

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Open to Public Inspection

OMB No 1545-0047

| A  | For the               | 2010 calendar year, or tax year beginning SEP 1, 2010 and endi  | ng A                | UG 31, 20:                   | 11  |  |  |  |  |
|--|-----------------------|---|---------------------|------------------------------|---|--|--|--|--|
| В  | Check if applicable   | C Name of organization  |                     | D Employer ider              | tification number                                     |  |  |  |  |
| _  | T]Addres              |   |                     |                              |   |  |  |  |  |
| F  | change<br>Name        | INSTITUTE OF FOOD TECHNOLOGISTS   |                     | 26 2126057                   |   |  |  |  |  |
| ⊢  | change<br> initial    |   | - /                 | 36-2136957                   |   |  |  |  |  |
| 누  | return<br>Termin      | Number and street (or P.O. box if mail is not delivered to street address)  Room  525 WEST VAN BUREN  100 | E Telephone nun     | nber<br>1 <u>2) 782-8424</u> |   |  |  |  |  |
| 누  | —lated<br>□lAmend     |   | G Gross receipts \$ | 22,080,906.                  |   |  |  |  |  |
| 누  | return<br>Applica     |   |                     | H(a) Is this a grou          |   |  |  |  |  |
| _  | ition<br>pendin       |   |                     | for affiliates?              |   |  |  |  |  |
|  |                       | SAME AS C ABOVE   |                     | H(b) Are all affiliates      | F   |  |  |  |  |
| $\overline{}$                                      | Tax-exe               | empt status: X 501(c)(3) 501(c)( )  | 527                 | 7 ' '                        | h a list. (see instructions)                          |  |  |  |  |
| _  |                       | e: ► WWW.IFT.ORG  |                     | H(c) Group exem              |   |  |  |  |  |
| K  | Form of               | organization: X Corporation Trust Association Other   | L Year              | of formation: 193            | 9 M State of legal domicile: IL                       |  |  |  |  |
| P  | art I                 | Summary   |                     |                              |   |  |  |  |  |
| ø  | 1 1                   | Briefly describe the organization's mission or most significant activities: ${f THE} {f INS}$             |                     |                              |   |  |  |  |  |
| Activities & Governance                            |                       | TECHNOLOGISTS EXISTS TO ADVANCE THE SCIENCE   |                     |                              | UR LONG-RANGE   |  |  |  |  |
| er a   | 2                     | Check this box 🕨 🔛 if the organization discontinued its operations or disposed of                         | of more             | e than 25% of its ne         |   |  |  |  |  |
| ò  | 3                     | Number of voting members of the governing body (Part VI, line 1a)   |                     | •                            | 3 17  |  |  |  |  |
| <u>مح</u>  | 4                     | Number of independent voting members of the governing body (Part VI, line 1b)                             |                     | -                            | 4 17  |  |  |  |  |
| ties   | 5                     | Total number of individuals employed in calendar year 2010 (Part V, line 2a)                              |                     |                              | 5 80  |  |  |  |  |
| ₹.   | 6                     | Total number of volunteers (estimate if necessary)  |                     |                              | $\frac{6}{7a}$ $\frac{1000}{2,046,905}$ .             |  |  |  |  |
| Ac   |                       | Total unrelated business revenue from Part VIII, column (C), line 12                                      |                     | -                            | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |  |  |  |  |
|  | <del>  В</del>        | Net unrelated business taxable income from Form 990-T, line 34  |                     | Prior Year                   | Current Year  |  |  |  |  |
| _  | 8                     | Contributions and grants (Part VIII, line 1h)   |                     | 171,66                       |   |  |  |  |  |
| Revenue  | 9                     | Program service revenue (Part VIII, line 2g)  |                     | 16,785,39                    |   |  |  |  |  |
| Š  | 10                    | Investment income (Part VIII, column (A), lines 3, 4, and 70 11 1   |                     | 546,85                       |   |  |  |  |  |
| æ  | 11                    | Other revenue (Part VIII, column (A), lines 5, 80, 80, 90, Octand 11e)                                    |                     | 65,40                        |   |  |  |  |  |
|  | 12                    | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                        |                     | 17,569,32                    |   |  |  |  |  |
|  | 13                    | Grants and similar amounts paid (Part IX, column (A), lines 1.8) 5  |                     | 162,65                       |   |  |  |  |  |
|  |                       | Benefits paid to or for members (Part IX, column (A), line 4)   |                     |                              | 0.  |  |  |  |  |
| S  | 15                    | Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)                          | _                   | 7,600,47                     | 4. 7,581,322.   |  |  |  |  |
| )Sus   | 16a                   | Professional fundraising fees (Part IX, column (A), line (1)  | <u> </u>            | I                            | 0. 0.   |  |  |  |  |
| Expenses   | .   ь                 | Total fundraising expenses (Part IX, column (D), line 25)   | <u>.</u>            |                              |   |  |  |  |  |
| ш  | 17                    | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  | <u> </u>            | 8,547,20                     |   |  |  |  |  |
|  | 18                    | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)                                  |                     | 16,310,33                    |   |  |  |  |  |
|  | 19                    | Revenue less expenses. Subtract line 18 from line 12  | +-                  | 1,258,99                     |   |  |  |  |  |
| tso  | 2                     | T   | Ве                  | eginning of Current Ye       |   |  |  |  |  |
| SSe  | 20                    | Total assets (Part X, line 16)  |                     | 22,176,47                    |   |  |  |  |  |
| Net Assets or                                      | 21                    | Total liabilities (Part X, line 26)   | -                   | 4,355,66<br>17,820,80        |   |  |  |  |  |
| Ē  | <u>≧ 22</u><br>art II | Net assets or fund balances. Subtract line 21 from line 20 Signature Block                                |                     | 17,020,00                    | J. 10,344,072.  |  |  |  |  |
|  |                       | Ities of perjury, I declare that I have examined this return, including accompanying schedules and        | statem              | nents, and to the hest       | of my knowledge and helief it is                      |  |  |  |  |
|  | •                     | t, and complete. Declaration of pregarer (other than officer) is based on all information of which p      |                     | •                            | or my knowledge and belief, k is                      |  |  |  |  |
| <u></u>  | 0, 0000               | Desher Helle  | , op a. o.          | 2-29-                        | 12  |  |  |  |  |
| Sig  | n n                   | Signature of officer  |                     | Date                         |   |  |  |  |  |
| Here BARBARA BYRD KEENAN, CHIEF EXECUTIVE OFFICER  |                       |   |                     |                              |   |  |  |  |  |
|  |                       | Type or print name and title  |                     | A-10                         |   |  |  |  |  |
|  |                       | Print/Type preparer's name  |                     | Date Check                   | PTIN  |  |  |  |  |
| Pa   | id                    | GREGORY S. ADAMS  | <u> </u>            | 1 3 Sett-ei                  | nployed   |  |  |  |  |
|  | eparer                | Firm's name CLIFTONLARSONALLEN LLP  |                     | Firm's EIN                   | <b></b>   |  |  |  |  |
| Use Only Firm's address 1301 W. 22ND ST, STE\ 1100 |                       |   |                     |                              |   |  |  |  |  |
| OAK BROOK, IL 60523 V Phone no. (630) 573-860      |                       |   |                     |                              |   |  |  |  |  |
|  |                       | RS discuss this return with the preparer shown above? (see instructions)                                  | -                   |                              | X Yes No  |  |  |  |  |
| 032  | 001 02-2              | 2-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.                               |                     |                              | Form <b>990</b> (2010)                                |  |  |  |  |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION (

| Form      | 990 (2010) INSTITUTE OF FOOD TECHNOLOGISTS   | 36-2136957        | Page 2           |
|-----------|--|-------------------|------------------|
| Pa        | rt III Statement of Program Service Accomplishments  |                   |                  |
|           | Check if Schedule O contains a response to any question in this Part III   |                   | X                |
| 1         | Briefly describe the organization's mission:   |                   |                  |
| •         | AS AN ORGANIZATION, THE INSTITUTE OF FOOD TECHNOLOGISTS  | TS FOCUSING       |                  |
|           |  | H IS              |                  |
|           | WIDE-REACHING AND HELPS TO ADVANCE OUR MISSION.  | <u> </u>          |                  |
|           | WIDE-REACHING AND RELIFS TO ADVANCE OUR MISSION.   |                   |                  |
|           |  |                   |                  |
| 2         | Did the organization undertake any significant program services during the year which were not listed on         |                   |                  |
|           | the prior Form 990 or 990-EZ?  | LiYesi            | X No             |
|           | If "Yes," describe these new services on Schedule O.   |                   |                  |
| 3         | Did the organization cease conducting, or make significant changes in how it conducts, any program services?     | ∟ Yes             | X No             |
|           | If "Yes," describe these changes on Schedule O.  |                   |                  |
| 4         | Describe the exempt purpose achievements for each of the organization's three largest program services by ex     | penses.           |                  |
|           | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of | grants and        |                  |
|           | allocations to others, the total expenses, and revenue, if any, for each program service reported.               |                   |                  |
| 4a        | 2 500 500  | evenue \$ 8,831,  | 061.)            |
|           | ANNUAL MEETING AND FOOD EXPO:  |                   |                  |
|           | THE INSTITUTE'S ANNUAL MEETING AND FOOD EXPO BRINGS MEM  | BERS AND          |                  |
|           | NONMEMBERS, APPROXIMATELY 18,000 TO 20,000 INDIVIDUALS   |                   |                  |
|           | BASIS, TOGETHER FOR THREE DAYS OF TECHNICAL SESSIONS, S  |                   |                  |
|           | FORUMS DESIGNED TO UPDATE THEIR AWARENESS IN ALL AREAS   |                   |                  |
|           | TECHNOLOGY. MORE THAN 1,800 PAPERS AND PRESENTATIONS A   |                   |                  |
|           |  | KE AVAILABLE      | ·                |
|           | WHILE EXHIBITORS NUMBER APPROXIMATELY 900.   |                   |                  |
|           |  |                   |                  |
|           |  |                   |                  |
|           |  |                   |                  |
|           |  |                   |                  |
|           |  |                   |                  |
| 4b        | (Code) (Expenses \$ <u>3,570,284</u> including grants of \$) (R  | evenue $1,102,$   | <u>879.</u> )    |
|           | PUBLICATIONS AND COMMUNICATIONS:   |                   |                  |
|           | FOOD TECHNOLOGY IS THE LEADING PUBLICATION ADDRESSING A  | LL FACETS OF      |                  |
|           | FOOD SCIENCE AND TECHNOLOGY. ITS IN-DEPTH AND BALANCE  | COVERAGE          |                  |
|           | INCLUDES THE LATEST RESEARCH DEVELOPMENTS, INDUSTRY NEW  | S, CONSUMER       |                  |
|           | PRODUCT INNOVATIONS, AND PROFESSIONAL OPPORTUNITIES.   |                   |                  |
|           |  |                   |                  |
|           | SINCE 1936, THE JOURNAL OF FOOD SCIENCE HAS BEEN THE IN  | STITUTE OF FO     | OOD              |
|           | TECHNOLOGISTS' PREMIER SCIENCE JOURNAL, CONTAINING PEER  |                   |                  |
|           | REPORTS OR ORIGINAL RESEARCH AND CRITICAL REVIEWS OF AL  |                   |                  |
|           | FOOD SCIENCE. TODAY IT PUBLISHES MORE THAN 500 PAPERS  |                   |                  |
|           | 3,000 PAGES OF ORIGINAL RESEARCH AND SCIENTIFIC REVIEWS  |                   |                  |
|           | 5,000 INCLU OF ORIGINAL REDEFECT AND DETERMINE REVIEWS   | <u> </u>          |                  |
| 40        | (Code: ) (Expenses \$ 1,818,021. including grants of \$ )(R  | ovenue \$ 520     | 273 \            |
| 40        | SCIENCE PROGRAMS:  | eveнue ф          | <u> </u>         |
|           | PUBLIC POLICY AND REGULATIONS - BY FOCUSING ON PUBLIC P  | OT TOY BOOD       | <del></del>      |
|           |  |                   |                  |
|           | LAWS, AND REGULATIONS THAT HAVE NATIONAL AND INTERNATION   |                   |                  |
|           | FOR THE FOOD INDUSTRY, RESEARCH AND CONSUMER FOOD SAFET  |                   |                  |
|           | OF FOOD TECHNOLOGISTS KEEPS SCIENCE AT THE CENTER OF RE  |                   | ON               |
|           | MAKING. YOU WILL LEARN THE LATEST INFORMATION ON SAFET   |                   |                  |
|           | LABELING AND MARKETING, IMPORT/EXPORT REQUIREMENTS, AND  | OTHER             |                  |
|           | FOOD-RELATED CONCERNS.   |                   |                  |
|           |  |                   |                  |
|           | KEY SCIENCE ISSUES - THE INSTITUTE OF FOOD TECHNOLOGIST  | S PROVIDES T      | HE               |
|           | LATEST INFORMATION TO ENSURE THAT SCIENCE IS AT THE CEN  |                   |                  |
|           | RELATED PUBLIC POLICY AND REGULATORY DECISION MAKING.  |                   |                  |
|           | Other program services. (Describe in Schedule O.)  |                   |                  |
| 40        | (Expenses \$ 1,521,737. including grants of \$ 202,683.) (Revenue \$ 3,449,2                                     | 1Q \              |                  |
| _         |  | <del>보기•</del> .) |                  |
| <u>4e</u> | Total program service expenses ► 10,497,634.   |                   | NO 45 = -        |
| 03200     | 2  | Form <b>9</b> 9   | <b>90</b> (2010) |
| 12-21     |  |                   |                  |

