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5086

Form

Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047 2010

Open to Public Inspection

Α	For the 2010 cal	endar year, or tax year beginning , and ending			
В	Check if applicable	C Name of organization		D Emple	oyer identification number
	Address change	Iowa Turkey Federation Inc			
\equiv	·	Doing Business As		42-	-0815721
ַ י	Name change	Number and street (or P O box if mail is not delivered to street address)	Room/suite		none number
ا ل_	Initial return	PO Box 825 535 E Lincoln Way	rio di ili dano		5-232-7492
٦,	Terminated				
_		City or town, state or country, and ZiP + 4			. 224 700
- #	Amended return	Ames IA 50010-0825		G Gross reco	eipts \$ 324,708
1	Application pending	F Name and address of principal officer	H(a) Isthisagi	roup return for a	affiliates? Yes X No
		Gretta Irwin		·	
		535 E Lincoln Way	H(b) Are ail a		1200
		Ames IA 50010	If "No	o," attach a l	ist (see instructions)
	Tax-exempt statu	s 501(c)(3) X 501(c) (5) ◄ (insert no) 4947(a)(1) or 527			
,	Website ► N	I/A	H(c) Group e	xemption nu	mber ▶
	Form of organization			974	M State of legal domicile IZ
		Immary	<u> </u>		Tit Otate of logal dollinois
					
		scribe the organization's mission or most significant activities			
	See	Schedule O			
Activities a coveringnice					
	2 Check th	is box Fig. if the organization discontinued its operations or disposed of more than 25% of	of its net assets	3	
ı		of voting members of the governing body (Part VI, line 1a)		3	15
ı	ì	of independent voting members of the governing body (Part VI, line 1b)		4	15
1	1				5
ı		nber of individuals employed in calendar year 2010 (Part V, line 2a)		5	
I	6 Total nun	nber of volunteers (estimate if necessary)		6	250
	7a Total unr	elated business revenue from Part VIII, column (C), line 12		7a	3,160
	b Net unrel	ated business taxable income from Form 990-T, June-34-19 17		7b	
]		KEVEIVED-O	Prior Yea		Current Year
	8 Contribut	ions and grants (Part VIII, line 1h)	3:	3,918	2,344
l	9 Program	service revenue (Part VIII, line 2g)	6.	5,058	182,529
	-	nt income (Part VIII, line 2g)		845	307
I	1 (enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 40c, and 11e)	11'	2,532	51,941
		enue – add lines 8 through 11 (must equal Part VIII) column (A), line 12)		2,353	237,121
١	13 Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)			9,500
۱	14 Benefits	paid to or for members (Part IX, column (A), line 4)			
ı	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	104	4,700	113,470
I	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)		1	
l		draising expenses (Part IX, column (D), line 25) ▶			······································
		penses (Part IX, column (A), lines 11a–11d, 11f–24f)	61	5,620	134,591
I					
Ì	•	enses Add lines 13–17 (must equal Part IX, column (A), line 25)		0,320	257,561
ļ	19 Revenue	less expenses Subtract line 18 from line 12		2,033	-20,440
١		<u> </u>	Beginning of Curr		End of Year
l	20 Total ass	ets (Part X, line 16)		7,147	434,914
۱	21 Total liab	lities (Part X, line 26)		4,912	3,290
וות סמומוורכים	22 Net asset	s or fund balances Subtract line 21 from line 20	452	2,235	431,624
		gnature Block			
n		erjury, I declare that I have examined this return, including accompanying schedules and statements, and	to the best of my	knowledae a	and belief, it is
		mplets, Declaration of preparer (other than officer) is based on all information of which preparer has any k			
		10 totto Terrin			
~	n F	The state of the same of the s			
		ignature of officer Gretta Irwin, Executive Directo	_	Date	1105/15 (0)
r	e		<u>, </u>		5 512011
	FT	ype or print name and title	<u>,</u>		
	Print/Typ	e preparer's name Preparer's signature	Date	Check	f PTIN
d	James Darer Only	Henkel /// Duran	05/16/	/11 self-em	ployed P00031726
p	parer Firm's na	me > Henkel & Associates, P.C.	Fi	rm's EIN	42-1017239
Ļ	Only	817 Keeler St			
	Firm's ac	D T3 F003C		hone no	515-432-8636
		s this return with the preparer shown above? (see instructions)		HOHE HU	
_		duction Act Notice, see the separate instructions.			X Yes No
ur!	raverwork KAC	IUCIION ACI NONCE. SEE INE SEDAFATE INSTRUCTIONS.			Enrm UU (1/2010)

<u> </u>	art iv Checklist of Required Schedules			
	to the annual or decembed in postor E04/oV/2) or 4047/oV/4) (other than a private foundation) 2 if "Voc."		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1		x
•	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	 	X
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		 	122
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		-	
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		ł
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	\ -	 	t
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have		· · · ·	
•	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6	ł	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Ì	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		 	
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-			
	endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			İ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
þ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	l		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
0	, , , , , , , , , , , , , , , , , , , ,	11e		X
f	• , , , , , , , , , , , , , , , , , , ,			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	• • • • • • • • • • • • • • • • • • • •			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	The state of the s			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			~-
-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	_		32
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	,,		77
7	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			v
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40	ŀ	v
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		<u> </u>
	If "Yes," complete Schedule G, Part III	40		x
0a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19		$\frac{\mathbf{\hat{x}}}{\mathbf{x}}$
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some	20a		
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20ь	l	
	- Jana managana)			

