



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**Department of the Treasury  
Internal Revenue Service**Short Form**  
**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)

- 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 \$500,000 and total assets less than \$1,250,000 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.

OMB No 1545-1150

**2009****Open to Public Inspection****A For the 2009 calendar year, or tax year beginning , and ending**

<input type="checkbox"/> 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 Name of organization</b>		<b>D Employer identification number</b>
		<b>Iowa Turkey Federation Inc</b>		<b>42-0815721</b>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>PO Box 825 535 E Lincoln Way</b>		<b>E Telephone number</b> <b>515-232-7492</b>
		City or town, state or country, and ZIP + 4		<b>F Group Exemption Number</b>
		<b>Ames IA 50010-0825</b>		

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G Accounting method** ☒ Cash ☐ Accrual  
Other (specify) ►

**I Website:** ► **N/A**

**H Check** ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J Tax-exempt status** (check only one) — ☒ 501(c) ( **5** ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ** ► \$ **383,707**

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>33,918</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	<b>28,500</b>
	<b>4</b> Investment income	<b>4</b>	<b>845</b>
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1)	<b>6a</b>	<b>52,509</b>
	<b>b</b> Less direct expenses other than fundraising expenses	<b>6b</b>	<b>73,192</b>
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	<b>-20,683</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	<b>155,403</b>	
<b>b</b> Less cost of goods sold	<b>7b</b>	<b>98,162</b>	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	<b>57,241</b>	
<b>8</b> Other revenue (describe ► <b>See Statement 2</b> )	<b>8</b>	<b>112,532</b>	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	<b>212,353</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	<b>104,700</b>
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	<b>5,750</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>21,076</b>
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	<b>2,995</b>
	<b>16</b> Other expenses (describe ► <b>See Statement 3</b> )	<b>16</b>	<b>35,799</b>
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>170,320</b>
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>42,033</b>	
<b>Net Assets</b>	<b>19</b> 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)	<b>19</b>	<b>402,658</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>See Statement 4</b>	<b>20</b>	<b>7,544</b>
	<b>21</b> Net assets or fund balances at end of year Combine lines 18 through 20	<b>21</b>	<b>452,235</b>

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

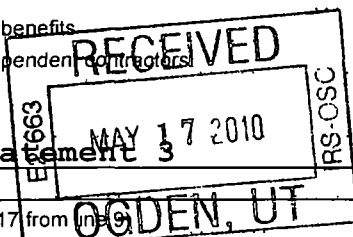
(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	<b>154,558</b>	<b>217,367</b>
<b>23</b> Land and buildings	<b>231,177</b>	<b>224,470</b>
<b>24</b> Other assets (describe ► <b>See Statement 5</b> )	<b>22,080</b>	<b>15,310</b>
<b>25 Total assets</b>	<b>407,815</b>	<b>457,147</b>
<b>26</b> Total liabilities (describe ► <b>See Statement 6</b> )	<b>5,157</b>	<b>4,912</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>402,658</b>	<b>452,235</b>

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

SCANNED JUL 01 2010 Revenue



Form 990-EZ (2009)

Iowa Turkey Federation Inc

42-0815721

Page 2

**Part III Statement of Program Service Accomplishments (See the instructions for Part III)****Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

Education regarding benefits of Turkeys

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

28 See Statement 7

(Grants \$ ) If this amount includes foreign grants, check here

28a

29

(Grants \$ ) If this amount includes foreign grants, check here

29a

30

(Grants \$ ) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$ ) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

**Part IV List of Officers, Directors, Trustees, and Key Employees. 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
Tim Doyle	Storm Lake	President			
501 Seneca	IA 50588	1.00	0	0	0
Cal Halstead	Des Moines	Vice-Pres/Treasurer			
3121 Dean Ave	IA 50317	1.00	0	0	0
Robert Achen	Wayland	Past President			
1469 130th Street	IA 52654	1.00	0	0	0
Steve Burrows	Sumner				
108 Lincoln St	IA 50674		0	0	0
Glenn Elzey	West Liberty				
207 W 2nd St	IA 52776		0	0	0
Mark Graber	Crawfordsville				
3245 Tulip Ave	IA 52621		0	0	0
Tim Graber	Wayland				
3349 Wayland Road	IA 52654		0	0	0
Dana Haahr	Newell				
2050 590th St	IA 50568		0	0	0
Todd Hill	Ellsworth				
2969 270th St	IA 50075		0	0	0
Rich Hogrefe	Albert City				
Box 1	IA 50510		0	0	0
Dave Kier	Newell				
360 W 3rd Street	IA 50568		0	0	0
Gerald Lessard	West Liberty				
207 W 2nd Street	IA 52776		0	0	0
Kim Reis	Ellsworth				
PO Box 144	IA 50075		0	0	0
Ray Team	Storm Lake				
315 Vilas Road	IA 50588		0	0	0
Noel Thompson	Ellsworth				
3065 Ubben Ave	IA 50075		0	0	0
Ross Thoreson	Ellsworth				
PO Box 370	IA 50075		0	0	0
Gretta Irwin	Ames	Executive Director			
PO Box 825	IA 50010	40.00	49,238	3,000	0

Form 990-EZ (2009)