Part IV Checklist of Required Schedules

|     |   |             | Yes   | No           |
|-----|---|-------------|-------|--------------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |             | 1     |              |
|     | If "Yes," complete Schedule A   | 1           | X     |              |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2           | X     |              |
| 3   | 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  | 3_          |       | X            |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |             |       |              |
|     | during the tax year? If "Yes," complete Schedule C, Part II   | 4_          |       | X            |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  |             |       |              |
|     | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5           |       |              |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to   |             | ŀ     |              |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6           |       | 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           |       | X            |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  | İ           | •     |              |
|     | 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          |       | X            |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X   | <br>        |       |              |
|     | as applicable.  |             |       |              |
| 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     |              |
| b   | 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_           |
| С   | 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 reported in  |             |       | ł            |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d         |       | X            |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e         | X     |              |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |             |       |              |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f         | X     |              |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |             |       | <u></u>      |
|     | Schedule D, Parts XI, XII, and XIII   | 12a         |       | X            |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?   |             |       |              |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional  | 12b         | X     |              |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13          |       | X            |
|     | 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,   |             |       | v            |
| 45  | and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV   | 14b         |       | X            |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization   |             |       | ٠,           |
| 40  | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV   | 15          |       | X            |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals  |             |       | v            |
| 47  | located outside the United States? If "Yes," complete Schedule F, Parts III and IV  | _16_        |       | X_           |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   | 4-          |       | v            |
| 10  | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines                      | 17          |       | X            |
| 18  |   | 40          |       | v            |
| 10  | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18          |       | _ <u>X</u> _ |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 40          |       | v            |
| 20- |   | 19          |       | X            |
|     | Did the organization operate one or more hospitals? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that | 20a         |       | Λ            |
| b   | operate one or more hospitals must attach audited financial statements (see instructions)   | 00L         |       |              |
|     | operate one or more neopitals must attach addited illiancial statements (see ilistructions)   | 20b<br>Form | 990 : | 2010         |
|     |   | OHILL       | ~~~   | ᄓᄓᄓ          |

Form **990** 2010)

| - 41       | Check if Schedule O contains a response to any question in this Part V   |                              |           |              | П  |
|------------|--|------------------------------|-----------|--------------|--|
|            |  |                              |           | Yes          | No   |
| 1a         | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .  | 1a 75                        |           |              |  |
| b          | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | 1b 0                         |           |              |  |
| C          | Did the organization comply with backup withholding rules for reportable payments to vendors and re-   | eportable gaming             |           |              |  |
|            | (gambling) winnings to prize winners?  |                              | 1c        | ļ            |  |
| <b>2</b> a | 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 80                        |           |              |  |
| b          | If at least one is reported on line 2a, did the organization file all required federal employment tax returns  |                              | 2b        | X            | <u> </u>   |
|            | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction   | s)                           |           |              |  |
| За         | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |                              | 3a_       | X            | <u> </u>   |
|            | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | •                            | 3b_       | X            | <u> </u>   |
| 4a         | At any time during the calendar year, did the organization have an interest in, or a signature or other  |                              |           |              |  |
|            | financial account in a foreign country (such as a bank account, securities account, or other financial   | account)?                    | <u>4a</u> | <u> </u>     | X  |
| 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 A   | Accounts.                    |           | 1            |  |
| 5a         | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |                              | _5a_      | <del></del>  | X  |
| b          | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the control | ction?                       | _5b_      |              | X  |
| C          | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |                              | 5c        | <del> </del> | <del> </del>                                     |
| 6a         | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   | e organization solicit       |           | [            |  |
|            | any contributions that were not tax deductible?  |                              | 6a        | <del></del>  | X  |
| D          | If "Yes," did the organization include with every solicitation an express statement that such contribut  | ions or girts                | C.        |              | 1  |
| 7          | were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  | •                            | 6b        | <u> </u>     | <del>                                     </del> |
| 7<br>a     | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set  | vices provided to the payor? | 7a        |              | x  |
| b          | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | vices provided to the payor. | 7b        |              | 1  |
| C          | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w   | as required                  | 7.5       |              |  |
| Ŭ          | to file Form 8282?   | ao roquirou                  | 7c        |              | X  |
| d          | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d                           |           |              |  |
| e          | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of   |                              | 7e        |              | X  |
| f          | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri  |                              | 7f        |              | X  |
| 9          | If the organization received a contribution of qualified intellectual property, did the organization file Fo   |                              | 7g        |              |  |
| h          | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization   |                              | 7h        |              |  |
| 8          | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D   | d the supporting             |           |              |  |
|            | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at  | any time during the year?    | 8         |              |  |
| 9          | Sponsoring organizations maintaining donor advised funds.  |                              |           |              | İ  |
| а          | Did the organization make any taxable distributions under section 4966?  |                              | 9a        |              | <u> </u>   |
| b          | Did the organization make a distribution to a donor, donor advisor, or related person?   |                              | 9b        |              |  |
| 10         | Section 501(c)(7) organizations. Enter:  | ;<br>;                       |           |              |  |
| а          | Initiation fees and capital contributions included on Part VIII, line 12   | 10a                          |           |              |  |
| b          | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b                          |           |              |  |
| 11         | Section 501(c)(12) organizations. Enter:   | L., 1                        |           |              |  |
| а          | Gross income from members or shareholders  | 11a                          |           |              |  |
| b          | Gross income from other sources (Do not net amounts due or paid to other sources against   |                              |           |              |  |
| 40 -       | amounts due or received from them)   | 11b                          |           |              |  |
|            | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form   |                              | 12a       | <b> </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.   |                              | 12-       | i            | <del>                                     </del> |
| а          | Is the organization licensed to issue qualified health plans in more than one state?   | •                            | 13a       |              |  |
| <b>L</b>   | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.<br>Enter the amount of reserves the organization is required to maintain by the states in which the   |                              |           |              |  |
| D          | organization is licensed to issue qualified health plans   | 125                          |           |              |  |
| С          | Enter the amount of reserves on hand   | 13b                          |           | j l          |  |
| 14a        | Did the organization receive any payments for indoor tanning services during the tax year?   | 100                          | 14a       |              | Х  |
| -          | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheduli  | <br>e O                      | 14b       |              | <del></del>                                      |
|            |  |                              |           | 990 (        | (2010)   |

|      | 990 (2010) INSTITUTE OF FOOD TECHNOLOGISTS 36-2136  | <u>957</u>        | <u>. Р</u> | age <b>b</b> |
|------|---|-------------------|------------|--------------|
| Par  | TW Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.  | "No" i            | espon      | se           |
|      | Check if Schedule O contains a response to any question in this Part VI   |                   |            | $\mathbf{X}$ |
| Sec  | tion A. Governing Body and Management   |                   |            |              |
| •    |   |                   | Yes        | No           |
| 1a   | Enter the number of voting members of the governing body at the end of the tax year 17  |                   |            |              |
| ь    | Enter the number of voting members included in line 1a, above, who are independent 15 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_        |              |
|      | 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:   | ا ۵               | v          |              |
|      | The governing body?  Each committee with cuthority to get an healt of the governing body?   | 8a                | X          |              |
|      | Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the   | 8b                |            |              |
| 9    | organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9                 |            | х            |
| Sec  | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )  |                   |            | - 12         |
|      | The cooling programs mornation about pointed by the meaning research  |                   | Yes        | No           |
| 10a  | Does the organization have local chapters, branches, or affiliates?   | 10a               | X          |              |
|      | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,   |                   |            |              |
|      | and branches to ensure their operations are consistent with those of the organization?  | 10b               | Х          |              |
| 11a  | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  | 11a               | X          |              |
| b    | Describe in Schedule O the process, if any, used by the organization to review this Form 990  |                   |            |              |
| 12a  | Does the organization have a written conflict of interest policy? If "No," go to line 13  | 12a               | X          |              |
| b    | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise   |                   |            |              |
|      | to conflicts?   | 12b               | X          |              |
| С    | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe   | ļ                 |            |              |
|      | in Schedule O how this is done  | 12c               | <u>X</u> _ |              |
| 13   | Does the organization have a written whistleblower policy?  | 13                | X          | ļ <u>.</u>   |
| 14   | Does the organization have a written document retention and destruction policy?   | 14                | Х          |              |
| 15   | Did the process for determining compensation of the following persons include a review and approval by independent  |                   |            |              |
|      | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   | 45-               | х          |              |
|      | The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization   | 15a<br>15b        | X          |              |
| D    | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)  | 130               | Λ          |              |
| 16a  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a   |                   |            |              |
| ···a | taxable entity during the year?   | 16a               |            | х            |
| ь    | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation   | 100               |            |              |
| _    | 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 ▶IL  |                   | -          | -            |
| 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, a   | nd fina           | ncial      |              |
|      | 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 of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books are person of the person of the person who possesses the books are person of the person of | tion <sup>.</sup> |            |              |
|      | MARK BARENIE - (312)782-8424  |                   |            | _            |
|      | 525 WEST VAN BUREN, SUITE 1000, CHICAGO, IL 60607-3814  |                   |            |              |

Form **990** (2010)