	attiv Officialist of Hodgania Contaction (Contaction)	-			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations					
	in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II			21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States					
	on Part IX, column (A), line 29 if "Yes," complete Schedule I, Parts I and III			22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ļ		
	organization's current and former officers, directors, trustees, key employees, and highest compensated					
	employees? If "Yes," complete Schedule J			23		_ <u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than					
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b					
	through 24d and complete Schedule K. If "No," go to line 25			24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year					
	to defease any tax-exempt bonds?			24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction					
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a		
b						
	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			25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or					v
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II			26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,					
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			27		x
	If "Yes," complete Schedule L, Part III			27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,					
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			28a		х
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			208		
b	Schedule L, Part IV			28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			200		
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified					
-	conservation contributions? If "Yes," complete Schedule M			30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,					
•	Part I			31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"					
	complete Schedule N, Part II			32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations					
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I			33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,					
	IV, and V, line 1			34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			35		<u> </u>
а	Did the organization receive any payment from or engage in any transaction with a					
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,					
	Part V, line 2	_ Yes	X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable					
	related organization? If "Yes," complete Schedule R, Part V, line 2			36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,					7.
	Part VI			37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			30	x	
	19? Note. All Form 990 filers are required to complete Schedule O			38		

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V			ا]. .
	14.15	 	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W/2G included in line 1a. Enter -0- if not applicable			ŀ
b	Enter the humber of Forms 44-20 modaded in time to Enter 5-4 mod approache			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			1
	reportable gaming (gambling) winnings to prize winners?	1c		-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
	Otalements, med for the selected year and my time year and the selected year.	— <u>"</u>	х	l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	X	┢
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30	- 22	-
4a	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	4a		x
	account)?	44		
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	5a		x
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	· ·		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		x
L .	organization solicit any contributions that were not tax deductible?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6h		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		
_	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	\vdash
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.5		
С	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		\vdash
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		_
9 h	If the organization received a contribution of qualified intellegates, or other vehicles, did the organization file a Form 1098-C?	7h		Г
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	ii		
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		ĺ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			ĺ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ĺ
11	Section 501(c)(12) organizations. Enter			ĺ
а	Gross income from members or shareholders			ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
_	If "Voc." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h		

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through /b below.			
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	Sch	edule	3
	O. See instructions.			-
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
		لـــــا	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15]		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	_	X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	"		_
Ů	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C		<u> </u>	
	The first of the section of the first of the	000	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	163	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	100		
D	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10ь		ĺ
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	100		
Ha	form?	44.	X	ĺ
h		11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40	v	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		v	l
_	rise to conflicts?	12b	<u>_X</u> _	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		7.5	
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	——
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	i		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	_X_	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	İ		
	with a taxable entity during the year?	16a		<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ IA			•
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available			
	for public inspection Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,			
	and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ Gretta Irwin 535 E Lincolnway			
An	nes IA 50010 515	-232	2-7	492

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the orga	(B)							(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director		Officer		employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Robert Achen								-		
Past-President	0.00	<u> </u>				<u> </u>		0	0	0
(2) Gretta Irwin				İ						
Executive Director	40.00	_	_		X	X		53,805	0	0
(3) Tim Doyle								_		
President	2.00	X	ļ	X			L	0	0	0
(4) Cal Halstead					ŀ			_		
Vice-Pres/Treasurer	2.00	X		X				0	0	0
(5) Steve Burrows	1	l							_	
Director	1.00	X						0	0	0
(6) Glenn Elzey	1 00									
Director	1.00	X			_	_	\Box	0	0	0
(7) Mark Graber	1 00	3,7								_
Director	1.00	X		-				0	0	0
(8) Tim Graber	1.00	.							أم	_
Director (9) Dana Haahr	1.00	X		_			-	0	0	0
	1.00	x								•
Director (10) Todd Hill	1.00	^						0	0	0
Director	1.00	x						o		•
(11) Rich Hogrefe	1.00	ı		-			-		0	0
Director	1.00	x						o	o	•
(12) Dave Kier	1.00	A		_						0
Director	1.00	$ \mathbf{x} $					İ	o	o	0
(13) Gerald Lessard	1.00	1		\dashv	-	\dashv	\dashv			0
Director	1.00	x						o	o	0
(14) Kim Reis	1.00		-		\dashv		_			
Director	1.00	$ \mathbf{x} $		ĺ				o	o	0
(15) Ray Team					$\neg \uparrow$	_				
Director	1.00	X	ļ		ļ		ļ	O	o	0
(16) Noel Thompson				\neg		_				
Director	1.00	x		İ				0	o	0
DAA										Form 990 (2010)

