128,881.	2,164.	
C	SUPPLIES	76,606.	69,753.	6,853.	
đ	COMPUTER EXPENSES	74,111.		74,111.	
е	SPEAKER EXPENSES	29,901.		29,901.	
f	All other expenses	93,583.	11,704.	81,879.	
<u>25</u>	Total functional expenses. Add lines 1 through 24f	2,816,826.	1,995,798.	821,028.	0.
26	Joint Costs. Check here If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

FOOD PROTECTION

Par	rt X	Balance Sheet									
			(A) Beginning of year		(B) End of year						
	1	Cash - non-interest-bearing		1							
	2	Savings and temporary cash investments	104,154.	2	52,379.						
	3	Pledges and grants receivable, net .		3							
	4	Accounts receivable, net	82,544.	4	19,673.						
	5	Receivables from current and former officers, directors, trustees, key									
		employees, or other related parties. Complete Part II of Schedule L		5							
	6	Receivables from other disqualified persons (as defined under section									
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete									
		Part II of Schedule L		6							
δ	7	Notes and loans receivable, net		7							
Assets	8	Inventories for sale or use	3,337.	8	9,827.						
ĕ	9	Prepaid expenses and deferred charges	46,732.	9	78,158.						
	10a	Land, buildings, and equipment: cost basis 10a 224,510									
	ь	Less. accumulated depreciation. Complete									
	 	Part VI of Schedule D 10b 119,603	35,621.	10c	104,907.						
	11	Investments - publicly traded securities	1,933,284.	11	_ 1,428,088.						
	12	Investments - other securities. See Part IV, line 11		12							
	13	Investments · program-related. See Part IV, line 11		13							
	14	Intangible assets		14							
	15	Other assets See Part IV, line 11	3,100.		0.						
	16_	Total assets. Add lines 1 through 15 (must equal line 34)	2,208,772.	16	1,693,032.						
	17	Accounts payable and accrued expenses	268,579.	17	146,154.						
	18	Grants payable		18							
	19	Deferred revenue	374,342.	19	395,200.						
	20	Tax-exempt bond liabilities		20							
S	21	Escrow account liability. Complete Part IV of Schedule D		21							
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,									
jab		highest compensated employees, and disqualified persons. Complete Part II									
_		of Schedule L		22							
	23	Secured mortgages and notes payable to unrelated third parties		23							
	24	Unsecured notes and loans payable		24							
	25	Other liabilities Complete Part X of Schedule D	22,277.	25	8,719.						
	<u>26</u>	Total liabilities. Add lines 17 through 25	665,198.	26	550,073.						
		Organizations that follow SFAS 117, check here X and complete									
ěs		lines 27 through 29, and lines 33 and 34.									
ä	27	Unrestricted net assets	1,508,831.		1,115,850.						
Bal	28	Temporarily restricted net assets	34,743.	28	_27,109.						
Fund Balances	29	Permanently restricted net assets		29							
		Organizations that do not follow SFAS 117, check here and		İ							
s or		complete lines 30 through 34.									
Net Assets	30	Capital stock or trust principal, or current funds		30							
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31							
Šet	32	Retained earnings, endowment, accumulated income, or other funds	1 542 574	32	1 142 050						
_	33	Total net assets or fund balances	1,543,574.		1,142,959.						
Pai	<u> 34</u> rt XI	Total liabilities and net assets/fund balances Financial Statements and Reporting	2,208,772.	34	1,693,032.						
rai	<u> </u>	Financial Statements and Reporting			Yes No						
4	۸۵۵۵	ounting method used to prepare the Form 990: Cash X Accrual	Other								
1 2a		e the organization's financial statements compiled or reviewed by an independer			2a X						
b		es" to lines 2a or 2b, does the organization have a committee that assumes resp		and4	2b X						
С			•	, auuli	20 X						
3.0	review, or compilation of its financial statements and selection of an independent accountant? As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit										
Ja	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a										
h		es," did the organization undergo the required audit or audits?			3a X						
	1 12-18		·		Form 990 (2008)						