Iowa Turkey Federation Inc

42-0815721

Page 3

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

	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		<b>X</b>
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		<b>X</b>
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 why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	<b>X</b>	
b If "Yes," has it filed a tax return on Form 990-T for this year?	<b>X</b>	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<b>X</b>
37a Enter amount of political expenditures, direct or indirect, as described in the instr		<b>676</b>
b Did the organization file Form 1120-POL for this year?	<b>X</b>	
38a 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 outstanding at the end of the period covered by this return?		<b>X</b>
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a 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 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations 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		<b>X</b>
41 List the states with which a copy of this return is filed		<b>IA</b>
42a The organization's books are in care of		<b>Gretta Irwin</b>
Located at		<b>535 E Lincoln Way</b>
Telephone no		<b>515-232-7492</b>
ZIP + 4		<b>50010-6665</b>
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)?		<b>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.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?		<b>X</b>
If "Yes," enter the name of the foreign country		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<b>43</b>
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
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		<b>X</b>

Form 990-EZ (2009)

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's 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		

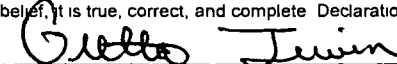
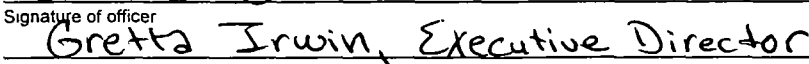
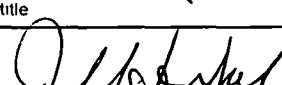
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's 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

d Total number of other independent contractors each receiving over \$100,000

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		Date <u>5/14/2010</u>	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature 		Date <u>04/29/10</u>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Henkel &amp; Associates, P.C.</u> <u>617 Keeler St</u> <u>Boone, IA 50036</u>		Preparer's Identifying Number (See instr.) <u>P00031726</u>	
			EIN <u>515-432-8636</u> Phone no <u>515-432-8636</u>	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

## Special Events Schedule

Form **990**

2009

For calendar year 2009, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name ,	Employer Identification Number
--------	--------------------------------

Iowa Turkey Federation Inc

42-0815721

	(A)	(B)	(C)	Others	Total
Gross receipts	40,094	12,415	0	0	52,509
Less contributions	0	0	0	0	0
Gross revenue	40,094	12,415	0	0	52,509
Less direct expenses	56,465	16,727	0	0	73,192
Net income (loss)	-16,371	-4,312	0	0	-20,683

Description	(A)	Turkey Day Education/Promot

(B) **Turkey Advertising**

(C) \_\_\_\_\_

Others \_\_\_\_\_

## Federal Statements

### Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
Allied Investment-Memb. Dues	\$ 28,500
Total	\$ 28,500

### Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
Council Operating Receipts	\$ 104,524
Marketing Council Rent Rcpts	7,200
WEB Link Receipts	400
Education	200
MDF Reimbursement	158
BIO Security Sign Receipts	50
Total	\$ 112,532

### Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Promotional Advertising	3,530
Office Supplies/Equip	3,719
Information/Technology	3,075
Travel/Entertainment	7,619
Board/Comm Meetings	2,334
Insurance	2,038
Dues and subscriptions	5,345
Equipment rental & Maint.	2,516
Exhibit expense	148
Telephone	4,381
Bank Charges	189
Miscellaneous	905
Total	\$ 35,799

### Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
PAC Receipts	\$ 8,205
PAC Interest	16
Expenses	-677
Net assets from segregated PAC Fund whose taxable income is less than \$0.	
Total	\$ 7,544

**Federal Statements****Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beginning of Year	End of Year
Accounts Receivable	\$	\$ 3,600
Prepaid Expenses and Deferred Charges	394	413
Certificates of deposit	21,686	11,297
	<u>22,080</u>	<u>15,310</u>

**Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 5,157	\$ 4,912
	<u>5,157</u>	<u>4,912</u>



**Federal Statements****Statement 7 - Form 990-EZ, Part III, Line 28 - Statement of Program Service  
Accomplishments****Description**

Promote educational work and develop the interest of the turkey industry for the general betterment of such industry. To provide a means of cooperation with the Federal and State governments and all educational institutions in matters of general concern of the industry.

Form 4562 - Depreciation and Amortization  
Election Not to Claim Additional Depreciation for Specific Classes

Name as shown on return: IOWA TURKEY FEDERATION INC

Taxpayer's ID#: 42-0815721

Year: 2009

Taxpayer makes the following elections pertaining to additional first year depreciation:

Classes	Assets Acquired in 2008/2009
	Elect Out

5 year class YES

7 year class YES

Form **4562**  
Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No 1545-0172

**2009**Attachment  
Sequence No **67**

◆ See separate instructions.

◆ Attach to your tax return.

Name(s) shown on return

**Iowa Turkey Federation Inc**

Identifying number

**42-0815721**

Business or activity to which this form relates

**Turkey Education & Promotion****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	<b>250,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>800,000</b>
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instr.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	<b>13,098</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

**Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		<b>495</b>	<b>5.0</b>	<b>HY</b>	<b>SL</b>	<b>49</b>
c 7-year property		<b>6,402</b>	<b>7.0</b>	<b>HY</b>	<b>SL</b>	<b>457</b>
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

**Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>13,604</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)