rt VII Section A. Officers,	, Directors, Trus	tees	, Ke	y En	plo	yees	, and						
(A) Name and Title	(B) Average	Pos	ition ((chec		hat ap		Reportable	Reportable		Estima	ted	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)		othe compens from t organiz and rel	r sation he ation ated	
Ross Thoreson	1.00	x						0	0				0
				_									
·	-												
· · · · · · · · · · · · · · · · · · ·											•		
					ļ								
												-	
					_							•	· · · ·
													<u> </u>
				_							_		
												· · ·	
Sub-total		ـــــــــــــــــــــــــــــــــــــ		i	<u> </u>		>	53,805					
	ts to Part VII, Se	ectio	n A				P	53,805					
Total number of individuals (inc	-		_	ose	listed	abo	ve) v	·	00,000 in				
				-4	1			bb		-		Yes	No
employee on line 1a? If "Yes," of	complete Schedu	ıle J	for s	uch i	ndıv	dual			n the		3		X
organization and related organi	zations greater t	han \$	150	,000	? If "	Yes,'	' con	nplete Schedule J for such			_4		X
									dividual 		5		х
			4						- 0400 000 - 6				
compensation from the organiz	ation	nsate	a inc	epe:	naer	it cor	itrac					(C)	
Name and	business address							Descript	ion of services		Co	npeńsat	ion
			_								-		
<u></u>				-									
								-			-		
				_			<u> </u>			 -			
Total number of independent or	ontractors (includ	lına h	out no	ot lim	uted	to th	ose	isted above) who					
									· · · · · · · · · · · · · · · · · · ·		0 Form	990	(2010)
	Sub-total Total from continuation shee Total (add lines 1b and 1c) Total number of individuals (increportable compensation from total didulation) Did the organization list any form of the organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization and related organization from the organization from	(A) Name and Title Average hours per week (describe hours for related organizations in Schedule O) Ross Thoreson ector 1.00 Sub-total Total from continuation sheets to Part VII, State (add lines 1b and 1c) Total number of individuals (including but not lin reportable compensation from the organization Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is the sum o organization and related organizations greater to individual Did any person listed on line 1a receive or accurate for services rendered to the organization? If "Yestion B. Independent Contractors Complete this table for your five highest compensation from the organization (A) Name and business address	(A) Name and Title Average hours per week (describe hours for related organizations in Schedule O) Ross Thoreson Pector 1.00 X Sub-total Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c) Total number of individuals (including but not limited reportable compensation from the organization Per any individual listed on line 1a, is the sum of reportable organization and related organizations greater than \$\frac{1}{2}\$ and person listed on line 1a receive or accrue conforservices rendered to the organization? If "Yes," complete this table for your five highest compensate compensation from the organization. Name and business address Total number of independent contractors (including but not limited reportable compensation from the organization per reportable compensation from the organization. Name and business address	(A) Name and Title Name and Title Name and Title Name and Title Name and Title Name and Title Name and Title Name and Title Name and Title Name and Title Name and Title Name and Title Name and Title Name and Title Name and Title Name and Title Name and Title Name and Nate and Name and Nate and Name and Dissiness address Name and Dissiness address Position I Name and Nate and Name and Name and Dissiness address Name and Dissiness address Position I Nate and Name and Nate and Nate and Name and Dissiness address Name and Dissiness address Position I Nate and Nate and Nate and Nate and Nate and Nate and Nate and Nate and Nate and Nate and Nate and Nate and Nate and Nate and Name and Dissiness address Total number of independent contractors (including but not nate and Dissiness address)	(A) Name and Title Average Position (check Company Compa	(A) Name and Title Average hours per week (describe hours for related organizations in Schedule O) Ross Thoreson	(A) Name and Title Average hours per week (describe hours for related organizations in Schedule Organizations in Schedule Organizations in Schedule Organizations in Schedule Organizations in Schedule Organizations in Schedule Organizations in Schedule Organizations in Schedule Organizations in Schedule Organizations in Schedule Organizations in Schedule Organizations in Schedule Organizations in Schedule Organizations in Schedule Organizations in Schedule Organizations in Schedule Organizations organization is and related organizations greater than \$150,000° if Yes, individual organization and related organizations greater than \$150,000° if Yes, individual organization is table for your five highest compensated independent corganization from the organization? If "Yes," complete Schedule If organization and related organizations greater than \$150,000° if Yes, individual organizations greater than \$150,000° if Yes, individual organizations organization	Average hours per week (describe hours per week (describe hours per week (describe hours for related organizations in Schedule O) Ross Thoreson ector 1.00 X Sub-total Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Did the organization list any former officer, director or trustee, key employee employee on line 1a7 if "Yes," complete Schedule J for such individual Por services rendered to line 1a, is the sum of reportable compensation or individual Did any person listed on line 1a, is the sum of reportable compensation from any of reservices rendered to the organization? If "Yes," complete Schedule J for services rendered to the organization? If "Yes," complete Schedule J for services rendered to the organization? If "Yes," complete Schedule J for services rendered to the organization? If "Yes," complete Schedule J for services rendered to the organization? If "Yes," complete Schedule J for services rendered to the organization? If "Yes," complete Schedule J for services rendered to the organization? If "Yes," complete Schedule J for services rendered to the organization? If "Yes," complete Schedule J for services rendered to the organization? If "Yes," complete Schedule J for services rendered to the organization? If "Yes," complete Schedule J for services rendered to the organization? If "Yes," complete Schedule J for services rendered to the organization? If "Yes," complete Schedule J for services rendered to the organization? If "Yes," complete Schedule J for services rendered to the organization? If "Yes," complete Schedule J for services rendered to the organization? If "Yes," complete Schedule J for services rendered to the organization? If "Yes," complete Schedule J for services rendered to the organization? If "Yes," complete Schedule J for services rendered to the organization? If "Yes," complete Schedule J for services rendered to the organization? If "Yes," complete Schedule J for services rendered to the organization? If "Yes," complete Schedule J for servic	Average hours per week (describe hours for releted more of the compensation of the bours for releted more of the compensation of the bours for releted more of the compensation of the bours for releted more of the compensation of the bours for releted more of the compensation of the bours for releted more of the compensation of the bours for releted more of the compensation of the bours for releted more of the compensation of the bours for releted more of the compensation of the bours for the bours for the compensation of the bours for the bou	A) Name and Tele A Position (creeck all that apply) Position (creeck all that apply) Reportable Compensation from Operation from Operation from Operation from Operation from Operation from Operation Operat	A) Name and Title Average Postup per Version (check at that apply) Postup per	Name and Tide August Production Prod	Name and Too Access to Part VII, Section A Access to Par