# 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.

| (A)                                | (B)   |                                |                       |          | C)           |                              |            | (D)  | (E)  | (F)  |
|------------------------------------|---|--------------------------------|-----------------------|----------|--------------|------------------------------|------------|--|--|--|
| Name and Title                     | Average   | Position (check all that appli |                       |          |              | 6.4                          | Reportable | Reportable   | Estimated  |  |
|                                    | hours per week (describe hours for related organizations in Schedule O) | rustee or director             | Institutional trustee | Officer  | Key employee | Highest compensated employee |            | compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| ROGER CLEMENS                      |   |                                |                       |          |              |                              |            |  |  |  |
| PRESIDENT                          | 2.00  | X                              |                       | X        |              | ļ                            |            | 0.   | 0.   | 0.   |
| DR. ROBERT G. GRAVANI              |   | 1                              |                       |          | 1            |                              |            |  |  |  |
| PAST PRESIDENT                     | 2.00  | X                              |                       | X        |              |                              |            | 0.   | 0.   | 0 .  |
| JOHN RUFF                          |   |                                |                       |          |              |                              |            |  |  |  |
| PRESIDENT-ELECT                    | 2.00  | X                              |                       | X        |              |                              |            | 0.   | 0.   | 0.   |
| DR. BRUCE R. STILLINGS             |   |                                |                       |          |              |                              |            |  |  |  |
| TREASURER                          | 2.00  | X                              |                       | X        |              | $oxed{oxed}$                 |            | 0.   | 0.   | 0.   |
| DR. CATHERINE ADAMS-HUTT           |   |                                |                       |          |              |                              |            |  |  |  |
| DIRECTOR                           | 2.00  | X                              | ļ                     |          |              |                              |            | 0.   | 0.   | 0.   |
| P. MICHAEL DAVIDSON                |   |                                |                       |          | l            |                              |            |  |  |  |
| DIRECTOR                           | 2.00  | X                              |                       |          |              | <u> </u>                     |            | 0.   | 0.   | 0.   |
| JUSTIN SHIMEK                      |   |                                |                       |          |              |                              |            |  |  |  |
| DIRECTOR                           | 2.00  | X                              |                       |          | <u> </u>     |                              |            | 0.   | 0.   | 0.   |
| BARRY SWANSON                      |   |                                |                       |          | 1            | ŀ                            |            |  | _  |  |
| DIRECTOR                           | 2.00  | X                              | <u> </u>              |          | ļ            | <u> </u>                     |            | 0.   | 0.   | 0.   |
| COLLIN DENNIS                      |   |                                |                       |          |              | ŀ                            |            | _  | _  | _  |
| DIRECTOR                           | 2.00  | X                              |                       |          |              | _                            |            | 0.   | 0.   | 0  |
| BRENDA KNAPP-POLZIN                |   |                                |                       |          |              |                              |            |  | _  | _  |
| DIRECTOR                           | 2.00  | X                              | <u> </u>              |          | _            | <u> </u>                     |            | 0.   | 0.   | 0.   |
| DOUGLAS L MARSHALL                 |   |                                |                       |          |              | İ                            |            |  | _  |  |
| DIRECTOR                           | 2.00  | X                              | ļ                     |          |              | ┡                            |            | 0.   | 0.   | 0.   |
| LINDA S PERUCCA                    |   |                                |                       |          | ŀ            |                              |            | _  | _  | _  |
| DIRECTOR                           | 2.00  | X                              | _                     |          |              | <u> </u>                     |            | 0.   | 0.   | 0.   |
| ROBERT ROSS                        |   |                                |                       |          |              |                              |            | _  | _  |  |
| DIRECTOR                           | 2.00  | X                              | ļ                     |          | <u> </u>     | ļ                            |            | 0.   | 0.   | 0.   |
| MARILYN SCHORIN                    |   |                                |                       |          |              |                              |            | _  | _  |  |
| DIRECTOR                           | 2.00  | X                              | _                     |          |              | _                            |            | 0.   | 0.   | 0,   |
| CRAIG P SHERWIN                    |   |                                |                       |          |              |                              |            | _  | _  | _  |
| DIRECTOR                           | 2.00  | X                              | <u> </u>              | <u> </u> | $\vdash$     | ₩                            |            | 0.   | 0.   | 0,   |
| RAYMOND WINGER                     |   |                                |                       |          | Ì            |                              |            | _  | _  | _  |
| DIRECTOR                           | 2.00  | X                              | <u> </u>              | ļ        | <u> </u>     | <u> </u>                     |            | 0.   | 0.   | 0.   |
| BARBARA BYRD KEENAN                |   |                                |                       |          |              |                              |            |  | _  |  |
| EXECUTIVE VP AND EX OFFICIO MEMBER | 40.00   | L                              |                       | X        | <u> </u>     | <u>L</u> _                   |            | 425,236.   | <u> </u>   | 33,075.<br>Form <b>990</b> (2010   |

032007 12-21-10

Form **990** (2010)

Form **990** (2010)

36-2136957

032009 12-21-10 Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

|           | All other organizations must com   | (3) and 501(c)(4) organiza<br>pplete column (A) but are |                        |                       | ı                  |
|-----------|--|---|------------------------|-----------------------|--------------------|
|           | not include amounts reported on lines 6b,  | (A)<br>Total expenses                                   | (B)<br>Program service | (C)<br>Management and | (D)<br>Fundraising |
| 7b,       | 8b, 9b, and 10b of Part VIII.  |   | expenses               | general expenses      | expenses           |
| 1         | Grants and other assistance to governments and   |   |                        |                       |                    |
|           | organizations in the U.S. See Part IV, line 21   |   |                        |                       |                    |
| 2         | Grants and other assistance to individuals in  | 000 600   | 200 500                |                       |                    |
|           | the U.S. See Part IV, line 22  | 202,683.  | 202,683.               |                       |                    |
| 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,   | DOE 151   | 260 586                | 260 585               |                    |
|           | trustees, and key employees  | 725,151.  | 362,576.               | 362,575.              |                    |
| 6         | Compensation not included above, to disqualified   |   |                        |                       |                    |
|           | persons (as defined under section 4958(f)(1)) and  |   |                        |                       |                    |
|           | persons described in section 4958(c)(3)(B)   | F 170 730   | 2 452 014              | 1 710 004             | ·                  |
| 7         | Other salaries and wages   | 5,172,738.  | 3,452,814.             | 1,719,924.            | · · · -            |
| 8         | Pension plan contributions (include section 401(k)   | 604 140   | 200 022                | 212 217               |                    |
| _         | and section 403(b) employer contributions)   | 604,140.<br>657,625.                                    | 390,823.<br>425,423.   | 213,317.<br>232,202.  |                    |
| 9         | Other employee benefits  |   | 272,780.               |                       | ···                |
| 10        | Payroll taxes  | 421,668.  | 4/4,/60.               | 148,888.              |                    |
| 11        | Fees for services (non-employees):   |   |                        |                       |                    |
| a         | Management   | 45,175.   | 964.                   | 44,211.               |                    |
| b         | Legal .  | 48,352.   | 704.                   | 48,352.               |                    |
| C         | Accounting .   | 40,354.   |                        | 40,334.               |                    |
| d         | Lobbying   |   |                        |                       |                    |
| e         | Professional fundraising services. See Part IV, line 17  |   |                        | <u> </u>              |                    |
| f         | Investment management fees   | 909,231.  | 625,887.               | 283,344.              |                    |
| g<br>10   | Other  | 7,133.  | 6,963.                 | 170.                  |                    |
| 12        | Advertising and promotion .  | 1,401,096.  | 1,106,875.             | 294,221.              |                    |
| 13        | Office expenses  | 288,195.  | 200,944.               | 87,251.               |                    |
| 14        | Information technology   | 400,193.  |                        | 07,231.               |                    |
| 15        | Royalties .  | 1,269,421.  | 175,632.               | 1,093,789.            |                    |
| 16        | Occupancy _  | 654,750.  | 502,293.               | 152,457.              |                    |
| 17        | Travel .   | 054,750.  | 304,433.               | 132,437.              |                    |
| 18        | Payments of travel or entertainment expenses   |   |                        |                       |                    |
| 40        | for any federal, state, or local public officials  | 2,003,195.  | 1,856,010.             | 147,185.              |                    |
| 19        | Conferences, conventions, and meetings   | 2,003,193.  | 1,030,010.             | 147,100.              |                    |
| 20        | Interest Payments to affiliates  | <del>-</del>  |                        |                       |                    |
| 21        | Depreciation, depletion, and amortization  | 536,006.  |                        | 536,006.              | <del></del>        |
| 22        | Insurance  | 82,194.   | 46,858.                | 35,336.               | <del></del>        |
| 23        | Other expenses. Itemize expenses not covered   | 02,174.   | 40,030.                | 33,330.               |                    |
| 24        | 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 0.) OTHER EXPENSES  | 729,706.  | 542,292.               | 187,414.              |                    |
| _         | CASUAL LABOR   | 348,878.  | 278,786.               | 70,092.               | <del></del>        |
| b         | LICENSE FEES   | 134,764.  | 27,708.                | 107,056.              |                    |
| C         | MEMBERSHIP FEES  | 58,616.   | 19,323.                | 39,293.               | <del></del>        |
| d         | HERDERGILL PEED  | 30,010.   | 13,343.                | 37,4330               | <del></del>        |
| e         | All other expenses   |   |                        |                       | <del></del>        |
| f<br>25   | All other expenses   | 16 300 717  | 10,497,634.            | 5,803,083.            | 0.                 |
| <u>25</u> | Joint costs. Check here I I I following SOP  | 10,300,111.   |                        | 3,003,003.            |                    |
| 26        | 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   | L   |                        |                       |                    |

| Par                         |    | Balance Sheet  | <b>)</b>                 | <u> </u> | 213695/ Page 11           |
|-----------------------------|----|--|--------------------------|----------|---------------------------|
|                             |    |  | (A)<br>Beginning of year |          | <b>(B)</b><br>End of year |
|                             | 1  | Cash · non-interest-bearing  | 495,544.                 | 1        | 3,806,426.                |
|                             | 2  | Savings and temporary cash investments                                       |                          | 2        |                           |
|                             | 3  | Pledges and grants receivable, net   |                          | 3        |                           |
|                             | 4  | Accounts receivable, net   | 1,013,701.               | 4        | 712,656.                  |
|                             | 5  | Receivables from current and former officers, directors, trustees, key       |                          |          |                           |
|                             |    | employees, and highest compensated employees. Complete Part II               |                          |          |                           |
|                             |    | of Schedule L  |                          | 5        |                           |
|                             | 6  | Receivables from other disqualified persons (as defined under section        |                          |          |                           |
|                             |    | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing    |                          |          |                           |
|                             |    | employers and sponsoring organizations of section 501(c)(9) voluntary        |                          |          |                           |
| •                           |    | employees' beneficiary organizations (see instructions)                      |                          | 6        |                           |
| ets                         | 7  | Notes and loans receivable, net  |                          | 7        |                           |
| Assets                      | 8  | Inventories for sale or use  |                          | 8        |                           |
|                             | 9  | Prepaid expenses and deferred charges  | 465,775.                 | 9        | 511,716.                  |
|                             |    | Land, buildings, and equipment: cost or other                                | •                        |          | •                         |
|                             |    | basis. Complete Part VI of Schedule D 10a 3,021,112.                         |                          |          |                           |
|                             | ь  | Less: accumulated depreciation 10b 2,119,960.                                | 1,323,363.               | 10c      | 901,152.                  |
|                             | 11 | Investments - publicly traded securities                                     | 18,878,087.              | 11       | 19,557,164.               |
|                             | 12 | Investments other securities See Part IV, line 11                            | •                        | 12       |                           |
|                             | 13 | Investments - program-related. See Part IV, line 11                          |                          | 13       |                           |
|                             | 14 | Intangible assets  |                          | 14       |                           |
|                             | 15 | Other assets. See Part IV, line 11   |                          | 15       | 9,964.                    |
|                             | 16 | Total assets. Add lines 1 through 15 (must equal line 34)                    | 22,176,470.              | 16       | 25,499,078.               |
|                             | 17 | Accounts payable and accrued expenses  | 1,909,513.               | 17       | 1,948,666.                |
|                             | 18 | Grants payable .   |                          | 18       |                           |
|                             | 19 | Deferred revenue   | 1,973,133.               | 19       | 3,987,328.                |
|                             | 20 | Tax-exempt bond liabilities  |                          | 20       |                           |
| s<br>S                      | 21 | Escrow or custodial account liability Complete Part IV of Schedule D         |                          | 21_      |                           |
| Liabilities                 | 22 | Payables to current and former officers, directors, trustees, key employees, |                          |          |                           |
| abi                         |    | highest compensated employees, and disqualified persons. Complete Part II    |                          |          |                           |
| <b>=</b>                    |    | of Schedule L  |                          | 22       |                           |
|                             | 23 | Secured mortgages and notes payable to unrelated third parties               |                          | 23       |                           |
|                             | 24 | Unsecured notes and loans payable to unrelated third parties                 |                          | 24       |                           |
|                             | 25 | Other liabilities Complete Part X of Schedule D                              | 473,019.                 | 25       | 618,412.                  |
|                             | 26 | Total liabilities. Add lines 17 through 25                                   | <u>4,355,665.</u>        | 26       | 6,554,406.                |
|                             |    | Organizations that follow SFAS 117, check here   X  and complete             |                          |          |                           |
| es                          |    | lines 27 through 29, and lines 33 and 34.                                    |                          |          |                           |
| Š                           | 27 | Unrestricted net assets  | 17,820,805.              | 27       | 18,944,672.               |
| 398                         | 28 | Temporanly restricted net assets   | ,                        | 28       |                           |
| Þ                           | 29 | Permanently restricted net assets  |                          | 29       |                           |
| Ē                           |    | Organizations that do not follow SFAS 117, check here   and                  |                          |          |                           |
| ō                           |    | complete lines 30 through 34.  |                          |          |                           |
| ets                         | 30 | Capital stock or trust principal, or current funds                           |                          | 30       |                           |
| Ass                         | 31 | Paid-in or capital surplus, or land, building, or equipment fund             |                          | 31       |                           |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated income, or other funds             |                          | 32       |                           |
| Z                           | 33 | Total net assets or fund balances  | <u>17,820,805.</u>       | 33       | 18,944,672.               |
|                             | 34 | Total liabilities and net assets/fund balances                               | 22,176,470.              | 34       | <u>25,499,078.</u>        |

