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Short Form Return of Organization Exempt From Income Tax

2009

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

Under section 501(e), 527, or 4947(a)(1) of the internal Revenue Code
(except black tung benofit 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.

Open to Public Inspection

Once of explosions December	A	For the	the 2009 calendar year, or tax year beginning , 2009, and ending , 20							20
Number and server Poor Number Poor Num	8	Check if as						ayor ida	entification m	coden
Name drategy Property Prope		Address c	ange uso (RS Texas Association of Meat Processors				74-2584138			
Terminated Program	닏		nge potna cr Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tele					hone nu	ımber	
Number Personal Security	H		um 1975. P.O. Box 3970							
Audiciation powering Neuro Payrein, Parissa 77805	H				City or town, state or country, and ZIP + 4		E Grou	n Ever	motion	
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Wabakitas: D Wabakitas: D Wabakitas: D Wabakitas: D Wabakitas: D Tan-anempti statute (check only one) D S01(c) M (insert no.) 4847(a)(1) or 527 539-PF) 539-PF 17 the organization is not acciton 509(a)(8) aupporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or \$590-PF 17 the organization in not required. Dut if the organization chooses to file a return, be sure to file a complete return. L Add inses 5b, 8b, and 7b, 1b line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ S S S S S S S S S		O Sack	aon sur(c)(s)		• • • • • • • • • • • • • • • • • • • •		-		Casn _	_ Accruai
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Ten-exempt status (check only one)					64				•	
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-EZ o	-								hedule B (Fo	orm 990,
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.	<u>J</u>	ви-оке	<u> පග්යේෂ fogma</u>	check or	nly one) — 🗹 501(c) () ◀ (insert no.) 🗌 4947(a)(1) or 📘 527	990-EZ,	or 990)-PF).	 	
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)										000. A
Reveruse, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received.		Form 99	90-EZ or Form	n 990 ret	turn is not required, but if the organization chooses to file a return, be sure	e to file a	compl	ete ret	um.	
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27 Net assets or fund balances (line 27 of column (B) must agree with line 21)										30310
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Form	990-EZ	(2009)						Page 2
Par		<u>` </u>	ogram Servico Accom	plishments (See the instr	uctions for Part II	l.)		Епроляем
Desc man	cribe v ner, d	what was achieved	in carrying out the org	member eductational inform anization's exempt purpor of persons benefited, and of	ses. In a clear a	nd concise rmation for	501(d organ 4947	uired for section c)(3) and 501(c)(4) nizations and section (a)(1) trusts; optiona thers.)
28	and o	wners		rs to exchange ideas and ma				
29	(Gran) If this amount distrubted to approximatel	includes foreign grants, ch y 120 members	eck here	<u>. D U</u>	288	
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	(Gran			includes foreign grants, ch	eck here	. 🔈 🗆	30a	
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92 Par		liet of Officers Dis	apanses (add lines 28a v	through 31a)	· · · · · · ·	D	32	tions for Bort IV
4		(a) Name and a		(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0)	(d) Contributemployee banef deferred comp	ions to fit plans &	(a) Expense
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Form 99	0-EZ (2009)		F	ege 3
Part	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	33		9
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Ø.
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?	35a		9
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		Ø
38	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	36		S
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a Did the organization file Form 1120-POL for this year?	37b		w
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 outstanding at the end of the period covered by this return?	38a		€ C
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:		ļ	
a	Initiation fees and capital contributions included on line 9	1		
. b	Gross receipts, included on line 9, for public use of club facilities	4		
4 0 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▷			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			ļ
	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	400		6
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	400	 	ļ
	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			
8	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	40a		1
41	List the states with which a copy of this return is filed. ▶		·	<u> </u>
42a	The organization's books are in care of ▶ Dr. Davey Griffin Telephone no. ▶			
	Located at ▶ P.O. Box 3970, Bryan, Texas ZIP + 4 ▶	77	805	
ර්	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		Yes	No
	account)?	42b	ļ	•
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form YD 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.?	42c		Ø
AS	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			⊳□
43	and enter the amount of tax-exempt interest received or accrued during the tax year		•	
			Vec	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1.08	1 140
• •	Form 990-EZ	44		
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		9
		_	N (257	(2000)

Part VI

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	section 4947(a)(1) none 17(a)(1) nonexempt chari Id 51.	xempt charita table trusts mu	ble trust s only. A ust answer questio	II section ns 46–49b		
	Did the organization engage in direct or indirect				Yes No		
	candidates for public office? If "Yes," complete Schedule C, Part I						
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II						
	s the organization a school as described in section				48		
	Did the organization make any transfers to an ex				49a		
50 (If "Yes," was the related organization a section 5 Complete this table for the organization's five high	o2/ organization?	· · · · · · ·		49b		
	employees) who each received more than \$100,0	gnest compensated emplo 000 of compensation from	the organization	. If there is none, em	ter "None."		
		(b) Title and average	(c) Compensation	(d) Contributions to	(a) Expense		
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation	account and other allowances		
·		GOVOLOG TO POULIGH	 				
				ļ			
8	Total number of other employees paid over \$100		<u> </u>		<u> </u>		
	\$100,000 of compensation from the organization (a) Name and address of each independent contractor	·	· · · · · · · · · · · · · · · · · · ·	Type of service	(c) Compensation		
	(a) Name and address of each independent contractor	paid more than \$100,000	127	Type of service	(c) Compensation		
	· · · · · · · · · · · · · · · · · · ·						
		' 'n					
 							
od '	Total number of other independent contractors e	each receiving over \$100,00	00≫	 v 	 		
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including accompan of preparer (other than officer) is b	ying schedules and s assd on all informati	statements, and to the bes	at of my knowledge any knowledge.		
Sign Here	Signature of officer Date						
	Davey Griffin - Executive Director						
	Type or print name and title		····	Ta			
Paid Prepare	Preparer's signature	Date	Check if self- employed ⊳	Preparer's identifying nun	nbar (See instructions)		
Use Onl	Linususus (ca 7						
	address, and ZIP + 4			Phona no. ▷			
May the	e IRS discuss this return with the preparer shown	n above? See instructions	· · · · · · ·	⊳ [Yes No		
				Fo	m \$30-EZ (2009)		