	rt V	III Statement of Reve	nue						
	· ·				,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र र	1a	Federated campaigns	1a						
unt	b.	Membership dues	1b						•
g,E	l c	Fundraising events	1c			1			
ifts ar a	٦ ٩	Related organizations	1d			1			
S,E	۵	Government grants (contributions)	1e			1			
ion	f	All other contributions, gifts, grants,	"		•	1			
the the	•	and similar amounts not included above	1f		2,344				
g <u>i</u>	٦,	Noncash contributions included in lines 1a-			. ,				
Contributions, gifts, grants and other similar amounts	b h	Total. Add lines 1a–1f	•		•	2,344			
Program Service Revenue				Ti	Busn. Code	,			
en	2a	Council Operating Re	ceipts			109,355	109,355		
Rev	b	-	_	Γ"		30,500			
ဒ္ဌ	С					17,959			
Şer	d		ort			17,215	17,215		
Ë	е	Marketing Council Re	nt Rep	ts		7,200			
ogra	f	All other program service rever	ue	Ī		300	300		
ď	g	Total. Add lines 2a-2f			•	182,529			
	3	Investment income (including d	ıvıdends,	interest,				-	
		and other similar amounts)			>	307			307
	4	Income from investment of tax-	exempt b	ond proc	eeds 🕨				
	5	Royalties			<u> </u>				
		(ı) Real		(II) Pe	rsonal				
	6a	Gross Rents							
	b	Less rental exps							
	С	Rental inc or (loss)							
	d 73	Net rental income or (loss) Gross amount from (i) Securities			<u> </u>				
	, a	sales of assets (i) Securities		(11) O	ther	, <i>.</i>	•		
		other than inventory				*	į.		
- 1	þ	Less cost or other				'	* /		
ĺ		basis & sales exps				, · · · · · · · · · · · · · · · · · · ·	2rs / 7		
		Gain or (loss)				-	٠.		
		Net gain or (loss)							·
e e	8a	Gross income from fundraising even	ts			•			
eu		(not including \$				ų.			
- Re		of contributions reported on line 1c)				,			
Other Revenue	_	See Part IV, line 18	a			· jt	, -	~	
ㅎ		Less: direct expenses	b						
ł		Net income or (loss) from fundra		ents					
	Эa	Gross income from gaming activities	İ						
	_	See Part IV, line 19	a						
- 1		Less direct expenses	b		•				
		Net income or (loss) from gamir Gross sales of inventory, less	ig activitie	es					
ŀ	IUa	returns and allowances	a	1	35,320				
l	h	Less cost of goods sold	b		87,587				
		Net income or (loss) from sales			<u>01,361</u> ▶	47,733			47,733
ŀ	<u> </u>	Miscellaneous Revenue	O' WIACUIT		usn. Code	1,,,55			=1,133
ľ	11a	Turkey Advertising			541800	3,160		3,160	
	b	CMN BBQ Receipts		<u> </u>		448	448		
	C	MDF Reimbursement				350	350		
		All other revenue				250	250		
	е	Total. Add lines 11a-11d		_	▶	4,208			
_		Total revenue. See instructions	i		. ▶	237,121	183,577	3,160	48,040
									5 990 (2010)

Form 990 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

_	mak include a manufa generated on lines Ch	(A)	(B)	(c)	(D)
	not include amounts reported on lines 6b,	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	, 8b, 9b, and 10b of Part VIII.		exherises	general expenses	on politics .
1	Grants and other assistance to governments and	9,500	9,500		
_	organizations in the U.S. See Part IV, line 21	9,500	3,300		
2	Grants and other assistance to individuals in				
•	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees				
6	Compensation not included above, to disqualified			-	
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	103,506	63,548	39,958	
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)	•			
9	Other employee benefits				
10	Payroll taxes	9,964	6,093	3,871	
11	Fees for services (non-employees)			, , , –	
a	Management				
b	Legal	1,000		1,000	
С	Accounting	1,700		1,700	
d	Lobbying	13,375	13,375		
е	Professional fundraising services. See Part IV, line 17				<u> </u>
f	Investment management fees				
g	Other	1,344	672	672	
12	Advertising and promotion	15,653	15,653		
13	Office expenses	12,207	1,448	10,759	
14	Information technology	3,629	3,629		
15	Royalties				
16	Occupancy	10,750	5,375	5,375	
17	Travel	7,480	7,480		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20,347	20,347		···
20	Interest				
21	Payments to affiliates	10 000		40 050	
22	Depreciation, depletion, and amortization	12,373		12,373	
23	Insurance	2,456		2,456	
24	Other expenses Itemize expenses not covered	,			
	above (List miscellaneous expenses in line 24f If				
	line 24f amount exceeds 10% of line 25, column				
_	(A) amount, list line 24f expenses on Schedule O) Turkey Day Expenses	25,942	25,942		
a b	Equipment lease	3,146		3,146	
C	CMN Tenderloin	896	896		
d	Dues/Membership/Sponsorsh	885	885		
e	Education/Prof Developmen	821	821		
-	All other expenses	587	335	252	
25	Total functional expenses. Add lines 1 through 24f	257,561	175,999	81,562	
26	Joint costs. Check here ▶ If following				
	SOP 98-2 (ASC 958-720) Complete this line				
	only if the organization reported in column				
	(B) joint costs from a combined educational campaign and fundraising solicitation				
DAA					Form 990 (2010)

