



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

# 2008

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

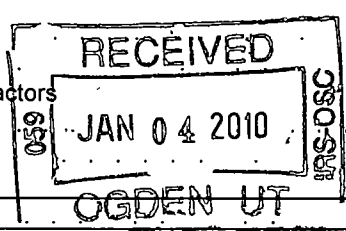
<b>A</b> For the 2008 calendar year, or tax year beginning <u>9/1/2008</u> , and ending <u>8/31/2009</u>				
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>INSTITUTE FOR THERMAL PROCESSING SPECIALISTS</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>304 STONE ROAD W</u> City, town, or country State ZIP + 4 <u>GUELPH, ON CANADA</u> <u>N1G 4W4</u>	<b>D</b> Employer identification number <u>54-1238221</u>  <b>E</b> Telephone number <u>(519) 824-6774</u>  <b>F</b> Group Exemption Number ▶ <u>N/A</u>	
	• <b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b>		<b>G</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
	<b>I</b> Website: ▶ <u>WWW.IFTPS.ORG</u>		<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990 990-EZ, or 990-PF)	
	<b>J</b> Organization type (check only one)— <input checked="" type="checkbox"/> 501(c) ( 6 ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 113,529

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

	1 Contributions, gifts, grants, and similar amounts received		0
	2 Program service revenue including government fees and contracts		81,659
	3 Membership dues and assessments		21,422
	4 Investment income		6,249
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	6a	0
	b Less direct expenses other than fundraising expenses	6b	0
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe ▶ <u>Website advertising</u> )	8	4,199
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	113,529
Expenses	10 Grants and similar amounts paid (attach schedule)	10	7,000
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	56,880
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ <u>See attached statement</u> )	16	7,033
	<b>17 Total expenses.</b> Add lines 10 through 16	17	70,913
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	42,616
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	286,121
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	<b>21 Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	328,737



**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II)

		(A) Beginning of year		(B) End of year	
	22 Cash, savings, and investments	283,082	22	324,973	
	23 Land and buildings		23		
	24 Other assets (describe ▶ <u>Computer, copier other office equipment</u> )	3,039	24	3,764	
	<b>25 Total assets</b>	286,121	25	328,737	
	26 Total liabilities (describe ▶ _____)	0	26	0	
	<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	286,121	27	328,737	

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

Form **990-EZ** (2008)

SCANNED JAN 1 2 2010 Revenue

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III)		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? <u>Education to ensure public safety</u>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
<b>28</b>	<u>Held an annual conference and symposium attended by 179 participants with presentations on technical and regulatory issues, and information exchange. Held a 2 1/2 day technical meeting in Porto Portugal.</u>		
	(Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>0</b>
<b>29</b>	<u>Maintained a website deseminating technical information and guidelines to our 400 plus members and the public at large.</u>		
	(Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	<b>0</b>
<b>30</b>	<u>Awarded 4 student scholarships. The board is currently discussing other approaches to support students with an interest in thermal processing. This is particularly significant to maintain a supply of trained professionals as more of our members approach retirement age.</u>		
	(Grants \$ <u>7,000</u> ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	<b>30a</b>	<b>0</b>
<b>31</b>	<u>Other program services (attach schedule)</u>		
	(Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	<b>0</b>
<b>32</b>	<b>Total program service expenses.</b> (add lines 28a through 31a)	<b>32</b>	<b>0</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>RICHARD KIMBALL</u> Str <u>BOX 309</u>	Title <u>CHAIR/PRES</u>			
City <u>SALEM</u> ST <u>OR</u> ZIP <u>97308</u>	Hr/WK <u>1.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>IAN BRITT</u> Str <u>102 HARVARD ROAD</u>	Title <u>EX DIR</u>			
City <u>GUELPH</u> ST <u>ZIP N1G 4</u>	Hr/WK <u>30 00</u>	<u>56,880</u>	<u>0</u>	<u>0</u>
Name <u>TERRY HEYLIGER</u> Str <u>2300 INDUSTRIAL A</u>	Title <u>V CHAIR</u>			
City <u>MADERA</u> ST <u>CA</u> ZIP <u>93639</u>	Hr/WK <u>1.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>DAVID ANDERSON</u> Str <u>1072 RIVER AVENUE</u>	Title <u>DIR</u>			
City <u>PITTSBURGH</u> ST <u>PA</u> ZIP <u>15212</u>	Hr/WK <u>50</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>ROSANNE BATEMA</u> Str <u>2400 W LLOYD EXP</u>	Title <u>DIR</u>			
City <u>EVANSVILLE</u> ST <u>IN</u> ZIP <u>47721</u>	Hr/WK <u>50</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>PAMELA HARDT-ENI</u> Str <u>2305 ELKHORN COU</u>	Title <u>DIR</u>			
City <u>SAN JOSE</u> ST <u>CA</u> ZIP <u>95125</u>	Hr/WK <u>50</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>LAYNE MARTIN</u> Str <u>2 HORMEL PLACE</u>	Title <u>DIR</u>			
City <u>AUSTIN</u> ST <u>MN</u> ZIP <u>59125</u>	Hr/WK <u>50</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>GARY TUCKER</u> Str <u>CHIPPING CAMDEN</u>	Title <u>DIR</u>			
City <u>GLOUCESTER</u> ST <u>ZIP</u>	Hr/WK <u>50</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name	Title			
City	Hr/WK	<u>00</u>	<u>0</u>	<u>0</u>
Name	Title			
City	Hr/WK	<u>.00</u>	<u>0</u>	<u>0</u>
Name	Title			
City	Hr/WK	<u>00</u>	<u>0</u>	<u>0</u>
Name	Title			
City	Hr/WK	<u>.00</u>	<u>0</u>	<u>0</u>
Name	Title			
City	Hr/WK	<u>00</u>	<u>0</u>	<u>0</u>
Name	Title			
City	Hr/WK	<u>00</u>	<u>0</u>	<u>0</u>
Name	Title			
City	Hr/WK	<u>.00</u>	<u>0</u>	<u>0</u>
Name	Title			
City	Hr/WK	<u>.00</u>	<u>0</u>	<u>0</u>