Form **990** (2010)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

**Open to Public** Inspection

Name of the organization

**Employer identification number** 

|           |                  |                         | <u>TE OF FOOD T</u>                     |              |               |                   |                          |                                   | <u>        36                            </u> | <u>-2136</u>       | <u>957</u> |      |
|-----------|------------------|-------------------------|---|--------------|---------------|-------------------|--------------------------|-----------------------------------|---|--------------------|------------|------|
| Part I    | Reason           | for Public Chari        | ty Status (Ali organiz                  | ations mu    | st complet    | e this par        | t) See inst              | tructions.                        |   |                    |            |      |
| The organ | ization is not a | private foundation I    | pecause it is: (For lines 1             | through      | 11, check     | only one b        | ox)                      |                                   |   |                    |            |      |
| 1 🔲       | A church, co     | nvention of churches    | , or association of churc               | ches desc    | ribed in se   | ction 170         | (b)(1)(A)(i)             | ).                                |   |                    |            |      |
| 2 🗀       | A school des     | cribed in section 17    | 0(b)(1)(A)(ii). (Attach Sc              | hedule E)    |               |                   |                          |                                   |   |                    |            |      |
| з 🔲       | A hospital or    | a cooperative hospit    | al service organization o               | described    | in ection     | 170(b)(1)         | (A)(iii).                |                                   |   |                    |            |      |
| 4 🔲       | A medical res    | search organization o   | perated in conjunction                  | with a hos   | pital descr   | ibed in <b>se</b> | ction 170                | (b)(1)(A)(ii                      | i). Enter th                                  | e hospital         | 's nam     | ıe,  |
|           | city, and stat   | e:                      |   |              |               |                   |                          |                                   |   |                    |            |      |
| 5 🔲       | An organizati    | on operated for the l   | penefit of a college or ur              | niversity ov | wned or op    | erated by         | a governi                | mental unr                        | t describe                                    | d in               |            |      |
|           | section 170      | (b)(1)(A)(iv). (Comple  | te Part II)                             |              |               |                   |                          |                                   |   |                    |            |      |
| 6 🗌       | A federal, sta   | ite, or local governme  | ent or governmental unit                | t described  | d ın sectio   | n 170(b)(         | 1)(A)(v).                |                                   |   |                    |            |      |
| 7 🗀       | An organizati    | on that normally reco   | eives a substantial part                | of its supp  | ort from a    | governme          | ental unit c             | or from the                       | general p                                     | ublic desc         | rıbed ı    | ภ    |
|           | =                | b)(1)(A)(vi). (Complet  |   |              |               | _                 |                          |                                   |   |                    |            |      |
| 8 🔲       | A community      | trust described in s    | ection 170(b)(1)(A)(vi). (              | (Complete    | Part II)      |                   |                          |                                   |   |                    |            |      |
| 9 X       | An organizati    | on that normally reco   | eives: (1) more than 33 1               | 1/3% of its  | support f     | rom contri        | butions, m               | nembershij                        | p fees, and                                   | d gross rec        | eipts      | from |
|           | activities rela  | ted to its exempt fur   | ctions - subject to certa               | ın excepti   | ons, and (2   | 2) no more        | than 33 1                | 1/3% of its                       | support f                                     | rom gross          | invest     | ment |
|           |                  |                         | axable income (less sect                |              |               |                   |                          |                                   |   | -                  |            |      |
|           |                  | 509(a)(2). (Complete    |   |              | ·             |                   | •                        |                                   |   |                    | •          |      |
| 10        |                  |                         | erated exclusively to te                | st for publ  | ic safety S   | See sectio        | n 509(a)(4               | 4).                               |   |                    |            |      |
| 11        | An organizati    | on organized and op     | erated exclusively for th               | ne benefit ( | of, to perfo  | orm the fu        | nctions of,              | or to carr                        | y out the p                                   | ourposes o         | f one      | or   |
|           | more publicly    | supported organiza      | tions described in section              | on 509(a)(   | 1) or section | n 509(a)(2        | 2). S <del>ee se</del> c | ction 509(                        | a)(3), Chec                                   | k the box          | that       |      |
|           | describes the    | e type of supporting    | organization and comple                 | ete lines 1  | 1e through    | 11h               |                          |                                   |   |                    |            |      |
|           | a Type           | । ь⊏                    | ] Type II 💢 😙                           | : 🔲 Тур      | e III - Func  | tionally in       | tegrated                 |                                   | d 🗀   | Type III · C       | Other      |      |
| е 🔲       | By checking      | this box, I certify tha | t the organization is not               | controlled   | directly o    | r indirectly      | by one or                | r more disc                       | qualified p                                   | ersons oth         | er tha     | n    |
|           | foundation m     | nanagers and other th   | nan one or more publicly                | y supporte   | d organiza    | itions des        | cnbed in s               | ection 509                        | 9(a)(1) or se                                 | ection 509         | (a)(2).    |      |
| f         | If the organiz   | ation received a writ   | ten determination from t                | the IRS tha  | at it is a Ty | pe I, Type        | II, or Type              | e III                             |   |                    |            |      |
|           | supporting o     | rganization, check th   | is box                                  |              |               |                   |                          |                                   |   |                    |            |      |
| g         | Since Augus      | t 17, 2006, has the o   | rganization accepted ar                 | ny gift or c | ontribution   | from any          | of the follo             | owing pers                        | sons?   |                    |            |      |
| -         | (i) A perso      | n who directly or ind   | rectly controls, either al              | one or tog   | ether with    | persons o         | described                | ın (ii) and (                     | iii) below,                                   |                    | Yes        | No   |
|           | the gove         | erning body of the su   | ipported organization?                  |              |               |                   |                          |                                   |   | . 11g(i)           |            |      |
|           | (ii) A family    | member of a persor      | described in (i) above?                 |              |               |                   |                          |                                   |   | 11g(ii)            |            |      |
|           | (iii) A 35%      | controlled entity of a  | person described in (i) o               | or (ii) abov | e?            | •                 |                          |                                   |   | 11g(iii)           |            |      |
| h         | Provide the f    | ollowing information    | about the supported org                 | ganızatıon   | (s).          |                   |                          |                                   |   |                    |            |      |
|           |                  |                         |   |              |               |                   |                          |                                   |   |                    |            |      |
| (i) Name  | of supported     | (ii) EIN                | (iii) Type of                           |              | organization  |                   | u notify the             | (vi) Is                           | the   | (vii) Am           | nount o    | f    |
|           | anization        | `,                      | organization<br>(described on lines 1-9 |              | sted in your  |                   | tion in col.             | organizátic<br>(i) organiz<br>U.S | ed in the                                     | ` sup <sub>l</sub> |            |      |
|           |                  |                         | above or IRC section                    | governing    | document?     | (i) or you        | r support?               | U.S                               | .7  |                    |            |      |
|           |                  |                         | (see instructions))                     | Yes          | No            | Yes               | No                       | Yes                               | No  |                    |            |      |
|           |                  |                         |   |              |               |                   |                          |                                   |   |                    |            |      |
|           |                  |                         |   |              |               |                   |                          |                                   |   |                    |            |      |
|           |                  |                         |   |              |               |                   |                          |                                   |   |                    |            |      |
|           |                  |                         |   |              | ļ             | _                 |                          |                                   |   |                    |            |      |
|           |                  |                         |   |              |               |                   |                          |                                   |   |                    |            |      |
|           |                  |                         |   | ļ            |               |                   |                          |                                   |   |                    |            |      |
|           |                  |                         |   |              |               |                   |                          | 1                                 |   |                    |            |      |
|           | ·                |                         |   |              | <u> </u>      |                   |                          |                                   |   | _                  |            |      |
|           |                  |                         |   |              |               |                   |                          |                                   |   |                    |            |      |
|           |                  |                         | <u> </u>                                |              |               |                   |                          |                                   |   | _                  |            |      |
|           |                  |                         |   |              |               |                   |                          |                                   |   |                    |            |      |
| Total     |                  |                         |   | <u> </u>     | L             | L                 | <u> </u>                 | <u> </u>                          | <u> </u>                                      |                    |            |      |
| LHA For F | Paperwork Re     | eduction Act Notice     | see the Instructions for                | or           |               |                   |                          | Schedul                           | e A (Form                                     | 990 or 99          | 10-EZ)     | 2010 |

032021 12-21-10

Form 990 or 990-EZ.

| Support Schedule for (Complete only if you checke fails to qualify under the tests                  | d the box on line 5 | 5, 7, or 8 of Part I o | or if the organization |                                       |                      | •                    |
|---|---------------------|------------------------|------------------------|---------------------------------------|----------------------|----------------------|
| Section A. Public Support   |                     |                        |                        |                                       |                      |                      |
| alendar year (or fiscal year beginning in)  | (a) 2006            | <b>(b)</b> 2007        | (c) 2008               | (d) 2009                              | (e) 2010             | (f) Total            |
| 1 Gifts, grants, contributions, and   |                     |                        |                        |                                       |                      |                      |
| membership fees received. (Do not   |                     |                        | 1                      |                                       |                      |                      |
| include any "unusual grants.")  |                     |                        |                        |                                       |                      |                      |
| 2 Tax revenues levied for the organ-  |                     |                        |                        |                                       |                      |                      |
| ization's benefit and either paid to  |                     |                        |                        |                                       |                      |                      |
| or expended on its behalf   |                     |                        |                        |                                       | }                    |                      |
| The value of services or facilities   |                     |                        |                        |                                       |                      |                      |
| furnished by a governmental unit to   |                     |                        |                        |                                       |                      |                      |
| the organization without charge   |                     |                        |                        |                                       |                      |                      |
| 4 Total. Add lines 1 through 3  |                     |                        |                        |                                       |                      |                      |
| The portion of total contributions  |                     |                        |                        |                                       |                      |                      |
| by each person (other than a  |                     |                        |                        |                                       |                      |                      |
| governmental unit or publicly   |                     |                        |                        |                                       |                      |                      |
| supported organization) included  |                     |                        |                        |                                       |                      |                      |
| on line 1 that exceeds 2% of the  |                     |                        |                        |                                       |                      |                      |
| amount shown on line 11,  |                     |                        |                        |                                       |                      |                      |
| column (f)  |                     |                        |                        |                                       | 1                    |                      |
| Public support. Subtract line 5 from line 4 ection B. Total Support                                 |                     |                        |                        |                                       |                      |                      |
|   | (-) 000C            | <b>4-&gt; 0007</b>     | (-) 0000               | (4) 0000                              | (-) 0010             | (O Total             |
| llendar year (or fiscal year beginning in)  | (a) 2006            | <b>(b)</b> 2007        | (c) 2008               | (d) 2009                              | (e) 2010             | (f) Total            |
| 7 Amounts from line 4   |                     |                        |                        |                                       |                      |                      |
| Gross income from interest,   |                     |                        |                        |                                       |                      |                      |
| dividends, payments received on   |                     |                        |                        |                                       |                      |                      |
| securities loans, rents, royalties  |                     |                        |                        |                                       |                      |                      |
| and income from similar sources   |                     |                        |                        |                                       |                      |                      |
| 9 Net income from unrelated business  |                     |                        |                        |                                       | 1                    |                      |
| activities, whether or not the  |                     |                        |                        |                                       |                      |                      |
| business is regularly carried on  |                     |                        |                        | · · · · · · · · · · · · · · · · · · · |                      |                      |
| Other income. Do not include gain   |                     |                        | 1                      |                                       |                      |                      |
| or loss from the sale of capital  |                     |                        |                        |                                       | +                    |                      |
| assets (Explain in Part IV.)  |                     |                        |                        |                                       |                      |                      |
| 1 Total support. Add lines 7 through 10   | -4- (               |                        | 1                      |                                       | 10                   | <u> </u>             |
| 2 Gross receipts from related activities  |                     |                        |                        |                                       | 12                   | <u>.</u>             |
| 3 First five years. If the Form 990 is fo   | _                   | s first, second, th    | ra, tourth, or tilth t | ax year as a secti                    | on 50 (c)(3)         | . □                  |
| organization, check this box and sto<br>ection C. Computation of Pub                                |                     | rcentage               |                        |                                       |                      |                      |
| · · · · · · · · · · · · · · · · · · ·   |                     | <u>_</u>               | column (f)             |                                       | 14                   | ·····                |
| <ul><li>Public support percentage for 2010 (</li><li>Public support percentage from 2009)</li></ul> |                     |                        | Column (i))            | • •                                   | 15                   |                      |
|   |                     |                        | n line 13, and line    | 1/ ic 22 1/20/ or i                   | <del>_</del>         | v and                |
| Sa 33 1/3% support test - 2010.If the control have the organization qualifies                       |                     |                        |                        | 14 15 33 1/376 01 1                   | nore, check this bo  | xanu<br>⊾Г           |
| stop here. The organization qualifies   |                     |                        |                        | l line 15 ie 22 1 <i>1</i> 20         | 6 or more about th   | ue hoy               |
| b 33 1/3% support test - 2009. If the c   | =                   |                        |                        | i iii io io io oo 1/37                | o of more, check th  | iis b∪x<br>⊾ [       |
| and stop here. The organization qua   |                     |                        |                        | a 13 16a ar 16h                       | and line 14 in 100/  | or more              |
| 7a 10% -facts-and-circumstances tes   |                     |                        |                        |                                       |                      |                      |
| and if the organization meets the "facts and sirely meets the "facts and sirely metapage"           |                     |                        |                        |                                       | artivinow the organ  | nzation ⊾ Γ          |
| meets the "facts-and-circumstances"   |                     |                        |                        |                                       | 17a and line 15 := : | <b>▶</b> ∟<br>109⁄or |
| b 10% -facts-and-circumstances tes  | -                   |                        |                        |                                       |                      |                      |
| more, and if the organization meets to<br>organization meets the "facts-and-cir                     |                     |                        |                        | •                                     |                      | , r                  |