	X Balance Sheet			(A)		(B)
				Beginning of year		End of year
1	Cash—non-interest bearing			50,005	1	11,749
2	Savings and temporary cash investments			167,362	2	187,018
3					3	
4			Ī	3,600	4	
5	Receivables from current and former officers, directors, tr	rustees, key	Γ			
	employees, and highest compensated employees Comp	lete Part II of				
İ	Schedule L				5	
6	Receivables from other disqualified persons (as defined to	inder section				
	4958(f)(1)), persons described in section 4958(c)(3)(B), a	ind contributing				
	employers and sponsoring organizations of section 501(c)(9) voluntary			·	
	employees' beneficiary organizations (see instructions)		į		6	
7 8	Notes and loans receivable, net		Г	-	7	
8 8	Inventories for sale or use	ſ		8		
(9	Prepaid expenses and deferred charges		Γ	413	9	1,500
10	a Land, buildings, and equipment cost or		Γ			
	other basis Complete Part VI of Schedule D	10a	345,537			
ļ	b Less accumulated depreciation	10b	122,263	224,470	10c	223,274
11	Investments—publicly traded securities			11		
12	investments—other securities See Part IV, line 11	Ī		12		
13	Investments—program-related See Part IV, line 11			13	·	
14	Intangible assets	Ī		14		
15	Other assets See Part IV, line 11			11,297	15	11,373
16	Total assets. Add lines 1 through 15 (must equal line 34)			457,147	16	434,914
17	Accounts payable and accrued expenses			4,912	17	2,890
18	Grants payable				18	
19	Deferred revenue				19	400
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability Complete Part IV of	Schedule D	[21	
21 22	Payables to current and former officers, directors, trustees	s, key				
	employees, highest compensated employees, and disqua	lified persons	1		ľ	
i	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrelated third i	parties			23	
24	Unsecured notes and loans payable to unrelated third par	ties			24	
25	Other liabilities Complete Part X of Schedule D		L		25	
26	Total liabilities. Add lines 17 through 25			4,912	26	3,290
	Organizations that follow SFAS 117, check here ▶ 🄀	and complete			i	
	lines 27 through 29, and lines 33 and 34.		İ			
27	Unrestricted net assets			447,333	27	419,178
28	Temporarily restricted net assets		4,902	28	12,446	
29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117, check her	j				
	complete lines 30 through 34.		j			
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or equipment for	und			31	
32	Retained earnings, endowment, accumulated income, or o	other funds			32	
27 28 29 30 31 32 33	Total net assets or fund balances			452,235	33	431,624
34	Total liabilities and net assets/fund balances			457,147	34	434,914

orm	990 (2010) Iowa Turkey Federation Inc 42-0815721			Pa	ge 12
	Int XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				_X_
	,	1 1	_		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 121</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			561
3	Revenue less expenses Subtract line 2 from line 1	3			440
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4		235
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>171</u>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,	[[
	column (B))	6	4:	<u>31,</u>	624
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_		ļ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	\$chedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X_
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		

Form **990** (2010)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047
2010
Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of organization

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts 1-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

		Federation Inc		42-08157	
Pai	rt I-A Complete if the organiz	ation is exempt under section 501(c) or	r is a section	527 organization	
1	Provide a description of the organization's	direct and indirect political campaign activities on b	ehalf of or in opp	osition to	
	candidates for public office in Part IV				
2	Political expenditures			▶ \$ _	
3	Volunteer hours				
				_	 -
Pai	rt I-B Complete if the organiz	ation is exempt under section 501(c)(3)).		
1	Enter the amount of any excise tax incurre	ed by the organization under section 4955		▶\$_	
2	Enter the amount of any excise tax incum	ed by organization managers under section 4955		▶ \$ _	
3	If the organization incurred a section 4955	tax, did it file Form 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Pai	rt I-C Complete if the organiz	ation is exempt under section 501(c), e	except section	n 501(c)(3).	
1	Enter the amount directly expended by the	e filing organization for section 527 exempt function			
	activities			▶ \$ _	
2	Enter the amount of the filing organization	's funds contributed to other organizations for sectio	n		
	527 exempt function activities			▶ \$ _	
3	Total exempt function expenditures Add I	nes 1 and 2 Enter here and on Form 1120-POL,			
	line 17b			▶ \$ _	
4	Did the filing organization file Form 1120-	POL for this year?			Yes No
5	Enter the names, addresses and employe	r identification number (EIN) of all section 527 politic	cal organizations	to which the filing	
	organization made payments For each or	ganization listed, enter the amount paid from the filir	ng organization's	funds Also enter	
	the amount of political contributions receive	ed that were promptly and directly delivered to a sep	parate political or	ganization, such	
	as a separate segregated fund or a politic	al action committee (PAC) If additional space is nee	eded, provide info	rmation in Part IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization. If
				1	none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)	· 				
(6)					
For P	rivacy Act and Paperwork Reduction Ac	t Notice, see the Instructions for Form 990 or 99	0-EZ.	Schedule C (Forn	n 990 or 990-EZ) 2010

5086	va Turkov F	Federation I	nc.	,	42-08157	21 Bass
Schedule C (Form 990 or 990-EZ) 2010 IOT Part II-A Complete if the organization						1 490
under section 501(h)).	edilon to exempt	andor dodinon do	.(0)(0)		(0.000	
A Check ▶ ☐ if the filing organizat	on belongs to a	n affiliated group				
B Check ▶ ☐ if the filing organizat			ntrol" provi	sions apply	/ .	
Limits on Lol (The term "expenditures"	bying Expendit means amounts			1 ' '	-iling ion's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pu	blic opinion (grass ro	ots lobbying)				<u> </u>
b Total lobbying expenditures to influence a l	egislative body (direc	t lobbying)				
c Total lobbying expenditures (add lines 1a a	nd 1b)					
d Other exempt purpose expenditures						
e Total exempt purpose expenditures (add lir	nes 1c and 1d)					
f Lobbying nontaxable amount. Enter the am	ount from the following	ng table in both				
columns						
If the amount on line 1e, column (a) or (b) is	The lobbying nonta	xable amount is.				
Not over \$500,000	20% of the amount o	n line 1e		ļ		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000					
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$1,000,0	00	1		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	the excess over \$1,500,00	0			
Over \$17,000,000	\$1,000,000					
g Grassroots nontaxable amount (enter 25%	of line 1f)					
h Subtract line 1g from line 1a If zero or less	, enter -0-					
i Subtract line 1f from line 1c If zero or less,	enter -0-					-
j If there is an amount other than zero on eit	ner line 1h or line 1i, d	did the organization file l	Form 4720			
reporting section 4911 tax for this year?						Yes No
(Some organizations that columns be	it made a sectio	ng Period Under S n 501(h) election (tructions for lines	do not have	to comple		five
Lob	ying Expenditu	res During 4-Year	Averaging	Period		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 200	9	(d) 2010	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount . (150% of line 2a, column(e))		Ber the fig.	L Šř		·	
c Total lobbying expenditures						
		1	1	1		t .