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

vaine or i	ine organizati	INTERNA	TIONAL ASSOC	TATIC	N FOR			=	mployer i	dentificati	on nu	mber
		FOOD PF	COTECTION						35	<u>-0894</u>	<u>354</u>	:
Part I	Reason	tor Public Chai	rity Status (All organiz	zations mu	st comple	te this par	t.) (see ins	tructions)				
he organ	ization is not a	a private foundation	because it is: (Please ch	neck only c	ne organi	zation.)						
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ection 170	(b)(1)(A)(i).				
2	A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach So	chedule E.)								
з Щ	A hospital or	a cooperative hosp	rtal service organization	described	ın section	170(b)(1)	(A)(iii). (At	tach Sche	edule H.)			
4 📙	A medical res	search organization	operated in conjunction	with a hos	prtal desc	ribed in se	ection 170	(b)(1)(A)(i	ii). Enter th	ne hospital	's nam	ne,
	crty, and stat									··		
5 📖	An organizati	ion operated for the	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental un	rt describe	d ın		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II.)									
6 🖳	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in secti c	n 170(b)(1)(A)(v).					
7 X	An organizati	on that normally red	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	e general p	ublic desc	nbed i	ın
	section 170((b)(1)(A)(vi). (Comple	ete Part II.)									
8 🖳	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part.II.)	-	-			-	-	
9	An organizati	on that normally red	eives: (1) more than 33	1/3% of its	support f	rom contr	butions, n	nembersh	ıp fees, an	d gross red	eipts	from
	activities rela	ited to its exempt fu	nctions - subject to certa	aın exceptı	ons, and (2) no more	than 33 1	1/3% of its	s support f	rom gross	ınvest	ment
	income and i	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	anization a	fter June 3	0, 197	⁷ 5.
	See section	509(a)(2). (Complete	e the Part III)									
10 🖳	An organizati	ion organized and o	perated exclusively to te	st for publ	ıc safety. S	See sectio	on 509(a)(4	4). (see ins	structions)			
11 🔲	An organizati	ion organized and o	perated exclusively for th	he benefit	of, to perfo	orm the fu	nctions of,	or to carr	y out the p	ourposes o	f one	or
	more publicly	y supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See se e	ction 50 9((a)(3). Che	ck the box	that	
			organization and compl	ete lines 1	1e through	n 11h.						
	a Type	l b ∟	_l Type II	с 📖 Тур	e III - Fund	tionally in	tegrated		d 🔲	Type III - C	Other	
e			at the organization is not				-					ın
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cnbed in s	ection 50	9(a)(1) or s	ection 509	(a)(2)	
f	If the organiz	ation received a wri	tten determination from	the IRS tha	atıtıs a Ty	pe I, Type	II, or Type	e III				
	•	rganızatıon, check tl						•				
g	Since August	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontributior	from any	of the foll	owing per	sons?			
	(i) A perso	n who directly or inc	lirectly controls, either al	lone or tog	ether with	persons o	descnbed	ın (ii) and ((iii) below,		Yes	No
	the gove	erning body of the s	upported organization?							11g(i)		ļ
	(ii) A famıly	member of a perso	n described in (i) above?	•		•				11g(ii)		
	(iii) A 35% (controlled entity of a	person described in (i) o	or (ii) above	e?	-			•	11g(iii)		
h	Provide the f	ollowing information	about the organizations	the organ	ization suj	pports.						
		T	T /			,		Г				
(i) Name	of <u>supported</u>	(ii) EIN	(iii) Type of organization		organization			(vi) is organizati		(vii) Am	ount o	f
orga	inization		(described on lines 1-9		sted in your document?		ion in col.	(i) organiz	zed in the	sup	oort	
			above or IRC section	Yes	No	Yes	No	Yes U.S	No			
			(see instructions))	169	140	162	140	162	140			
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Schedule A (Form 990 or 990-EZ) 2008