Schedule A (Form 990 or 990-EZ) 2010

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

| Sec     | ction A. Public Support  | elow, please comp                       | nete Fait II )        |                         | <del></del>         |                      |                   |  |
|---------|--|---|-----------------------|-------------------------|---------------------|----------------------|-------------------|--|
|         | ndar year (or fiscal year beginning in)  | (a) 2006                                | <b>(b)</b> 2007       | (c) 2008                | (d) 2009            | (e) 2010             | (f) Total         |  |
|         | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 286,397.                                |                       | 150,000.                | 171,667.            | 113,973.             | 980,992.          |  |
|         | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose   | 11,143,250,                             | 11,555,910,           | 12,969,085.             | 14,932,033,         | 13,808,637,          | 64,408,915,       |  |
| 3       | Gross receipts from activities that are not an unrelated trade or business under section 513   |   |                       |                         |                     |                      |                   |  |
| 4       | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf  |   |                       |                         |                     |                      |                   |  |
| 5       | The value of services or facilities furnished by a governmental unit to the organization without charge  |   |                       |                         |                     |                      |                   |  |
| 6       | Total. Add lines 1 through 5   | 11,429,647.                             | 11,814,865.           | 13,119,085.             | 15,103,700.         | 13,922,610.          | 65,389,907.       |  |
| 78      | Amounts included on lines 1, 2, and  |   |                       |                         |                     |                      |                   |  |
|         | 3 received from disqualified persons   |   |                       |                         |                     |                      | 0.                |  |
| t       | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year  |   |                       |                         |                     |                      | 0.                |  |
| ,       | Add lines 7a and 7b  |   |                       |                         |                     |                      | 0.                |  |
|         | Public support (Subtract line 7c from line 6)  |   |                       |                         |                     |                      | 65 389 907        |  |
|         | ction B. Total Support   |   |                       |                         |                     |                      | 03,007,2011       |  |
|         | endar year (or fiscal year beginning in)   | (a) 2006                                | <b>(b)</b> 2007       | (c) 2008                | (d) 2009            | (e) 2010             | (f) Total         |  |
|         | Amounts from line 6  | 11,429,647.                             | 11,814,865,           | 13,119,085.             | 15,103,700.         | 13,922,610,          | 65,389,907.       |  |
| 10      | a Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources  | 486,486.                                |                       |                         | 491,122.            |                      | 2,672,638.        |  |
|         |  | 400,400.                                | 340,303.              | 001,304.                | 4)1;122·            | 343,303.             | 2,072,030.        |  |
|         | Unrelated business taxable income (less section 511 taxes) from businesses   |   |                       |                         |                     |                      |                   |  |
|         | acquired after June 30, 1975   | -483607                                 | -240683.              | -286552                 | -561753             | -555976              | -2.128.571.       |  |
|         | c Add lines 10a and 10b  | 2,879.                                  |                       |                         | -70,631.            |                      | 544,067.          |  |
|         | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on   | 2,073.                                  | 307,000:              | 314,734                 | 70,031              | 10/013:              | 342/00/1          |  |
|         | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)   | 50,234.                                 |                       | 137,419.                |                     |                      | 428,931.          |  |
|         | Total support (Add lines 9, 10c, 11, and 12)   | 11,482,760,                             | 12,194,590.           |                         | 15,098,477.         |                      | 66,362,905.       |  |
| 14      | First five years. If the Form 990 is for   | r trie organization's                   | s iirst, secona, thir | u, iouriii, or iiith ta | ax year as a sectio | n 30 r(c)(3) organiz | .au011,           |  |
| <u></u> | check this box and stop here ction C. Computation of Publ  | ic Support Pa                           | rcentage              |                         |                     |                      |                   |  |
|         | <del></del>  |   |                       | nolumn (fl)             |                     | 15                   | 98.53 %           |  |
| 15      |  | • | •                     | Diumin (1))             | •                   | 16                   |                   |  |
| 16      | Public support percentage from 2009 ction D. Computation of Invest   |   |                       |                         |                     | 16                   | <u>98.37 %</u>    |  |
|         |  |   |                       | no 12 notume (f)        |                     | 47                   | 92 %              |  |
|         | 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18   |   |                       |                         |                     |                      |                   |  |
|         | 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 1.11 % 19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not  |   |                       |                         |                     |                      |                   |  |
| 19      |  |   |                       |                         |                     |                      | I / IS NOT<br>► X |  |
|         | more than 33 1/3%, check this box a  |   |                       |                         |                     |                      |                   |  |
|         | b 33 1/3% support tests - 2009. If the   |   |                       |                         |                     |                      | . —               |  |
| ~       | line 18 is not more than 33 1/3%, che<br>Private foundation. If the organization   |   | •                     | *                       | • •                 | _                    | ·· 【片             |  |
| 20      | Private foundation. If the organization is the organization of the organization is the organization of the organization is the organization of the organization is the organization of the organization is the organization of the | on did not check a                      | LOA OIT INE 14, 19    | a, or 130, check th     |                     |                      | 0 or 990-EZ) 2010 |  |

### **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.

2010
Open to Public Inspection

Name of the organization

Employer identification number

| i <b>t</b> ain | INSTITUTE OF FOOD TECHN  | ,                                       | 36-2136957  |                                 |  |  |  |
|----------------|--|---|-------------|---------------------------------|--|--|--|
| Pai            |  |   | Accou       |                                 |  |  |  |
|                | organization answered "Yes" to Form 990, Part IV, line 6                     |   |             | ·                               |  |  |  |
|                |  | a) Donor advised funds                  | (b) Fun     | ds and other accounts           |  |  |  |
| 1              | Total number at end of year  |   |             |                                 |  |  |  |
| 2              | Aggregate contributions to (during year)                                     |   |             |                                 |  |  |  |
| 3              | Aggregate grants from (during year)  |   |             |                                 |  |  |  |
| 4              | Aggregate value at end of year   |   |             |                                 |  |  |  |
| 5              | Did the organization inform all donors and donor advisors in writing th      | at the assets held in donor advised     | funds       |                                 |  |  |  |
|                | are the organization's property, subject to the organization's exclusive     | e legal control?                        |             | Yes No                          |  |  |  |
| 6              | Did the organization inform all grantees, donors, and donor advisors ii      | n writing that grant funds can be use   | ed only     |                                 |  |  |  |
|                | for charitable purposes and not for the benefit of the donor or donor a      | advisor, or for any other purpose cor   | fernng      |                                 |  |  |  |
|                | impermissible private benefit?   |   |             | Yes No                          |  |  |  |
| Pa             | rt II Conservation Easements. Complete if the organization                   | n answered "Yes" to Form 990, Part      | IV, line 7. |                                 |  |  |  |
| 1              | Purpose(s) of conservation easements held by the organization (chec          | k all that apply)                       |             |                                 |  |  |  |
|                | Preservation of land for public use (e.g., recreation or education           | n) Preservation of an histori           | cally impo  | ortant land area                |  |  |  |
|                | Protection of natural habitat  | Preservation of a certified             | historic    | structure                       |  |  |  |
|                | Preservation of open space   |   |             |                                 |  |  |  |
| 2              | Complete lines 2a through 2d if the organization held a qualified cons       | ervation contribution in the form of a  | conserva    | ation easement on the last      |  |  |  |
|                | day of the tax year.   |   |             |                                 |  |  |  |
|                |  |   |             | Held at the End of the Tax Year |  |  |  |
| a              | Total number of conservation easements                                       |   | 2a          |                                 |  |  |  |
| b              | Total acreage restricted by conservation easements                           | aboda dos 45                            | 2b          |                                 |  |  |  |
| С.             | Number of conservation easements on a certified historic structure in        | ` '                                     | _2c         |                                 |  |  |  |
| d              | `, '   | 7/06, and not on a historic structure   |             |                                 |  |  |  |
| _              | listed in the National Register  |   | _2d         | advision a discussion           |  |  |  |
| 3              | Number of conservation easements modified, transferred, released, e          | extinguished, or terminated by the org  | yarıızador  | during the tax                  |  |  |  |
| 4              | year ►   | s located •                             |             |                                 |  |  |  |
| 5              | Does the organization have a written policy regarding the periodic mo        | · · · · · · · · · · · · · · · · · · ·   |             |                                 |  |  |  |
| 9              | violations, and enforcement of the conservation easements it holds?          | ritoring, inspection, harding or        |             | Yes No                          |  |  |  |
| 6              | Staff and volunteer hours devoted to monitoring, inspecting, and enfo        | orcing conservation easements durin     | a the vea   |                                 |  |  |  |
| 7              | Amount of expenses incurred in monitoring, inspecting, and enforcing         |   |             |                                 |  |  |  |
| 8              | Does each conservation easement reported on line 2(d) above satisfy          | •                                       | -           | <u> </u>                        |  |  |  |
| -              | and section 170(h)(4)(B)(ii)?  | , | ,,,,        | Yes No                          |  |  |  |
| 9              | In Part XIV, describe how the organization reports conservation easer        | nents in its revenue and expense sta    | atement, a  | and balance sheet, and          |  |  |  |
|                | include, if applicable, the text of the footnote to the organization's final | ancial statements that describes the    | organizat   | tion's accounting for           |  |  |  |
|                | conservation easements   |   |             |                                 |  |  |  |
| Pa             | rt III Organizations Maintaining Collections of Art, F                       | listorical Treasures, or Othe           | er Simil    | ar Assets.                      |  |  |  |
|                | Complete if the organization answered "Yes" to Form 990, Par                 | t IV, line 8.                           |             |                                 |  |  |  |
| 1a             | If the organization elected, as permitted under SFAS 116 (ASC 958),          | not to report in its revenue statemen   | t and bala  | ance sheet works of art,        |  |  |  |
|                | historical treasures, or other similar assets held for public exhibition, e  | education, or research in furtherance   | of public   | service, provide, in Part XIV,  |  |  |  |
|                | the text of the footnote to its financial statements that describes thes     | se items                                |             |                                 |  |  |  |
| b              | If the organization elected, as permitted under SFAS 116 (ASC 958),          |   |             | •                               |  |  |  |
|                | treasures, or other similar assets held for public exhibition, education     | , or research in furtherance of public  | service, p  | 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                                     |   | . •         | \$                              |  |  |  |
| 2              | If the organization received or held works of art, historical treasures, of  | ~                                       | ıın, provid | е                               |  |  |  |
|                | the following amounts required to be reported under SFAS 116 (ASC            | 958) relating to these items            | _           | •                               |  |  |  |
| a              | •  | · ·                                     |             | \$                              |  |  |  |
| b              | Assets included in Form 990, Part X  |   |             | \$                              |  |  |  |
|                |  |   |             |                                 |  |  |  |