Schedule C (Form 990 or 990-EZ) 2010

d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures

	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed F	orm 5	768		Page
	(ordered and ordered (n)).	(6	a)		(b)	
		Yes	No	Aı	nount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912	}				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	1 1				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Ρą	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or	sect	ion		
	501(c)(6).				1	Т
4	Mars substantially all (000) as mars) dives received manded while by marsh and				Yes	_
1	Were substantially all (90% or more) dues received nondeductible by members?			1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	-	77
Bai	Did the organization agree to carryover lobbying and political expenditures from the prior year? †[II]-B Complete if the organization is exempt under section 501(c)(4), section 501(c)	\/E\ 0=		<u> 3</u>		X
j- <u>g</u> i	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ľ				
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year	Ì	2b		-	
С	Total	1	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	ļ	1			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		ŀ			
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par	t IV Supplemental Information					

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11 Also, complete this part for any additional information

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

Inspection Employer identification number Name of the organization 42-0815721 Iowa Turkey Federation Inc Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X

Part VI	Land, Buildings, and E	quipment. See Form 990	, Part X, line 10.		
·	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					
b Buildings	S		226,620	60,140	166,480
c Leaseho	ld improvements				
d Equipme	ent		118,917	62,123	56,794
e Other					
otal. Add line	s 1a through 1e (Column (d) mu	st equal Form 990, Part X, colum	n (B), line 10(c))	•	223,274

Schedule D (Form 990) 2010

Schedule D (F	-OIM 990) 2010 TOWA TULKEY PECELACI		42 0010721 Page
Part VII	Investments—Other Securities. See Form 9		· · · · · · · · · · · · · · · · · · ·
•	(a) Description of security or category	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	(including name of security)		Cost or end-or-year market value
(1) Financial			······································
	eld equity interests		
(3) Other			·····
(A)			
(B)			
(C)			· · · · · · · · · · · · · · · · · · ·
(D)			
(E)			
(F)			
(G)			
(H)			
(I)	in (b) must equal Form 990, Part X, col (B) line 12)	>	
Part VIII	Investments—Program Related. See Form 9		
1 410 7 111	(a) Description of investment type	(b) Book value	(c) Method of valuation
	(4, 2 , 4, , 7, -	(,	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	- · · · · · · · · · · · · · · · · · · ·		
(9)			· · · · · · · · · · · · · · · · · · ·
(10)	r (h) must soud Form 000 Part V and (P) line 12)		
Part IX	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. See Form 990, Part X, line 15	<u> </u>	
T, WI C IX	(a) Description	·	(b) Book value
(1)	(2)		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	•		
(9)			
(10)			
	n (b) must equal Form 990, Part X, col (B) line 15)		<u>▶</u>
Part X	Other Liabilities. See Form 990, Part X, line		
1.	(a) Description of liability	(b) Amount	
-`	income taxes		
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
10)			
11)	· · · · · · · · · · · · · · · · · · ·		
	n (b) must equal Form 990, Part X, col. (B) line 25.)	>	
	C 740) Englished In Part XIV provide the text of the footnote t		monts that reports the

che	dule D (Form 990) 2010 Iowa Turkey Federation Inc	42-081572	21	Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financial Stateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Pnor period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per Retu	ırn	
1	Total revenue, gains, and other support per audited financial statements	-	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a	_	
b	Donated services and use of facilities	2b	_	
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d]	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
C	Add lines 4a and 4b		4c	
5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per Re	eturn	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			•
а	Donated services and use of facilities	2a '] .	
b	Prior year adjustments	2b	<u>.</u>	
С	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4s. (This must equal Form 900, Part I, line 18.)		5	1

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Part XIV Supplemental Information

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the crganization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection 2010

Name of the organization	(Employer	Employer identification number	ıber	
Dart General Information on Grants and Assistance	Assistance				42-08	17/CT80-7 1		
Tait I General Information on Grants and	Assistance							
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 	e amount of the g ice? intoring the use of	rants or ass grant funds	istance, the grantees in the United States	' eligibility for the grant	s or assistance, ar	Þ	X Yes	&
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	vernments an	d Organi	zations in the Ur	nited States Con	nolete if the or	nanization an	swered "Yes" to	
	ecipient that re is needed	sceived n	nore than \$5,000	Check this box	if no one recip	ient received	more than \$5,000	Part II ■
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash area	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	rant
(1) Coalition to Support Iowa's Farmers	· ·					i		
Cashier, Federation Acctg N2 NW21		·					Assist mission	٠,
West Des Moines IA 50266-5997 20-0995727	20-0995727	501C 6	9,500					
(2)								
(3)								
(4)								
(5)								
(9)								
(2)								
(8)								
(6)								
 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations 	ırganızatıons						F-1	

Schedule I (Form 990) (2010)

2000

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule | (Form 990) (2010) Iowa Turkey Federation Inc

) 	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of non-cash assistance, FMV, appraisal, other)
, n						
4						
ω						
9						
1						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	plete this part to pro	vide the information	n required in Part I, I	ine 2, and any other addi	tional information.

