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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)

2009

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

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

A For 2009 calendar year, or tax year beginning JULY 01, 2009, and ending JUNE 30, 2010

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: PHILA REGIONAL SECTION - IFT. D Employer identification number: 23-6274096. E Telephone number: (651) 263-4611. F Group Exemption Number.

G Accounting Method: Cash or Accrual. Other (specify) CASH. H Check if organization is not required to attach Sch. B.

I Website: PHILADELPHIAIFT.ORG. J Tax-exempt status: 501(c)(3).

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.

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. Total: 78,655

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows for Revenue (lines 1-9) and Expenses (lines 10-17), and 4 rows for Assets (lines 18-21). Includes a 'RECEIVED' stamp from IRS-OSSC dated JAN 07 2011.

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.

Table with 7 rows for Balance Sheets, comparing (A) Beginning of year and (B) End of year for Cash, Land, Other assets, Total assets, Total liabilities, and Net assets.

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

Form 990-EZ (2009)

SCANNED JAN 19 2011

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**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		X
34	Were any changes made to the organizing or governing documents? 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 <b>not</b> 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?		X
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file <b>Form 1120-POL</b> 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	
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	
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	40b	X
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	40e	X
41	List the states with which a copy of this return is filed. <b>NONE</b>		
42a	The organization's books are in care of <b>See attachment #6</b> Telephone no Located at 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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	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:	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
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	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	X

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 & deferred compensation	(e) Expense account and other allowances
NONE				

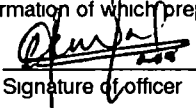
f Total number of other employees paid over \$100,000 ...

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
NONE		


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

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.

**Sign Here**  Signature of officer | 01-03-2011 Date

**AMIT PAL** **TREASURER**  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature  Date 01-03-2011 Check if self-employed  Preparer's identifying no. (See instr.) 43-1871840

Firm's name (or yours if self-employed), address, and ZIP + 4 HR Block Tax Group 1500 Almonesson Rd Bldg A-4 Deptford, NJ EIN P00075436 Phone no. 856-853-5311

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

**SCHEDULE OF OTHER REVENUE**

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 8

Open to Public Inspection	For calendar year 2009 or tax period beginning	07-01-2009, and ending	06-30-2010.
Name of Organization PHILA REGIONAL SECTION - IFT			Employer Identification Number 23-6274096

Description of Other Revenue	Amount
WEBSITE	20
<b>Total</b>	<b>20</b>

**SCHEDULE OF OTHER EXPENSES**

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2009 or tax period beginning	07-01-2009, and ending	06-30-2010.
Name of Organization PHILA REGIONAL SECTION - IFT			Employer Identification Number 23-6274096

Description of Other Expenses	Amount
TELEPHONE	304
MISCELLANEOUS	158
DINNER MEETINGS	10,549
DINNER SPEAKERS	850
WEBSITE	540
MEETING EXPENSES EXCOM	304
Total	12,705

**SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID**

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid  
 Open to Public Inspection For calendar year 2009, or tax year period beginning 07-01-2009 and ending 06-30-2010.

Name of Organization PHILA REGIONAL SECTION - IFT  
 Employer Identification Number 23-6274096

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
SCHOLARSHIPS	CARLY JEAN BOMBOLEVICZ DEL VAL COLLEGE	1,500	
SCHOLARSHIPS	JAMIE SHIPE DEL VAL COLLEGE	1,500	
SCHOLARSHIPS	MARJORIE ASTERO	1,500	
SCHOLARSHIPS	JACK HUANG	250	
SCHOLARSHIPS	MELANIE CHANG	4,750	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
NONE	CASH	1,500			2010-05
NONE	CASH	1,500			2010-05
NONE	CASH	1,500			2010-05
NONE	CASH	250			2010-05
NONE	CASH	4,750	Total		2010-05

**SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID**

Attachment 2: page 2 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid  
 Open to Public  
 Inspection

For Calendar year 2009, or tax year period beginning 07-01-2009 and ending 06-30-2010.

Name of Organization  
 PHILA REGIONAL SECTION - IFT  
 Employer Identification Number  
 23-6274096

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate		
SCHOLARSHIPS	' ' ' ' CONNOR KALAFSKY	150			
SCHOLARSHIPS	' ' ' ' NEEL MEHTA	125			
SCHOLARSHIPS	' ' ' ' MERLIN SHAJEE	125			
	' ' ' '	100			
		500			
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
NONE	CASH	150			2010-05
NONE	CASH	125			2010-05
NONE	CASH	125			2010-05
	Total	100			2010-05
		500			

**SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID**

Attachment 2: page 3 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid  
 Open to Public Inspection

For Calendar year 2009, or tax year period beginning 07-01-2009 and ending 06-30-2010.

Name of Organization  
 PHILA REGIONAL SECTION - IFT  
 Employer Identification Number  
 23-6274096

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
SCHOLARSHIPS	BARBARA SIMACEK		
GRANT	DREXEL UNIVERSITY	75	
GRANT	PHILA., PA UNIVERSITY OF DELAWARE	500	
GRANT	DE DEL VAL COLLEGE	500	
		1,075	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
NONE	CASH				
NONE	CASH	75			2010-05
NONE	CASH	500			2010-05
NONE	CASH	500			2010-05
Total					1,075

**SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID**

Attachment 2: page 4 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection

For Calendar year 2009, or tax year period beginning 07-01-2009 and ending 06-30-2010.

Name of Organization

PHILA REGIONAL SECTION - IFT

Employer Identification Number

23-6274096

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate		
GRANT	PA GLOUCESTER COUNTY COLLEGE SEWELL, NJ	500 500			
		1,000			
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
NONE	CASH	500 500			2010-05 2010-05
Total					1,000

**PRIMARY EXEMPT PURPOSE**

Attachment 4: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning	07-01	, and ending	06-30-2010.
Name of Organization				Employer Identification Number
PHILA REGIONAL SECTION - IFT				23-6274096

Primary Purpose

28.FOOD SERVICE PROGRAMS: PROVIDED SCHOLARSHIPS FOR HIGH SCHOOL, COLLEGE &GRADUATE STUDENTS INVOLVED IN THE STUDY OF FOOD SCIENCE. (0 TRANSCRIPTS AND INVOLVEMENT IN IFT)

**CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

Attachment 5: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

Name of Organization PHILA REGIONAL SECTION - IFT Employer Identification Number 23-6274096

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben Plans & Def. Comp.	(E) Expense Account & Other Allowances
AMIT PAL 1 CAMPBELL PLACE MAIL BOX 202 Camden, NJ 08103	TREASURER 0.50	0	0	0
JOAN LORENZ 1 CAMPBELL PLACE Camden, NJ 08103	CHAIR 1.00	0	0	0

**BOOKS ARE IN CARE OF**

Attachment 6 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning	07-01	, and ending	06-30-2010.
Name of Organization				Employer Identification Number
PHILA REGIONAL SECTION - IFT				23-6274096
Part V - Line 42a				

Individual Name .....  
or  
Business Name

Street Address .....

U.S. Address.

Zip code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number .....

Fax Number .....