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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** 3/01 , 2009, **and ending** 2/28 , 2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C
IOWA MEAT PROCESSORS ASSOCIATION
404 6TH AVENUE
CLARENCE, IA 52216

D **Employer identification number** 42-6067026

E Telephone number 563/452-3329

F Group Exemption Number ►

• ***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) (6) ◄ (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 ► $ 101,804.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	68,704.
	2	Program service revenue including government fees and contracts	2	27,420.
	3	Membership dues and assessments	3	
	4	Investment income	4	779.
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line — 6a		
	b	Less direct expenses other than fundraising expenses — 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	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	
	8	Other revenue (describe ► See Statement 1)	8	4,901.
	9	**Total revenue** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	101,804.
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	7,800.
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,961.
	16	Other expenses (describe ► See Statement 2)	16	55,079.
	17	**Total expenses.** Add lines 10 through 16 ►	17	64,840.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	36,964.
	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	116,142.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ►	21	153,106.

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
22	Cash, savings, and investments	116,142.	22	153,106.
23	Land and buildings		23	
24	Other assets (describe ► _____)		24	
25	**Total assets**	116,142.	25	153,106.
26	**Total liabilities** (describe ► _____)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	116,142.	27	153,106.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Form **990-EZ** (2009)

TEEA0803L 01/30/10

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

What is the organization's primary exempt purpose? BUSINESS LEAGUE ORGANIZATION

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

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

28 THE ANNUAL CONVENTION IS USED TO GIVE AWARDS, DISSEMINATE CURRENT INDUSTRY INFORMATION AND CREATE A NETWORK OF MEMBERS.

(Grants $) If this amount includes foreign grants, check here ► ☐ 28a

29 THE HAACP PROGRAM IS USED TO HELP SUBSIDIZE CONTINUING EDUCATION IN THE MEAT PROCESSING INDUSTRY FOR MEMBERS.

(Grants $) If this amount includes foreign grants, check here ► ☐ 29a

30 A BOOTH AT THE IOWA STATE FAIR IS USED TO INFORM THE PUBLIC OF THE BENEFITS OF MEAT PRODUCTS.

(Grants $) If this amount includes foreign grants, check here ► ☐ 30a

31 Other program services (attach schedule) See Statement 3
(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 instrs)

(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 and deferred compensation	(e) Expense account and other allowances
See Statement 4		7,800.	0.	0.

Part V **Other Information** (Note the statement requirements in the instrs 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		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		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 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	X	
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b	X	
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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
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?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A			
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	40b		
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 ► 0.			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0.			
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		X
41	List the states with which a copy of this return is filed ► None			

42a The organization's books are in care of ► KENNETH RICHMANN Telephone no. ► 563/452-3329

Located at ► P.O. BOX 334 Clarence IA ZIP + 4 ► 52216

			Yes	No
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)?	42b		X
	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 a 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		X
	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 ► ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A			
			Yes	No
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 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.

			Yes	No
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	46		
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If 'Yes,' was the related organization a section 527 organization?	49b		

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 '

(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 and 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

► Kenneth Richmann. Date ► July 7 2010

Signature of officer

► KENNETH RICHMANN Executive Director

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► Alan A. Daedlow CPA	Date 6.28.10	Check if self-employed ► ☐	Preparer s Identifying Number (See instructions) P00026898
Firm's name (or yours if self employed), address, and ZIP + 4 ► Latta Harris Hanon & Penningroth, LLP 1201 North Avenue Tipton, IA 52772-1143		EIN ► 39-1901322 Phone no ► (563) 886-2187	

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

Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

	$	4,045.
MISCELLANEOUS INCOME		856.
Total	$	4,901.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

COMPUTER AND HARDWARE	$	1,776.
CONFERENCES,CONVENTIONS,MEETIN		18,925.
DUES		135.
FOOD EXPO BOOTH EXPENSE		500.
HAACP PROGRAM		27,547.
MEAT JUDGING ENDOWMENT		1,307.
OFFICE EXPENSE		894.
PLAQUES		2,381.
REFUND		707.
STATE FAIR BOOTH EXPENSE		578.
TELEPHONE		329.
Total	$	55,079.

Statement 3
Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

Description	Grants	Program Service Expenses
A BOOTH AT THE MEAT AND FOOD PROCESSING EXPOSITION IS USED TO INFORM THE PUBLIC OF THE BENEFITS OF MEAT PRODUCTS. Includes Foreign Grants: No		
Total	$ 0.	$ 0.

Statement 4
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
MARTY KONZEN 3033 ASBURY ROAD DUBUQUE, IA 52001	Director 1.00	$ 0.	$ 0.	$ 0.

Statement 4 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
TERRY KRAFT P.O BOX 118 RUTHVEN, IA 51358	Director 1.00	$ 0.	$ 0.	$ 0.
BRENDA MARTIN 330 AVE. M, AS&T, N. BLDG 302A FORT DODGE, IA 50501	CIRAS REP 1.00	0.	0.	0.
LORNA COADY 2484 50TH STREET FAIRMONT, MN 56031	Director 1.00	0.	0.	0.
JOHN TIEFENTHALER P.O. BOX 148 HOLSTEIN, IA 51025	Past President 1.00	0.	0.	0.
DALE HAUPERT 310 W 2ND STREET ATLANTIC, IA 50022-1010	Director 1.00	0.	0.	0.
DAVID WALTER 501 DAVIS AVE. CORNING, IA 50841	1st Vice Pres. 1.00	0.	0.	0.
CLINT SMITH 465 PARKER STREET PO BOX 187 STANHOPE, IA 50246	Director 1.00	0.	0.	0.
KENT STRICKER 514 MAIN STREET OSAGE, IA 50461	2nd Vice Pres. 1.00	0.	0.	0.
KEVIN HASTINGS 701 S. EAST STREET BLOOMFIELD, IA 52537	3rd Vice Pres. 1.00	0.	0.	0.
ANDY THESING 10 9TH STREET NW WAUKON, IA 52172	Director 1.00	0.	0.	0.
BILL DAYTON 102 MONTEZUMA STREET MALCOM, IA 50157	President 1.00	0.	0.	0.
VICKI LOWNEY 1126 88th PLACE KENOSHA, WI 53143	Supplier Rep. 1.00	0.	0.	0.

Statement 4 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
JEFF SCHWAKE 654 CEDAR BEND ST. WATERLOO, IA 50703	Supplier Rep. 1.00	$ 0.	$ 0.	$ 0.
DR. JOE CORDRAY IOWA STATE UNIV., 194 MEAT LAB AMES, IA 50011	Honorary Mem. 1.00	0.	0.	0.
KENNETH RICHMANN P.O. BOX 334 CLARENCE, IA 52216	Executive Direc 15.00	7,800.	0.	0.
	Total	$ 7,800.	$ 0.	$ 0.