Grant Funds - Procedures for Monitoring the Use of Part I, Line 2 The amount of assistance is required to obtain a seat on the Board of

Directors of the Coalition. The Coalition is made up of various commodity

To advocate and help groups to support the Coalition's mission statement:

implement on-farm best management practices that assist Iowa's farm

families in raising livestock responsibly and successfully

The Coalition to Support Iowa's Farmers was created by farmers to help

The non-profit, farmers raise livestock responsibly and successfully.

and non-partisan organization provides assistance to farmers at no cost, Schedule I (Form 990) (2010)

42-0815721

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2010) Iowa Turkey Federation Inc

Part III

_	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, The Description of non-cash assistance. FMV, appraisal, other)
-						
2						
9						
4						
2						
မွ						
7						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	plete this part to pro	vide the information	required in Part I, I	ine 2, and any other addi	tional information.

CSIF is a joint partnership involving does not lobby or develop policy.

the Iowa Cattleman's Association, Iowa Corn Growers Association, Iowa Farm

Bureau Federation, Iowa Pork Producers Association, Iowa Poultry

Association, Iowa Soybean Association, Iowa Turkey Federation and Midwest

Dairy Association.

Schedule I (Form 990) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Iowa Turkey Federation Inc

Employer identification number 42-0815721

Form 990 - Organization's Mission or Most Significant Activities

The Iowa Turkey Federation represents, supports and promotes the turkey industry and its members.

The Federation coordinates and organizes educational and promotional activities for the turkey industry between their members as well as the industry's relationship with the general public along with governmental and educational entities.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

All turkey farmers that market over 5,000 turkeys a year are members. This

means that they are paying into our state check-off program.

Allied companies may pay membership at the following levels:

Diamond - \$1,500

Gold - \$1,000

Silver - \$500

Bronze - \$300

With membership, they have access to our mailing list of farmers, recognition in the "Turkey Talk" publication and receive "Turkey Talk" for free.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

The members of this corporation shall consist of all members in good

standing of the Federation who have paid their dues through the EMT

check-off or allied membership in the Federation as shown by the books of

said Federation, and each active member shall have the power to vote at the

annual meeting and for elected directors of the corporation.

The State shall be divided into three districts: West, Central, and East. Each district shall be represented on the board of directors by two (2) directors who must hold residence and maintain their place of business in one of the three prescribed districts. These directors to be nominated and elected by the active members in each district and be elected by a vote conducted by mail prior to the annual meeting. There shall be seven (7) directors at large. They shall be elected by a vote of all the active members (West, Central, and East districts and allied members) conducted by mail prior to the annual meeting. There shall be two (2) allied directors.

They shall be elected by a vote of all the active members (West, Central, and East districts and allied members) conducted by mail prior to the annual meeting.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members
The only decisions of the governing body subject to the approval of its
members are by-law changes.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
The 990 Tax Return for the Iowa Turkey Federation is reviewed by the
Executive Director, the President of the Board of Directors, and the Vice
President. Upon approval, the tax return is signed and submitted to the
IRS. A copy of the tax return is also made available to the entire Board
of Directors.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Iowa Turkey Federation Inc

Board members are given a written policy in their board notebook. notebook is reviewed with new board members by the executive director. an annual basis, board members disclose potential conflicts of interest of themselves and their families and it is noted in the minutes. Minutes of meetings where there is a potential conflict do disclose the conflict and the member's abstinence from voting.

Form 990, Part VI, Line 15a - Compensation Process for Top Official The executive board conducts an annual review of the Executive Director's performance. A closed session of the board is held to discuss staff compensation. From that discussion employee compensation is submitted to the annual budget. This budget is then approved by the board at their annual meeting in November.

Form 990, Part VI, Line 15b - Compensation Process for Officers A closed session of the board is held to discuss staff compensation. that discussion employee compensation is submitted to the annual budget. This budget is then approved by the board at their annual meeting in November.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation All of our governance policies are available upon request and are kept in a fireproof file in the front office.

Form 990, Part XI, Line 5 - Other Changes in Net Assets Explanation Net changes to temporarily restricted PAC Funds = \$ (171)

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: 2010

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

Classes	Assets Acquired in the Current Year
Classes	Elect Out
5 year class	YES
7 year class	YES

			0	4- C-b		 		<u></u> -
Form 9	90		Special Ever	its Scheau	ie			2010
,		For calendar year 2010, or t	ax year beginning		, and en	ding		<u> </u>
Name							Employer lo	lentification Number
Iowa T	urkey	Federation Inc					42-081	.5721
		(A)	(B)	(C)		Others		Total
Gross receip	ts	19,750	<u> </u>		<u> </u>		0	19,750
Less contri	butions	0	0		<u> </u>	·	0	0
Gross revenu	ше	19,750	<u> </u>		0		0	19,750
Less direct	expenses	16,590	0		<u> </u>		0	16,590
Net income (i	loss)	3,160	0		0		0	3,160
							-	
Description	(A)	Turkey Adver	tising					
	(B)							
	(C)			-				
	Others							

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Name(s) shown on return

► See separate instructions.

► Attach to your tax return.