|        |   | TE OF FOOD              |                         |                     |              |                   | <u> 36957</u>  |  |
|--------|---|-------------------------|-------------------------|---------------------|--------------|-------------------|----------------|--|
| Par    | t III Organizations Maintaining C                     | collections of A        | rt, Historical Tı       | easures, or C       | Other Si     | <u>milar Asse</u> | ts (contin     | ued)   |
| 3      | Using the organization's acquisition, accessi         | on, and other record    | is, check any of the    | following that are  | e a signific | ant use of its    | collection     | rtems  |
|        | (check all that apply):                               |                         |                         |                     |              |                   |                |  |
| а      | Public exhibition                                     | c                       | Loan or exc             | change programs     |              |                   |                |  |
| b      | Scholarly research                                    | e                       | Other                   |                     |              |                   |                |  |
| С      | Preservation for future generations                   |                         |                         |                     |              |                   |                |  |
| 4      | Provide a description of the organization's co        | ollections and explai   | n how they further      | the organization's  | exempt p     | urpose in Par     | t XIV.         |  |
| 5      | During the year, did the organization solicit of      | r receive donations     | of art, historical trea | sures, or other si  | ımılar asse  | ts                |                |  |
|        | to be sold to raise funds rather than to be ma        | aintained as part of    | the organization's c    | ollection?          |              |                   | Yes            | □ No   |
| Par    | t IV Escrow and Custodial Arran                       | gements. Compl          | ete if the organization | on answered "Yes    | s" to Form   | 990, Part IV,     | line 9, or     |  |
|        | reported an amount on Form 990, Pa                    | rt X, line 21.          |                         |                     |              |                   |                |  |
| 1a     | Is the organization an agent, trustee, custod         | an or other intermed    | diary for contribution  | ns or other assets  | s not inclu  | ded               |                |  |
|        | on Form 990, Part X?                                  |                         |                         |                     |              |                   | Yes            | ☐ No   |
| b      | If "Yes," explain the arrangement in Part XIV         | and complete the fo     | ollowing table:         |                     |              |                   |                |  |
|        | · · ·   |                         |                         |                     |              |                   | Amount         |  |
| С      | Beginning balance                                     |                         |                         |                     | Ţ.           | 1c                |                |  |
| d      | Additions during the year                             |                         | •                       |                     |              | 1d                |                |  |
| e      | Distributions during the year                         |                         | ••                      |                     |              | 1e                |                |  |
| f      | Ending balance  |                         |                         |                     | _            | 1f                |                |  |
| 2a     | Did the organization include an amount on F           | orm 990, Part X, line   | 21?                     | • • • • • •         |              |                   | Yes            | No   |
|        | If "Yes," explain the arrangement in Part XIV         |                         |                         | •                   |              |                   |                |  |
| Par    |   | f the organization ar   | swered "Yes" to Fo      | orm 990, Part IV, I | line 10.     |                   |                | <u>.                                      </u> |
|        | •   | (a) Current year        | (b) Pnor year           | (c) Two years ba    |              | ree vears back    | (e) Four v     | ears back                                      |
| 1a     | Beginning of year balance                             |                         |                         | 1                   |              |                   |                |  |
| b      | Contributions   |                         |                         |                     |              |                   |                |  |
| c      | Net investment earnings, gains, and losses            |                         |                         |                     |              |                   | <u> </u>       |  |
| ď      | Grants or scholarships                                |                         |                         | 1                   |              |                   |                |  |
| ۵      | Other expenditures for facilities                     |                         |                         |                     |              |                   |                |  |
| •      | and programs  |                         |                         |                     |              |                   |                |  |
| f      | Administrative expenses                               | ,                       | ٠,,                     | <del> </del>        |              |                   |                |  |
|        | End of year balance                                   |                         |                         |                     |              |                   |                |  |
| 2      | Provide the estimated percentage of the year          | r and halance held :    | <u> </u>                | <u> </u>            |              |                   |                |  |
| a      | Board designated or quasi-endowment                   | ar crid balance ricid ( | %                       |                     |              |                   |                |  |
| b      | Permanent endowment                                   |                         | _′°                     |                     |              |                   |                |  |
| 0      |   |                         |                         |                     |              |                   |                |  |
| 33     | Are there endowment funds not in the posse            |                         | ation that are held:    | and administered    | for the or   | nanization        |                |  |
| Ja     | by:   | 2331017 OF THE ORGANIZ  | ation that are neles    | and administered    | ioi tile oit | gariization       | Γ <sub>ν</sub> | es No  |
|        | (i) unrelated organizations                           |                         |                         |                     |              |                   | 3a(i)          | 65 110   |
|        | (ii) related organizations                            | • •                     |                         |                     |              |                   | 3a(ii)         |  |
| h      | If "Yes" to 3a(ii), are the related organizations     | e lietad se raquirad (  | on Schedule R2          |                     |              |                   | 3b             |  |
| 4      | Describe in Part XIV the intended uses of the         | •                       |                         |                     | •            |                   | (30            |  |
| Par    |   |                         | ***                     |                     |              |                   |                |  |
|        | Description of investment                             | (a) Cost or o           |                         | t or other          | (c) Accum    | ulated            | (d) Book       |  |
|        | Description of investment                             | basis (investi          | 1                       | (other)             | deprecia     |                   | (u) Dook       | value  |
|        | Land  | 2230 (                  |                         | (= 3.10.7)          | 225,000      |                   |                | <del></del>                                    |
|        | Land  |                         | -                       |                     |              |                   |                | <del></del>                                    |
|        | Buildings   |                         | 20                      | 30,175.             | 227          | ,084.             | 152            | 001  |
|        |   |                         |                         |                     | 1,892        |                   |                | <u>,091.</u><br>,061.                          |
|        | Equipment   |                         | 2,04                    | 20,3310             | 1,074        | ,010.             | /40            | ,001.  |
|        | Other  Add lines 1a through 1e (Column (d) must e     | aual Form 000 Par       | Y column (P) had        | 10(a) \             |              |                   | 0.01           | ,152.  |
| ı otal | . Aud lines la infoudit le (C <i>olumn las must</i> 6 | ruuai rorrri 990. Pan   | A. WIUTTITI (B). IINE   | TUICI I             |              |                   | コリエ            | , IJ4 -  |

|           | dule D (Form 990) 2010 INSTITUTE OF FOOD TECHNOLOG   |                     | -:-! 01-1-     | 36-2136957           | Page 4      |
|-----------|--|---------------------|----------------|----------------------|-------------|
| Pai       | t XI Reconciliation of Change in Net Assets from Form 990 to                                   | Audited Finan       | ciai State     | ements               |             |
| 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              | <del></del>          |             |
| 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              | <u>-</u>             |             |
| 10        | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and         |                     | 10             |                      |             |
| Pai       | t XII Reconciliation of Revenue per Audited Financial Statemer                                 | nts With Reve       | nue per R      | leturn               |             |
| 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                  |                | 1                    |             |
| b         | Donated services and use of facilities   | 2b                  |                | ]                    |             |
| С         | Recovenes of prior year grants   | 2c                  |                | <u> </u>             |             |
| d         | Other (Describe in Part XIV.)  | 2d                  |                | <u> </u>             |             |
| 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                  |                |                      |             |
| С         | 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 Expe       | enses per      | Return               |             |
| 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                  |                | 1                    |             |
| c         | Other losses   | 2c                  |                | 1                    |             |
| ď         | Other (Describe in Part XIV)   | 2d                  |                | 1 1                  |             |
| -         | 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                              |                     | •              |                      |             |
| a         | Investment expenses not included on Form 990, Part VIII, line 7b                               | 4a                  |                |                      |             |
|           | Other (Describe in Part XIV.)  | 4b                  |                | 1                    |             |
|           | Add lines 4a and 4b  | <del>, 10</del> , 1 |                | 40                   |             |
| _         | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)                |                     |                | 4c 5                 | <del></del> |
|           | rt XIV Supplemental Information  |                     |                | 1 3 1                |             |
|           | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, | lines 1a and 4 Pa   | art IV lines 1 | h and 2h Part V line | 4. Part     |
|           | e 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl    |                     |                |                      | 7,1 641     |
|           | RT X, LINE 2: THE INSTITUTE AND THE FOUNDAT  |                     | -              |                      |             |
| 110       | AT A, BIND 2. THE INDITION AND THE TOURDAY   | TON AND             | AM DME         | IFIL I               |             |
| OR        | GANIZATIONS AS DEFINED BY SECTION 501(C)(3)  | ОЕ ТНЕ Т            | NTERNA         | T. REVENUE           | CODE        |
| <u></u>   |  |                     |                |                      |             |
| AN        | O HAVE BEEN CLASSIFIED AS ORGANIZATIONS THA  | T ARE NOT           | PRIVA          | TE FOUNDAT           | IONS        |
|           |  |                     |                |                      |             |
| UN        | DER SECTION 509(A)(2). CONTRIBUTIONS TO TH   | E INSTITU           | TE AND         | THE                  |             |
| <u> </u>  |  |                     |                |                      |             |
| FO        | UNDATION QUALIFY FOR THE CHARITABLE CONTRIE  | BUTION DED          | UCTION         | UNDER SEC            | rion        |
|           |  | <u> </u>            |                |                      |             |
| 17        | O(B)(1)(A). THE INSTITUTE FOLLOWS THE REQU   | JIREMENTS           | FOR AC         | COUNTING F           | OR          |
|           |  |                     |                |                      |             |
| <u>UN</u> | CERTAIN TAX POSITIONS. THE INSTITUTE HAS I   | ETERMINED           | THAT           | IT IS NOT            |             |
|           |  |                     |                |                      | _           |
| RE        | QUIRED TO RECORD A LIABILITY RELATED TO UNC  | ERTAIN TA           | X POSI         |                      |             |
| 03205     | 4  |                     |                | Schedule D (Form 9   | 90) 2010    |
| 12-20     | -10  |                     |                |                      |             |

| Schedule D (Form 990) 2010 INSTITUTE OF FOOD TECHNOLOGISTS 36-2136957 Page 5  Part XIV Supplemental Information (continued) |
|---|
| AUGUST 31, 2011 OR 2010.  |
| THE RETURNS FOR THE INSTITUTE AND FOUNDATION FOR 2007, 2008 AND 2009 ARE  |
| SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR   |
| THREE YEARS AFTER THEY WERE FILED.  |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

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

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

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

▶ Attach to Form 990.