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 581,856. 622,754. 876,771. 568,040. 543,050 include any "unusual grants.") 3,192,471. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 581,856. 622,754. 876,771. 568,040. 543,050 4 Total. Add lines 1 - 3 3 192 471 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 87,098. 6 Public Support. Subtract line 5 from line 3 105 373 Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2007 (a) 2004 (b) 2005 (c) 2006 (e) 2008 (f) Total 622,754 7 Amounts from line 4 <u>581,856</u> 876,771 568,040 543,050 3,192,471. 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 64,793 31,844 97,291. 128,166 48,473. 370,567. and income from similar sources 9 Net income from unrelated business activities, whether or not the 90,324 94,544 120,526. 149,001. 114,257. 568,652. business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 4 131 690. 12 Gross receipts from related activities, etc. (see instructions) 12 8,904,657. 13 First five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 75.16 14 % 78.59 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2008

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Pa	art III Support Schedule for (Organizations	Described in	Section 509(a)(2) (Complete only	If you checked the b	ox on line 9 of Part I.)
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				}	}	
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-					:	
	iness under section 513				 		
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total, Add lines 1 · 5		_ =_=		 		
_	•				 	 	
	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000				;		
(Add lines 7a and 7b		<u> </u>				
	Public support (Subtract line 7c from line 6)			<u> </u>	<u> </u>	<u> </u>	<u> </u>
Se	ction B. Total Support	<u> </u>					
Cal	endar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
-	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12)		<u></u>	L	<u> </u>	<u> </u>	L
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
_	check this box and stop here	<u> </u>					
	ction C. Computation of Publ						
15	,, ,	• • • • • • • • • • • • • • • • • • • •	•	column (f))	-	15	%
16						16	%
	ction D. Computation of Inve					T T	
	Investment income percentage for 20				•	17	%
18	Investment income percentage from					18	<u>%</u>
198	a 33 1/3% support tests - 2008. If the						1 / is not
	more than 33 1/3%, check this box a			•			نـا⊄ …
t	33 1/3% support tests - 2007. If the						
~~	line 18 is not more than 33 1/3%, che			•		=	
<u>20</u>	Private foundation. If the organization	ni dia not check a	box on line 14, 19	a, or 19b, check t			0 or 990-EZ) 2008