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	0
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	
41	List the states with which a copy of this return is filed. ▶ _____		
42 a	The books are in care of ▶ Name See attached statement Telephone no ▶ _____ Located at ▶ _____ City _____ ST _____ ZIP + 4 ▶ _____		
b	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)? 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.	42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. ▶ Canada	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.	45	X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?  
 b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None City	Str ST ZIP	Title Hr/WK 00	0	0
Name City	Str ST ZIP	Title Hr/WK 00	0	0
Name City	Str ST ZIP	Title Hr/WK .00	0	0
Name City	Str ST ZIP	Title Hr/WK 00	0	0
Name City	Str ST ZIP	Title Hr/WK 00	0	0
Total number of other employees paid over \$100,000 ▶		0	0	0

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City	Str ST ZIP	0
Name City	Str ST ZIP	0
Name City	Str ST ZIP	0
Name City	Str ST ZIP	0
Name City	Str ST ZIP	0
Total number of other independent contractors each receiving over \$100,000 ▶		0

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer: *Richard Kimball* Date: 12-29-2009

Richard Kimball, Chair/President

Type or print name and title

---

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP +4: \_\_\_\_\_

Check if self-employed

Preparer's Identifying Number (See instructions): \_\_\_\_\_

EIN: \_\_\_\_\_

Phone no: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part I, Line 4 (990-EZ) - Investment Income**

<b>1</b>	Interest on savings and temporary cash investments	<b>1</b>	6,249
<b>2</b>	Dividends and interest from securities	<b>2</b>	
<b>3</b>	Gross rents	<b>3</b>	
<b>4</b>	Other investment income	<b>4</b>	
<b>5</b>	<b>Total</b>	<b>5</b>	<b>6,249</b>

**Part I, Line 16 (990-EZ) - Other Expenses**

7,033

<b>1</b>	Travel, Meals and Entertainment		
	<b>a</b> Travel	<b>1a</b>	1,241
	<b>b</b> Total meals and entertainment	<b>1b</b>	
<b>2</b>	Fundraising	<b>2</b>	
<b>3</b>	From Form 4562 - Amortization	<b>3</b>	
<b>4</b>	Conferences, conventions, and meetings	<b>4</b>	
<b>5</b>	Depreciation, depletion, etc.	<b>5</b>	
<b>6</b>	Equipment rental and maintenance	<b>6</b>	
<b>7</b>	Interest	<b>7</b>	
<b>8</b>	Supplies	<b>8</b>	599
<b>9</b>	Telephone	<b>9</b>	1,415
<b>10</b>	Unrelated business income taxes	<b>10</b>	0
<b>11</b>	Miscellaneous	<b>11</b>	264
<b>12</b>	Web development and maintenance	<b>12</b>	2,978
<b>13</b>	Corporate registration	<b>13</b>	25
<b>14</b>	PO Box rental	<b>14</b>	155
<b>15</b>	Postage	<b>15</b>	56
<b>16</b>	Legal	<b>16</b>	300
<b>17</b>		<b>17</b>	
<b>18</b>		<b>18</b>	
<b>19</b>		<b>19</b>	
<b>20</b>		<b>20</b>	
<b>21</b>		<b>21</b>	
<b>22</b>		<b>22</b>	
<b>23</b>		<b>23</b>	
<b>24</b>		<b>24</b>	
<b>25</b>		<b>25</b>	
<b>26</b>		<b>26</b>	

**Part V, Line 42(a) (990-EZ) - Books In Care Of**

---

Please check this box if the entity in possession of the books is a business The books are in care of Name DR IAN BRITT Telephone no. 519-824-6774Located at 304 STONE ROAD W City GUELPH ST ONTARIO ZIP + 4 N1G 4W4Foreign Country Canada

---