2010. Open to Public

Inspection

Employer identification number 36-2136957 INSTITUTE OF FOOD TECHNOLOGISTS Part I General Information on Grants and Assistance Name of the organization

| <ol> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States</li> </ol> | o substantiate the<br>stance?<br>ocedures for monit | amount of the grants<br>oring the use of grant t | or assistance, the funds in the United | grantees' eligibility<br>I States | for the grants or assi                                | the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection se of grant funds in the United States | on X Yes                              | N         |
|---|---|--|--|-----------------------------------|---|--|---------------------------------------|-----------|
| Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any   | Governments and                                     | Organizations in the                             | United States. C                       | omplete if the orga               | ınızatıon answered "Y                                 | es" to Form 990, Part IV   | /, line 21, for any                   | [         |
| recipient that received more than \$  | 55,000 Check this                                   | box if no one recipien                           | t received more th                     | an \$5,000. Part II               | can be duplicated if a                                | dditional space is need  |                                       | <b>A</b>  |
| 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of or government or government (a) EIN (c) IRC section (d) Amount of or government (e) Amount of valuation (book, rappraisal, assistance other)   | ( <b>a</b> )  | (c) IRC section<br>if applicable                 | (d) Amount of<br>cash grant            | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance   | (h) Purpose of grant<br>or assistance | rant<br>e |
|   |   |  |  |                                   |   |  |                                       |           |
|   |   |  |  |                                   |   |  |                                       |           |
|   |   |  |  |                                   |   |  |                                       |           |
|   |   |  |  |                                   |   |  |                                       |           |
|   |   |  |  |                                   |   |  |                                       |           |
|   |   |  |  |                                   |   |  |                                       |           |
| <ul><li>2 Enter total number of section 501(c)(3) and government organizations</li><li>3 Enter total number of other organizations</li></ul>  | nd government org                                   | ganizations                                      |  |                                   |   |  | <b>A A</b>                            |           |

Schedule I (Form 990) (2010)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

36-2136957

Schedule I (Form 990) (2010) INSTITUTE OF FOOD TECHNOLOGISTS

Part III 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.

| (a) Type of grant or assistance   | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|---------------------------------------|---|--|
| AWARDS  | 126                      | 202,683,                 | 0                                     |   |  |
|   |                          |                          |                                       |   |  |
|   |                          |                          |                                       |   |  |
|   |                          |                          |                                       |   |  |
|   |                          |                          |                                       |   |  |
| Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. | de the information       | n required in Part I,    | line 2, and any other                 | additional information.                               |  |
| SCHEDULE I, PART I, LINE 2: IFT DIVISI  | IVISIONS                 | HAVE ESTAB               | ONS HAVE ESTABLISHED POLICIES         | ICIES AND   |  |
| PROCEDURES ON HOW AWARDS ARE ISSUED.  |                          | ICANTS PRO               | APPLICANTS PROVIDE INFORMATION ON     | MATION ON   |  |
| ACCOMPLISHMENTS DURING THE SELECTION  | ON PROCESS.              |                          | AWARDS ARE PAID                       | BASED UPON  |  |
| CRITERIA ALREADY ACHIEVED, THEREFORE  |                          | E IS NO FO               | LLOW UP RE                            | THERE IS NO FOLLOW UP REQUIRED AFTER                  |  |
| FUNDS AWARDED HAVE BEEN DISBURSED.  |                          |                          |                                       |   |  |

Schedule I (Form 990) (2010)

## SCHEDULE J (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

INSTITUTE OF FOOD TECHNOLOGISTS

Employer identification number 36-2136957

**Questions Regarding Compensation** Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Compensation committee X Written employment contract Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment from the organization or a related organization? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of X 5a a The organization? X 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X 6a a The organization? X b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments 7 X not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X 8 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

|                       |            | (B) Breakdown of W-2 an  | W-2 and/or 1099-MI                  | id/or 1099-MISC compensation        | (C)  | (D)                    | (E)       | (F)   |
|-----------------------|------------|--------------------------|-------------------------------------|-------------------------------------|--|------------------------|-----------|---|
| (A) Name              |            | (i) Base<br>compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | retifement and other deferred compensation | Nontaxable<br>benefits | (B)(0-(D) | reported in prior<br>Form 990 or<br>Form 990-EZ |
|                       | Ξ          | 425,236.                 | 0                                   | 0.                                  | 33,075.                                    | 0                      | 458,311.  | 224,700.  |
| 1 BARBARA BYRD KEENAN | €          | 0.                       | 0.                                  | 0.                                  | 0.   | 0.                     | 0.        | 0.  |
|                       | ε          | 157,26                   |                                     | 0                                   | 20,481.                                    | 0                      | 177,742.  | 98,193.   |
| 2 MARK BARENIE        | (E)        |                          |                                     | 0                                   |  | 0.                     |           |   |
|                       | Ξ          | 138,56                   |                                     | 0                                   | 18,045.                                    | 0.                     | 156,610.  | 92,839.   |
| 3 KELLY AHUJA         | (ii)       |                          |                                     | 0                                   |  | 0                      |           |   |
|                       | ()         | 178,18                   |                                     | 0.                                  | 23,632.                                    | 0                      | 201,819.  | 113,300.  |
| 4 JERRY BOWMAN        | Ξ          |                          | 0                                   | 0                                   |  | 0                      |           |   |
|                       | Ξ          | 157,16                   |                                     | 0                                   | 20,468.                                    | 0                      | 177,633.  | 98,134.   |
| 5 MARC BERNSTEIN      | ▣          | 0.                       |                                     | 0                                   | 0  | 0                      | - 1       | 0   |
|                       | Ξ          | 154,96                   |                                     | 0                                   | 20,551.                                    | 0                      | 175,512.  | 98,532.   |
| 6 HEIDI WOORHEES      | (ii)       |                          |                                     | 0                                   |  | 0                      | - 1       | 0   |
|                       | (i)        | 59'608                   | 0                                   | 0.                                  | 27,810.                                    | 0.                     | 237,502.  | 133,333.  |
| 7 WILLIAM FISHER      | (ii)       | 0.                       | 0.0                                 | 0.                                  | 0  | 0                      | 0         | 0   |
|                       | Ξ          | 147,82                   |                                     | 0                                   | 27,000.                                    | 0                      | 174,821.  | 81,154.   |
| 8 TINA WEHMEIR        | ≘          | 0.                       | 0                                   | 0                                   | 0  | 0                      | 0.        | 0   |
| •                     | € (        |                          |                                     |                                     |  |                        |           |   |
| 57                    | <b>=</b>   |                          |                                     | ;                                   |  |                        |           |   |
| 10                    | <u>e</u> e |                          |                                     |                                     | 12   |                        |           |   |
|                       | (j)        |                          |                                     |                                     |  |                        |           |   |
| 11                    | ⊞          |                          |                                     |                                     |  |                        |           |   |
|                       | Ξ          |                          |                                     |                                     |  |                        |           |   |
| 12                    | ₿          |                          |                                     |                                     |  |                        |           |   |
|                       | Ξ          |                          |                                     |                                     |  |                        |           |   |
| 13                    | ▣          |                          |                                     |                                     |  |                        |           |   |
|                       | Ξ          |                          |                                     |                                     |  |                        |           |   |
| 14                    | ▣          |                          |                                     |                                     |  |                        |           |   |
|                       | Ξ          |                          |                                     |                                     |  |                        |           |   |
| 15                    | (ii)       |                          |                                     |                                     |  |                        |           |   |
|                       | €          |                          |                                     |                                     | :  |                        |           |   |
| 16                    |            |                          |                                     |                                     |  |                        |           |   |

Schedule J (Form 990) 2010

### SCHEDULE O (Form 990 or 990-EZ)

### 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

Department of the Treasury Internal Revenue Service

032211 01-24-11

Name of the organization

TNSTITUTE OF FOOD TECHNOLOGISTS

Employer identification number 36-2136957

Schedule O (Form 990 or 990-EZ) (2010)

| INSTITUTE OF FOOD TECHNOLOGISTS 36-2136957                              |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:          |  |  |  |  |  |  |  |  |
| VISION IS TO ENSURE A SAFE AND ABUNDANT FOOD SUPPLY CONTRIBUTING TO     |  |  |  |  |  |  |  |  |
| HEALTHIER PEOPLE EVERYWHERE. THE INSTITUTE OF FOOD TECHNOLOGISTS        |  |  |  |  |  |  |  |  |
| STRIVES TO PROVIDE AN INCLUSIVE AND WELCOMING COMMUNITY FOR ALL FOOD    |  |  |  |  |  |  |  |  |
| SCIENCE AND TECHNOLOGY PROFESSIONALS AND THE KNOWLEDGE AND TOOLS THEY   |  |  |  |  |  |  |  |  |
| NEED TO ENHANCE THEIR PROFESSIONAL COMPETENCY.                          |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:        |  |  |  |  |  |  |  |  |
| STEWARD FOR THE PROFESSION AND ITS COMMUNITY - PROVIDE LEARNING,        |  |  |  |  |  |  |  |  |
| NETWORKING AND LEADERSHIP DEVELOPMENT EXPERIENCES THAT ENABLE FOOD      |  |  |  |  |  |  |  |  |
| SCIENCE AND TECHNOLOGY PROFESSIONALS TO BECOME LEADERS IN THE GLOBAL    |  |  |  |  |  |  |  |  |
| FOOD SCIENCE COMMUNITY.   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| RESEARCH CHAMPION AND INNOVATION CATALYST - CHAMPION EMERGING SCIENCES  |  |  |  |  |  |  |  |  |
| AND FOSTER TECHNOLOGY DEVELOPMENT, APPLICATION AND TRANSFER TO INCREASE |  |  |  |  |  |  |  |  |
| FUNDING FOR FOOD-RELATED RESEARCH AND TO SUPPORT INNOVATION IN FOOD     |  |  |  |  |  |  |  |  |
| SCIENCE.  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| INFLUENTIAL ADVOCATE AND TRUSTED SPOKESORGANIZATION - ENGAGE IN         |  |  |  |  |  |  |  |  |
| ADVOCACY AND COMMUNICATION EFFORTS THAT ENHANCE RECOGNITION OF THE      |  |  |  |  |  |  |  |  |
| PROFESSION AND RESULT IN INCREASED UNDERSTANDING AND APPLICATION OF THE |  |  |  |  |  |  |  |  |
| SCIENCE OF FOOD.  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| GLOBAL CITIZEN AND PARTNER - PROACTIVELY CONTRIBUTE TO, AND BE A        |  |  |  |  |  |  |  |  |
| PARTNER FOR, THE GLOBAL ADVANCEMENT AND APPLICATION OF THE SCIENCE OF   |  |  |  |  |  |  |  |  |
| FOOD.   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

LEARNING OPPORTUNITIES, AND SUPPORT OF THE IFT FOUNDATION.

Schedule O (Form 990 or 990-EZ) (2010)

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES INCLUDE MEMBERSHIP EXPERIENCES, KNOWLEDGE AND

EXPENSES \$ 1,521,737. INCL GRANTS OF \$ 202,683. REVENUE \$ 3,449,249.

FORM 990, PART VI, SECTION A, LINE 6: THE INSTITUTE OF FOOD TECHNOLOGISTS CONSISTS OF MEMBERS OF A PROFESSIONAL ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE INSTITUTE OF
FOOD TECHNOLOGISTS PARTICIPATE IN AN ANNUAL NOMINATIONS AND ELECTIONS
PROCESS TO DETERMINE THE ORGANIZATIONS MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: THE INSTITUTE OF FOOD

TECHNOLOGISTS' GOVERNING BODY HAS DESIGNATED THE BOARD TREASURER AS THE

INDIVIDUAL RESPONSIBLE FOR REVIEWING THE FORM 990 ON THE BOARD'S BEHALF

PRIOR TO FILING. THE FORM 990 WILL ALSO BE REVIEWED BY THE ORGANIZATION'S

CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE INSTITUTE OF FOOD

TECHNOLOGISTS' BOARD OF DIRECTORS RECEIVES A POLICY MANUAL ON AN ANNUAL

BASIS WHICH INCLUDES THE CONFLICT OF INTEREST POLICY. EACH MEMBER

ACKNOWLEDGES RECEIPT OF THE POLICY ON A FORM WHICH ALSO CONTAINS A

STATEMENT THAT THE OFFICER OR DIRECTOR WILL COMPLY WITH THE POLICY AND IS

CURRENTLY UNAWARE OF ANY TRANSACTION IN WHICH HE OR SHE IS INVOLVED IN

WHICH WOULD CONSTITUTE A CONFLICT OF INTEREST AS DEFINED. SHOULD SUCH A

TRANSACTION ARISE, THE OFFICER OR DIRECTOR WILL NOTIFY THE BOARD OR

EXECUTIVE VICE PRESIDENT OF THE CIRCUMSTANCES AND ACT IN ACCORDANCE WITH

Name of the organization

INSTITUTE OF FOOD TECHNOLOGISTS

Employer identification number 36-2136957

THE POLICY WITH RESPECT TO THAT TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF THE INSTITUTE

OF FOOD TECHNOLOGISTS' CHIEF EXECUTIVE OFFICER WAS DETERMINED UPON HIRE BY

THE BOARD OF DIRECTORS AND DOCUMENTED IN AN EMPLOYMENT CONTRACT.