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Open to Public

OMB No 1545-0047

Inspection

INTERNATIONAL ASSOCIATION FOR Name of the organization

FOOD PROTECTION

Employer identification number 35-0894354

Par	<u>t l</u>	Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	6.	_
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2	Aggre	egate contributions to (during year)		
3	Aggre	egate grants from (during year)		
4		egate value at end of year		
5		ne organization inform all donors and donor advisors in v	vriting that the assets held in donor advi	sed funds
•		e organization's property, subject to the organization's	<u> </u>	Yes No
6		e organization inform all grantees, donors, and donor a	•	,
•		antable purposes and not for the benefit of the donor o	,	<i>'</i> — —
Par		Conservation Easements. Complete if the org		
1	Purpo	ose(s) of conservation easements held by the organization		
•		Preservation of land for public use (e.g., recreation or p		stoncally important land area
	\sqcap	Protection of natural habitat	· —	fied historic structure
	一	Preservation of open space		
2		plete lines 2a-2d if the organization held a qualified cons	ervation contribution in the form of a cor	servation easement on the last day
_		tax year.		ioo, valion out on the last day
	J. 1.72			Held at the End of the Year
а	Total	number of conservation easements		2a
b		acreage restricted by conservation easements	•	2b
c		per of conservation easements on a certified historic stru	ucture included in (a)	2c
ď		per of conservation easements included in (c) acquired a	,,,,	2d
3		per of conservation easements modified, transferred, rel	** * *	ne organization during the taxable
_	year]		,	
4	Numb	per of states where property subject to conservation eas	sement is located >	
5	Does	the organization have a written policy regarding the per	odic monitoring, inspection, violations, a	and
		cement of the conservation easements it holds?		Yes No
6	Staff	or volunteer hours devoted to monitoring, inspecting, ar	nd enforcing easements during the year	>
7	Amou	int of expenses incurred in monitoring, inspecting, and e	enforcing easements during the year 🕨	\$
8	Does	each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 17	0(h)(4)(B)(i)
	and s	ection 170(h)(4)(B)(ii)?		Yes No
9	In Pai	t XIV, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	includ	le, if applicable, the text of the footnote to the organizat	ion s financial statements that describes	the organization's accounting for
	_	ervation easements		
Par	t III	Organizations Maintaining Collections of		Other Similar Assets.
		Complete if the organization answered "Yes" to Form	990, Part IV, line 8	···
1a		organization elected, as permitted under SFAS 116, no	•	•
		ures, or other similar assets held for public exhibition, ec	·	ublic service, provide, in Part XIV, the text of
		otnote to its financial statements that describes these if		
b		organization elected, as permitted under SFAS 116, to		
		er similar assets held for public exhibition, education, or	r research in furtherance of public servic	e, provide the following amounts relating to
		items:		
		evenues included in Form 990, Part VIII, line 1		> \$
_	•	ssets included in Form 990, Part X		. \$
2		organization received or held works of art, historical trea		al gain, provide
		illowing amounts required to be reported under SFAS 1	16 relating to these items:	. .
a				. • 5
b	Asset	s included in Form 990, Part X		• \$

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Schedule D (Form 990) 2008

		OTECTION			35-	0894354	4 Pac	_{је} 2
Pa	t III Organizations Maintaining C	ollections of A	rt, Historical	<u>Freasures, c</u>	or Other Similar A	ssets (conti	nued)	
3	Using the organization's accession and other	r records, check any	y of the following t	hat are a signif	icant use of its collectio	n items (chec	k all	
	that apply):							
а	Public exhibition	C	Loan or e	xchange progra	ams			
b	Scholarly research	•	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	in how they furthe	r the organizati	on's exempt purpose in	Part XIV.		
5	During the year, did the organization solicit o							
	to be sold to raise funds rather than to be ma					Yes		No
Pai	t IV Trust, Escrow and Custodial				ered "Yes" to Form 990.			
	reported an amount on Form 990, Par				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-,	
1a	Is the organization an agent, trustee, custod	an or other interme	diary for contributi	ons or other as	sets not included			_
	on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in Part XIV				• •			
	, ,					Amount	+	
С	Beginning balance				1c	7 4110 411		
ď	Additions during the year	• • •	•	•	1d			
-	Distributions during the year	•		• • •	1e			
•		-			-1f-			
22	Did the organization include an amount on Fe	*		•	. [11 -]	Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIV	Jili 330, Fart X, line			• • •	res		NO
Pai		f organization answe	ered "Yes" to Form	n 990 Part IV I	ine 10			
		(a) Current year	(b) Prior year		rs back (d) Three years b	ack (a) Four	woore b	ank
1a	Beginning of year balance	(a) Oditetit year	(b) Filor year	(C) (WO year	S Dack (Q) Three years b	ack (e) roui	years no	auk
h	Contributions				• • •			—
0	Investment earnings or losses	·····		-				
ا	Grants or scholarships							
u			<u> </u>		-			
е	Other expenditures for facilities							
	and programs							—
T .	Administrative expenses							
g	End of year balance					!		
2	Provide the estimated percentage of the year							
a	Board designated or quasi-endowment		%					
	Permanent endowment	%						
		%						
за	Are there endowment funds not in the posse	ssion of the organiz	ation that are held	and administe	ered for the organization			—
	by.						Yes I	<u>No_</u>
	(i) unrelated organizations					3a(i)		
	(ii) related organizations				• •	3a(ii)		
	If "Yes" to 3a(ii), are the related organizations					3b		
A Do:	Describe in Part XIV the intended uses of the					 -		
Pai	t VI Investments - Land, Building				10			
	Description of investment	(a) Cost or o basis (investr	\-,	st or other is (other)	(c) Depreciation	(d) Book	< value	
1a	Land							
b	Buildings							
C	Leasehold improvements							
d	Equipment		2	24,510.	119,603.	104	4,90	7.
e	Other .							
Total	. Add lines 1a-1e. (Column (d) should equal Fo	orm 990, Part X, colu	ımn (B), line 10(c).)		104	4,90	7.

