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**Return of Organization Exempt From Income Tax**

**2009**

**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 \$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.

**A** For the 2009 calendar year, or tax year beginning 9/1/2009, and ending 8/31/2010

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: **INSTITUTE FOR THERMAL PROCESSING SPECIALISTS**  
 Number and street (or P O box, if mail is not delivered to street address): **304 STONE ROAD W**  
 City, town, or country: **GUELPH, ON CANADA** State: **ON** ZIP + 4: **N1G 4W4**

**D** Employer identification number: **54-1238221**

**E** Telephone number: **(519) 824-6774**

**F** Group Exemption Number: **N/A**

**G** Accounting Method:  Cash  Accrual  
 Other (specify) ▶

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

**I** Website: ▶ WWW.IFTPS.ORG

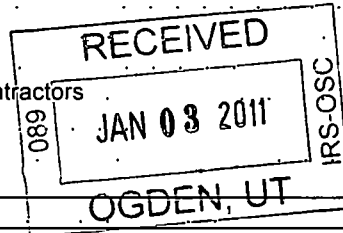
**J** Tax-exempt status (check only one) —  501(c) ( 6 ) ◀ (insert no)  4947(a)(1) or  527

**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 ▶ \$ **113,156**

**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	5,000
2	Program service revenue including government fees and contracts	2	79,176
3	Membership dues and assessments	3	23,301
4	Investment income	4	1,490
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)	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	4,189
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	113,156
		Expenses	
10	Grants and similar amounts paid (attach schedule)	10	8,301
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	71,010
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ▶ <u>See Attached Statement</u> )	16	10,710
17	<b>Total expenses.</b> Add lines 10 through 16	17	90,021
		Net Assets	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	23,135
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	328,737
20	Other changes in net assets or fund balances (attach explanation)	20	0
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	351,872



**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	324,973	346,428
23	Land and buildings		
24	Other assets (describe ▶ <u>Computer, copier other office equipment</u> )	3,764	5,444
25	<b>Total assets</b>	328,737	351,872
26	<b>Total liabilities</b> (describe ▶)	0	0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21).	328,737	351,872

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<b>Part III Statement of Program Service Accomplishments (See the instructions for Part III)</b>		<b>Expenses</b>	
What is the organization's primary exempt purpose? <u>Education to ensure public safety</u>		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
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, and other relevant information for each program title			
<b>28</b>	Held an annual conference and symposium attended by 180 participants with presentations on technical and regulatory issues, and information exchange. A 2 1/2 day conference was held in Portugal with 40 participants sharing information on global technical issues (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	0
<b>29</b>	Maintained a website deseminating technical information and guidelines to our 400 plus members and the public at large (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	0
<b>30</b>	Awarded 6 student scholarships. The board is also proceeding with a plan to sponsor a student research project and sponsored 2 students to attend a professional development workshop on thermal processing (Grants \$ 8,301 ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	<b>30a</b>	0
<b>31</b>	Other program services (attach schedule) (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	0
<b>32</b>	Total program service expenses. (add lines 28a through 31a)	<b>32</b>	0

<b>Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)</b>				
(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
RICHARD KIMBALL BOX 309 SALEM OR 97308	Title CHAIR/PRES Hr/WK 1.00	0	0	0
IAN BRITT 102 HARVARD ROAD GUELPH N1G 4W4 Canada	Title EX DIR Hr/WK 30 00	71,010	0	0
TERRY HEYLIGER 2300 INDUSTRIAL AVENUE MADERA CA 93639	Title V CHAIR Hr/WK 1 00	0	0	0
DAVID ANDERSON 1072 RIVER AVENUE PITTSBURGH PA 15212	Title DIR Hr/WK 50	0	0	0
ROSANNE BATEMA 2400 W. LLOYD EXPRESSWAY EVANSVILLE IN 477	Title DIR Hr/WK 50	0	0	0
PAMELA HARDT-ENGLISH 2305 ELKHORN COURT SAN JOSE CA 95125	Title DIR Hr/WK 50	0	0	0
LAYNE MARTIN 2 HORMEL PLACE AUSTIN MN 59125	Title DIR Hr/WK .50	0	0	0
GARY TUCKER CHIPPING CAMDEN GLOUCESTER United Kingdom	Title DIR Hr/WK 50	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0

**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 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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0		
b	Did the organization file Form 1120-POL for this year?		X
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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b> 0		
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9	<b>39a</b>	
b	Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	
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 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	<b>40b</b>	
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>40e</b>	
41	List the states with which a copy of this return is filed ▶		
42 a	The organization's books are in care of ▶ Dr. Ian Britt Telephone no ▶ (519) 824-6774 Located at ▶ 304 Stone Road W. City Guelph ST ONTA ZIP + 4 ▶ N1G 4W4		
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.	<b>42b</b>	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	<b>42c</b>	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 ▶ <b>43</b> N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44</b>	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	<b>45</b>	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

- 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 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 a section 527 organization?

	Yes	No
46		
47		
48		
49a		
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 & deferred compensation	(e) Expense account and other allowances
Name None City Str ZIP	Title Hr/WK	00	0	0
Name City Str ZIP	Title Hr/WK	00	0	0
Name City Str ZIP	Title Hr/WK	00	0	0
Name City Str ZIP	Title Hr/WK	00	0	0
Name City Str ZIP	Title Hr/WK	.00	0	0

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
Name None City Str ZIP		
Name City Str ZIP		
Name City Str ZIP		
Name City Str ZIP		
Name City Str ZIP		

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: *Richard Kimball* Date: 12-27-2010

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

Preparer's identifying number (See instructions): \_\_\_\_\_

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

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

		10,710
1	Travel	2,717
2	Meals and entertainment	
3	Fundraising	
4	Amortization	0
5	Conferences, conventions, and meetings	
6	Depreciation	0
7	Depletion	
8	Equipment rental and maintenance	
9	Interest	
10	Supplies	427
11	Telephone	1,356
12	Unrelated business income taxes	0
13	Miscellaneous	
14	Web development and maintenance	4,434
15	Corporate registration	25
16	PO Box rental	181
17	Postage	39
18	Legal	300
19	Bank charges	74
20	Software	44
21	Lapel pins	1,113
22		
23		
24		
25		
26		
27		
28		
29		

INSTITUTE FOR THERMAL PROCESSING SPECIALISTS

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

Class of activity	Grantee's Name	Check if grantee is a business	Address	City	State	Zip Code	Foreign Country	Amount of Grant	Relationship
Educational	Gaurav Ghal		11903 Callow Terrace	Laurel	MD	20708		1,500	None
Educational	Yanwen Shao						Canada	500	None
Educational	Hussein Hassan						Canada	250	None
Educational	IFT Foundation							5,500	None
Educational	Grad training course sup							551	None
								8,301	