Identifying number

	Iowa Tu	rkey Feder	ation Inc					<u> 42-</u>	081	5721
	ess or activity to which this form relates	D								
	urkey Education & art I Election To Expens		arty Under Section	n 17	<u>'0</u>					
Pa	Irt I Election To Expension Note: If you have a	ny listed propert	v complete Part \	V be	efore vou	comi	olete Pa	rt I		
1	Maximum amount (see instructions		y, complete r are	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00111	3.0.0 · a		1	500,000
2	Total cost of section 179 property p		instructions)						2	
3	Threshold cost of section 179 prope			ctions	.)				3	2,000,000
4	Reduction in limitation Subtract line				•				4	
5	Dollar limitation for tax year Subtract line			filing s	eparately, see	e instruc	tions		5	
6	(a) Description				business use			lected cost		
7	Listed property Enter the amount for					7				
8	Total elected cost of section 179 pr	operty Add amounts	in column (c), lines 6 a	ind 7					8	
9	Tentative deduction Enter the sma								9	
10	Carryover of disallowed deduction f								10	
11	Business income limitation Enter th					ee insi	ructions)		11	
12	Section 179 expense deduction Ad			ııne	11	13			12	
13 Note	Carryover of disallowed deduction to : Do not use Part II or Part III below to					13_				
	art II Special Depreciation			ation	(Do not	ınclu	de listed	proper	lv) (5	See instructions)
14	Special depreciation allowance for						uo notoc	ророг	3.77	
14	during the tax year (see instructions		ior triali liotod proporty)	, p.uu					14	
15	Property subject to section 168(f)(1								15	
16	Other depreciation (including ACRS								16	·
	art III MACRS Depreciati		de listed property) (S	ee instru	ctions	s.)			
			Section A	Α			· · · · · · · · · · · · · · · · · · ·			
17	MACRS deductions for assets place	ed in service in tax ye	ears beginning before 2	2010					17	12,045
18	If you are electing to group any assets pl									
	Section B—	r	rvice During 2010 Tax		r Using the	Gene	ral Depred	iation Sy	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment us only-see instructions)	se	(d) Recovery period	(e) C	onvention	(f) Meth	nod	(g) Depreciation deduction
19a	3-year property	,								
b	5-year property	-	10,4		5.0		MQ	SL		261
С	7-year property		7.	48	7.0		MQ	SL		67
d	10-year property	,								
е	15-year property			-+					-	
f	20-year property									
<u>g</u>	25-year property				25 yrs			S/L S/L		
h	Residential rental property				27 5 yrs	-	MM I			
					27 5 yrs		MM	S/L S/L		
i	Nonresidential real property			-	39 yrs		MM	S/L		
		ssets Placed in Serv	rice During 2010 Tax \	Year	Using the A				vstem	<u> </u>
20a	Class life							S/L	-	
	12-year			一	12 yrs			S/L		
	40-year				40 yrs		мм	S/L	_	
	art IV Summary (See ins	tructions.)								
21	Listed property Enter amount from								21	
22	Total. Add amounts from line 12, lin		es 19 and 20 in column	ո (g),	and line 21	Enter	here			
	and on the appropriate lines of your	return Partnerships	and S corporations—se	ee ins	structions				22	12,373
23	For assets shown above and placed	d in service during the	e current year, enter the	е						
	portion of the basis attributable to s	ection 263A costs				23				

Form **8868** (Rev. January 2011)

(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

•	re filing for an Automatic 3-Month Extensio i	•				▶ ☑
	re filing for an Additional (Not Automatic) 3- omplete Part II unless you have already bee					m 8868.
Flectroni	ic filing (e-file). You can electronically file Fo	rm 8868 if vo	ou need a 3-month automatic extens	sion of tim	ne to file (6 months for
	ation required to file Form 990-T), or an additi					
	equest an extension of time to file any of th					
	or Transfers Associated With Certain Perso					
	ns). For more details on the electronic filing of					
Part I	Automatic 3-Month Extension of Tir					
	ation required to file Form 990-T and required				ox and	complete
	/	-				• 🗖
	corporations (including 1120-C filers), partner			to realies	t an avtai	nsion of time
	ome tax returns.	Sinps, ricivii	os, and tradic made add 1 om 1 od 4	to reques	t arr exter	ision or time
Type or	Name of exempt organization	·		Employer	identificat	tion number
print	Iowa Turkey Federation Inc		1		42-08157	
File by the	Number, street, and room or suite no If a P O	box, see instr	uctions			
due date for						
filing your	City, town or post office, state, and ZIP code	For a foreign a	ddress, see instructions			
return See instructions	Ames, IA 50010	r or a roroigir a				
				-		
Enter the	Return code for the return that this applicatio	n is for (file a	separate application for each return	n)		. 0 1
A 15	C	Detum	I Analization			
Applicate Is For	uon	Return	Application Is For			Return Code
			Form 990-T (corporation)			
Form 99		01	Form 1041-A			07
Form 99		02	Form 4720			08
Form 990-EZ 03 Form 4720 09 Form 990-PF 04 Form 5227 10						
						
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
• The boo	oks are in the care of F Gretta Irwin					
- 1 .1	N b		'AV \$1 N	•		
•	ne No. ► 515-232-7492		AX No. ►			
	ganization does not have an office or place of					▶ ⊔
	for a Group Return, enter the organization's f	_	· · · · · · · · · · · · · · · · · · ·			nis is
	nole group, check this box	-	t of the group, check this box	▶	∐ and a	ttach
	the names and EINs of all members the exter					
	equest an automatic 3-month (6 months for a				_	
		cempt organiz	zation return for the organization nar	ned abov	e. The ex	tension is
	the organization's return for:					
	🗹 calendar year 20 <u>10</u> or					
•	tax year beginning	, 20	, and ending		, 20	
0 164	h - An.,		and rename.			
_	he tax year entered in line 1 is for less than 12	z montris, ch	eck reason. Limital return Liphi	nar return		
لــا	Change in accounting period					
3a If t	his application is for Form 990-BL, 990-PF, 9	190-T 4720	or 6069, enter the tentative tax, loss	any		
	nrefundable credits. See instructions.	790-1, 4720,	or occo, enter the terrative tax, less	*	\$	
	this application is for Form 990-PF, 990-T	4720 or 6	069 enter any refundable credits		-	
	timated tax payments made. Include any prior			,	\$	
	lance due. Subtract line 3b from line 3a. Include		<u> </u>		-	
	ectronic Federal Tax Payment System). See instri		t was and form, it required, by using Er		\$	
	If you are going to make an electronic fund		with this Form 8868, see Form 84			3879-EO for
	nstructions		,			