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. Se	e Form 990, Part X, line	e 12	<u> </u>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation or end-of-year market value
Financial derivatives and other financial products			
Closely-held equity interests			
			······································
Other			
			
·			
· · · · · · · · · · · · · · · · · · ·			-
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related. s	ee Form 990 Part X lu	ne 13	
			c) Method of valuation:
(a) Description of investment type	(b) Book value		or end-of-year market value
			or end-or-year market value
			
	 		
			
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line			- · · · · · · · · · · · · · · · · · · ·
	Description		(b) Book value
	•		
		· · · · · · · · · · · · · · · · · · ·	
			
			
			<u> </u>
Total. (Column (b) should equal Form 990, Part X, col (B) I	ne 15.)		•
Part X Other Liabilities. See Form 990, Part X,			
(a) Description of liability		(b) Amount	
Federal income taxes			
CAPITAL LEASE OBLIGATIONS		8,719.	
CAPITAL DEASE OBLIGATIONS		0,/13.	
Total. (Column (b) should equal Form 990, Part X, col (B) Is	ine 25.)	8,719.	
In Part XIV, provide the text of the footnote to the organiza			nization's liability for uncertain tay positions
under FIN 48.	anon a mianolal alatem	onto triat reports trie organ	meation's hability for uncertain tax positions
832053			<u> </u>
12-23-08			Schedule D (Form 990) 2008

Sch	edule D (Form 990) 2008 FOOD PROTECTION			35-	0894354	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Final	ncial Stat	tements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		2,576,	767.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		2,816,	826.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		<240,	059.
4	Net unrealized gains (losses) on investments		4		<160,	556.>
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Pnor period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net) Add lines 4-8		9		<160,	556.>
10_	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	· · · · · ·	10			615.
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements V	/ith Reve	nue per F	Returr	1	
1	Total revenue, gains, and other support per audited financial statements			1	2,423,	845.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments 2a	<u> </u>]		
b	Donated services and use of facilities 2b					
c	Recovenes of prior year grants 2c			7 [
d	Other (Describe in Part XIV)	<1!	51,521	. 1		
e	Add lines 2a through 2d	-		2e	-<151,	521.
3	Subtract line 2e from line 1		•	3	2,575,	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				2,5,5,	
a	investment expenses not included on Form 990, Part VIII, line 7b	1				
b	Other (Describe in Part XIV)	-	1,401	1 1		
-	Add lines 4a and 4b		1,301	7.1	1	401.
c			•	4c	2,576,	
Pa	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) rt XIII Reconciliation of Expenses per Audited Financial Statements V	With Eyn	enses nei			707.
	Total expenses and losses per audited financial statements	Will Exp	enses per	1	2,816,	826
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:		-	1	2,010,	040.
2		1		l i		
a	Donated services and use of facilities		· ·	1 I		
ь	Pnor year adjustments 2b		_	-{		
C	Losses reported on Form 990, Part IX, line 25	 		-l		
d	,		 -	- I		•
e	Add lines 2a through 2d		•	2e	0.016	0.
3	Subtract line 2e from line 1			3	2,816,	826.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ı				
а	Investment expenses not included on Form 990, Part VIII, line 7b			-{		
	Other (Describe in Part XIV) 4b			-		
c	Add lines 4a and 4b			4c		<u> </u>
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	2,816,	<u>826.</u>
Pa	rt XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, P	art IV, lines	b and	2b, Part V, line	4; Part
	art XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.					
PA.	RT X: MANAGEMENT IS UNAWARE OF ANY UNCERTAIN T	AX POS	<u>SITIONS</u>	3		
<u>AT</u>	AUGUST 31, 2009 AND 2008. INTEREST AND PENAL	TIES,	IF ANY	<u>, a</u>	<u>SSOCIATE</u>	ED
<u>WI</u>	<u>TH INCOME TAX MATTERS WOULD BE PRESENTED AS CO</u>	MPONE	NTS OF	INC	OME TAX	
EX.	PENSE. THERE WERE NO INTEREST OR PENALTY CHAP	GES DI	JRING 2	<u> 2009</u>	OR 2008	3
PA	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
NE'	r assets released from restrictions: 4519.					
						_
<u>IN</u>	VESTMENT LOSS: -156040.					
0000				Sched	tule D (Form 99	90) 2008
83205						

INTERNATIONAL ASSOCIATION FOR FOOD PROTECTION 35-0894354 Page 5 Schedule D'(Form 990) 2008 Part XIV Supplemental Information (continued) PART XII, LINE 4B - OTHER ADJUSTMENTS: TEMPORARILY RESTRICTED INVESTMENT INCOME: 1401.

Schedule D (Form 990) 2008

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

INTERNATIONAL	ASSOCTATT	ON FOR			Employer identi	fication number
FOOD PROTECTIO		011 1 011		1	35-08943	54
		Activities Out	tside the United States. Comp	lete if the organi	zation answered "	Yes"
to Form 990, P					·	
			ds to substantiate the amount of the g			
grantees' eligibility for	the grants or assi	stance, and the	selection criteria used to award the gr	ants or assistan	ce?	Yes X No
2 For grantmakers. Des	scribe in Part IV th	e organization's	procedures for monitoring the use of	grant funds outs	ide the United Sta	ates.
3 Activities per Region	(Use Schedule F-1	(Form 990) if an	Iditional space is needed.)			
(a) Region	(b) Number of		(d) Activities conducted in region	(e) If activi	ty listed in (d)	(f) Total
	offices	employees or	(by type) (i.e., fundraising,	, , ,	ram service,	expenditures
	in the region	agents in	program services, grants to		specific type	in region
		region	recipients located in the region)	of service	e(s) in region	
-	-	-	-			
EUROPE		00_	PROGRAM SERVICES	CONFERENCE		92,588.
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832071 12-18-08

35-0894354

FOOD PROTECTION

Schedule F (Form 990) 2008

Page 2 (i) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any (h) Description of non-cash assistance (g) Amount of non-cash assistance Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a cash disbursement (f) Manner of of cash grant (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 (d) Purpose of grant Use Schedule F-1 (Form 990) if additional space is needed. (c) Region (b) IRS code section and EIN (if applicable) section 501(c)(3) equivalency letter (a) Name of organization Part

Schedule F (Form 990) 2008

Enter total number of other organizations or entities

က

FOOD PROTECTION

Page 3

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Schedule F (Form 990) 2008

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed.

USe Schedule F. I (Form 990) ii additional space is needed.	Il additional space is ne	eded.			_		
(a) Type of grant or assistance	(b) Region	lumber of cipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
ממאטג מדעסמג זרטאים	EAST ASIA AND THE	c	6.063	A DES MIDE MONICEDE	-		2376
	AUSTRALIA	4 (-	2 601	WIRE TRANSPER		N/A	WI
	SUB-SAHARAN AFRICA	1	3,502,	3.502.WIRE TRANSFER		N/A	VMSI
					-		

Schedule F (Form 990) 2008

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

INTERNATIONAL ASSOCIATION FOR

FOOD PROTECTION

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

Employer identification number 35-0894354

Schedule J (Form 990) 2008

Pa	nrt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			1
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision			
	of all of the expenses described above? If "No," complete Part III to explain	16		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
-	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	-	-
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study	'		
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a.			ļ
а	Receive a severance payment or change of control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes," to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		_X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X

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FOOD PROTECTION

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(0)	(a)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	Deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
DAVID THARP	8	135,581	10,355.	0	15,204.	6,757.	167,897.	0
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				(Schedul	Schedule J (Form 990) 2008

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. 2008
Open to Public Inspection

Name of the organization

INTERNATIONAL ASSOCIATION FOR FOOD PROTECTION

Employer identification number 35-0894354

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROTECTING THE FOOD SUPPLY.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
THE ASSOCIATION CONDUCTS FOOD SAFETY WORKSHOPS IN CONJUNCTION WITH ITS
ANNUAL MEETING AND HOLDS INTERNATIONAL SYMPOSIA TO EDUCATE THE
PARTICIPANTS REGARDING ADVANCES IN FOOD SAFETY.
EXPENSES \$ 180532. INCLUDING GRANTS OF \$ 0. REVENUE \$ 226898.
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS TWO TYPES OF
MEMBERSHIP: INDIVIDUAL MEMBERS AND SUSTAINING MEMBERS. THERE ARE FOUR
CATEGORIES OF INDIVIDUAL MEMBERSHIP IN THE ASSOCIATION: REGULAR, STUDENT,
RETIRED AND HONORARY LIFE; AND ONE CATEGORY FOR SUSTAINING MEMBERSHIP.
FORM 990, PART VI, SECTION A, LINE 7A: REGULAR, RETIRED, AND HONORARY LIFE MEMBERS ARE ENTITLED TO VOTE AND HOLD OFFICE.
FORM 990, PART VI, SECTION A, LINE 8B: NO COMMITTEES HAVE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION A, LINE 10: THE ASSISTANT DIRECTOR AND
EXECUTIVE DIRECTOR REVIEW THE FORM 990 IN DETAIL. A COPY OF THE 990 IS
SENT TO THE EXECUTIVE BOARD UPON ITS COMPLETION.
FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER IS REQUIRED TO REVIEW AND SIGN THE POLICY ANNUALLY.
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

INTERNATIONAL ASSOCIATION FOR FOOD PROTECTION

Employer identification number 35-0894354

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE EXECUTIVE
DIRECTOR IS SET BY THE BOARD OF DIRECTORS AFTER REVIEW OF AMERICAN SOCIETY
OF ASSOCIATION EXECUTIVE'S MOST RECENT PUBLISHED VERSION OF THE
COMPENSATION AND BENEFITS STUDY AND OTHER LOCALIZED SALARY SURVEYS. THE
BOARD OF DIRECTORS MEET IN AN EXECUTIVE SESSION TO REVIEW THE SALARY
STUDIES AND CONSIDER OTHER FACTORS, INCLUDING ECONOMIC CONDITIONS IN
DETERMINING THE EXECUTIVE DIRECTOR'S COMPENSATION PACKAGE. THE RESULTS OF
THE BOARD OF DIRECTOR'S DELIBERATIONS ARE DOCUMENTED WITHIN MINUTES TAKEN
DURING THE EXECUTIVE SESSION.
FORM 990, PART VI, SECTION C, LINE 19: FORMS ARE AVAILABLE FOR PUBLIC
INSPECTION UPON REQUEST. IF AN INDIVIDUAL REQUESTS LAFP'S GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND/OR FINANCIAL STATEMENTS THEY
ARE PROVIDED A COPY OF THESE DOCUMENTS.
FORM 990, PART XI, LINE 2C
OVERSIGHT OF AUDIT
NO CHANGE FROM PRIOR YEAR