SUBSEQUENTLY ON AN ANNUAL BASIS, COMPENSATION CHANGES ARE DETERMINED BY THE OFFICE OF THE PRESIDENT.

COMPENSATION OF OTHER EMPLOYEES IS DETERMINED ON AN ANNUAL BASIS BY THE

CHIEF EXECUTIVE OFFICER. THE CHIEF HUMAN RESOURCES OFFICER PERFORMS A

SALARY SURVEY AT THAT TIME TO ENSURE COMPENSATION IS WITHIN A REASONABLE

RANGE WHEN COMPARED TO THE MARKET.

FORM 990, PART VI, SECTION C, LINE 18: DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AT THE INSTITUTE OF FOOD TECHNOLOGISTS' HEADQUARTERS.

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AT THE INSTITUTE OF FOOD TECHNOLOGISTS' HEADQUARTERS.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:

260,226.

FORM 990, PART XII, LINE 2C:

THE INSTITUTE OF FOOD TECHNOLOGISTS HAS AN AUDIT COMMITTEE THAT ASSUMES

RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF THE

INDEPENDENT ACCOUNTANT. THE OVERSIGHT AND SELECTION PROCESS HAS NOT

CHANGED DURING THE TAX YEAR.

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

# Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

2010 Open to Public Inspection

OMB No 1545-0047

▶ See separate instructions.

**Employer identification number** 36-2136957

INSTITUTE OF FOOD TECHNOLOGISTS ▶ Attach to Form 990. Name of the organization

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

|         | (a) Name, address, and EIN of disregarded entity   | (b) Primary activity                 | (c) Legal domicile (state or foreign country) | (d)<br>Total income     | (e)<br>End-of-year assets | (f) Direct controlling entity |
|---------|--|--------------------------------------|---|-------------------------|---------------------------|-------------------------------|
|         |  |                                      |   |                         |                           |                               |
|         |  |                                      |   |                         |                           |                               |
|         |  |                                      |   |                         |                           |                               |
|         |  |                                      |   |                         |                           |                               |
| Part II | Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) | ons (Complete if the organization ar | swered "Yes" to Form 990,                     | Part IV, line 34 becaus | se it had one or more     | elated tax-exempt             |

| Name, address, and EIN   | חשפי אם יוים מחיווים מוחיום מו                     |                            |   |                               |                                       |     |  |                      |
|--|--|----------------------------|---|-------------------------------|---------------------------------------|-----|--|----------------------|
| 36-3432464 COMMUNITY OF DONORS  STREET  SAFE AND ABUNDANT FOOD, ILLINOIS  SOL(C)(3)  LINE 11A, I N/A | (a) Name, address, and EIN of related organization | (b)<br>Primary activity    | (c) Legal domicile (state or foreign country) | (d)<br>Exempt Code<br>section | (e) Public charity status (if section |     | (g)<br>Section 512(b)(13)<br>controlled<br>entity? | 2(b)(13)<br>led<br>? |
| STREET COMMITTED TO THE VISION OF SAFE AND ABUNDANT FOOD, ILLINOIS 501(C)(3)                         |  |                            |   |                               | 501(c)(3))                            |     | Yes  | No                   |
| STREET COMMITTED TO THE VISION OF SAFE AND ABUNDANT FOOD, ILLINOIS 501(C)(3)                         | FEEDING TOMORROW - 36-3432464                      | COMMUNITY OF DONORS        |   |                               |                                       |     |  |                      |
| SAFE AND ABUNDANT FOOD, ILLINOIS 501(C)(3)   | 525 WEST VAN BUREN STREET                          | COMMITTED TO THE VISION OF |   |                               |                                       |     |  |                      |
|  | CHICAGO, IL 60607                                  | SAFE AND ABUNDANT FOOD,    | ILLINOIS                                      | 501(C)(3)                     | LINE 11A, I                           | I/A |  | ×                    |
|  |  |                            |   |                               |                                       |     |  |                      |
|  |  |                            |   |                               |                                       |     |  |                      |
|  |  |                            |   |                               |                                       |     |  |                      |
|  |  |                            |   |                               |                                       |     |  |                      |
|  |  |                            |   |                               |                                       |     |  |                      |
|  |  |                            |   |                               |                                       |     |  |                      |
|  |  |                            |   |                               |                                       |     |  |                      |
|  |  |                            |   |                               |                                       |     |  |                      |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

032181 12-21-10 LHA

Schedule R (Form 990) 2010

36-2136957

Page 2

Schedule R (Form 990) 2010 INSTITUTE OF FOOD TECHNOLOGISTS

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (j) (k) General or Percentage managing ownership Partner?                             |                |      | ore related   | (h)<br>Percentage<br>ownership                     |  |
|---|----------------|------|---|--|--|
| (j) General or managing partner?  |                | <br> | or mo   | of<br>ear<br>s                                     |  |
| Code V-UBI amount in box amount in box 20 of Schedule E K-1 (Form 1065)               | <del>-</del> . |      | se it had one   | (g)<br>Share of<br>end-of-year<br>assets           |  |
| oortion-<br>sations   | <br>           |      | , line 34 becau   | (f)<br>Share of total<br>income                    |  |
| (g) (the Share of Share of End-of-year assets Yes                                     |                |      | to Form 990, Part IV  | (e) Type of entity (C corp, S corp, or trust)      |  |
| (f)<br>Share of total<br>income   |                |      | on answered "Yes"   | (d) Direct controlling entity                      |  |
| (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) |                |      | e if the organizati   | (C) Legal domicile (state or foreign country)      |  |
|   |                |      | (Complete   | activity   |  |
| (d) Direct controlling entity   |                |      | oration or Trust  | (b) Primary activity                               |  |
| (C) Legal domicile (state or foreign  |                |      | is a Corpo  |  |  |
| (b) Primary activity  |                |      | ganizations Taxable a   | <b>∠</b> c   |  |
| (a) Name, address, and EIN of related organization                                    |                |      | Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) | (a) Name, address, and EIN of related organization |  |

|   | (b) (t) (a) | Primary activity Legal dominole Grant Controlling Type of entity (C corp., S corp., income end-of-year ownership or trust) |  |  |  |  |  |  |  |  |
|---|-------------|--|--|--|--|--|--|--|--|--|
| Organizations treated as a corporation of trust during the tax year.) | (a)         | Name, address, and EiN<br>of related organization  |  |  |  |  |  |  |  |  |

Schedule R (Form 990) 2010

34

032162 12-21-10

Page 3

ž

Yes

1c

4  무

두

÷

¥

1a 9

# Schedule R (Form 990) 2010 INSTITUTE OF FOOD TECHNOLOGISTS

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity |
|---|--|

- **b** Gift, grant, or capital contribution to other organization(s)
  - c Gift, grant, or capital contribution from other organization(s)
    - d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
  - Exchange of assets
- Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- Performance of services or membership or fundraising solicitations for other organization(s)
- Performance of services or membership or fundraising solicitations by other organization(s)
- Sharing of facilities, equipment, mailing lists, or other assets Ε
- Sharing of paid employees
- Reimbursement paid to other organization for expenses

×

10 10 5

÷

× ×

13

¥

Ħ

두

- Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. r Other transfer of cash or property from other organization(s)

| (a) Name of other organization | (b)<br>Transaction<br>type (a-r) | (c)<br>Amount involved | (d) Method of determining amount involved  |
|--------------------------------|----------------------------------|------------------------|--|
| (1) FEEDING TOMORROW           | ບ                                | 100,000.               | 100,000.CASH PROVIDED                      |
| (2) TYPE N)                    | ×                                | 240,000.               | 240,000. FAIR VALUE OF CONTRIBUTED SERVICE |
| (3) FEEDING TOMORROW           | ы                                | 188,016.               | 188,016.VALUE OF NET RECEIVABLE            |
| (4)                            |                                  |                        |  |
| (5)                            |                                  |                        |  |
| (9)                            |                                  |                        |  |
| 032163 12-21-10                | 35                               |                        | Schedule R (Form 990) 2010                 |

36-2136957

Page 4

Schedule R (Form 990) 2010 INSTITUTE OF FOOD TECHNOLOGISTS

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| (d)                                 | (4)              | <b>9</b>                            | 9                 | (e)              | e                     | (a)                            | 3                      |
|-------------------------------------|------------------|-------------------------------------|-------------------|------------------|-----------------------|--------------------------------|------------------------|
|                                     |                  |                                     |                   |                  |                       | 6 7 7                          |                        |
| Name, address, and EIN<br>of entity | Primary activity | Legal domicile<br>(state or foreign | section 501(c)(3) | Share of end-of- | Lispropor-<br>tionate | amount in box 20               | General or<br>managing |
| face of                             |                  | country)                            | Yes No            |                  |                       | of Schedule K·1<br>(Form 1065) | 1 ' 1                  |
|                                     |                  |                                     |                   |                  | ı                     |                                |                        |
|                                     |                  |                                     |                   |                  |                       |                                |                        |
|                                     |                  |                                     |                   |                  |                       |                                |                        |
|                                     |                  |                                     |                   |                  |                       |                                |                        |
|                                     |                  |                                     |                   |                  |                       |                                |                        |
|                                     |                  |                                     |                   |                  |                       | _                              |                        |
|                                     |                  |                                     |                   |                  |                       |                                |                        |
|                                     |                  |                                     |                   |                  |                       |                                |                        |
|                                     |                  |                                     |                   |                  |                       |                                |                        |
|                                     |                  |                                     | _                 |                  |                       |                                |                        |
|                                     |                  |                                     |                   |                  | -                     |                                |                        |
|                                     |                  |                                     |                   |                  |                       |                                |                        |
|                                     |                  |                                     |                   |                  |                       |                                |                        |
|                                     |                  |                                     |                   |                  | _                     |                                |                        |
|                                     |                  |                                     |                   |                  |                       |                                |                        |
|                                     |                  |                                     |                   |                  |                       |                                |                        |
|                                     |                  |                                     |                   |                  |                       |                                |                        |
|                                     |                  |                                     | -                 |                  |                       |                                |                        |
|                                     |                  |                                     |                   |                  |                       |                                |                        |
|                                     |                  |                                     |                   |                  |                       |                                |                        |
|                                     |                  |                                     |                   |                  |                       |                                |                        |
|                                     |                  |                                     |                   |                  |                       |                                |                        |
|                                     |                  |                                     |                   |                  |                       |                                |                        |
|                                     |                  |                                     |                   |                  |                       |                                |                        |
|                                     |                  |                                     |                   |                  |                       |                                |                        |
|                                     |                  |                                     |                   |                  |                       |                                |                        |
|                                     |                  |                                     |                   |                  |                       |                                |                        |
|                                     |                  |                                     |                   |                  |                       |                                |                        |
|                                     |                  |                                     |                   |                  |                       |                                |                        |
|                                     |                  |                                     |                   |                  | -                     |                                |                        |
|                                     |                  |                                     |                   |                  |                       |                                |                        |
|                                     |                  |                                     |                   |                  |                       |                                |                        |
|                                     |                  |                                     |                   |                  |                       | !!!                            |                        |

032164 12-21-10

| Schedule R | (Form 990) 2010                     | INSTITUTE              | OF     | FOOD        | TECHNOLOGISTS                         | <u> 36-2136957</u> | Page 5      |
|------------|-------------------------------------|------------------------|--------|-------------|---------------------------------------|--------------------|-------------|
| Part VII   | (Form 990) 2010  Supplemental Infor | mation                 |        |             |                                       | <del>-</del>       |             |
|            | Complete this part to pro-          | vide additional inform | nation | for respon  | nses to questions on Schedule F       | (see instructions) |             |
|            | Complete this part to pro           | vide additional inform | ation  | ioi iespoi  | ises to questions on concadie i       | (See Instructions) |             |
|            |                                     |                        |        |             |                                       |                    |             |
| •          |                                     | _ <del>_</del>         |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            | •                                   |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     | <u> </u>               |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       | . <u> </u>         |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        | -           |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             | <del></del>                           |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             | ,                                     |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            | ••                                  |                        |        |             | ·                                     | <del></del>        |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     | ,                      |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             | ,                                     |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             | · · · · · · · · · · · · · · · · · · · |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       | <u>.</u> .         |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       | <u> </u>           |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        | ·           | <del></del>                           |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            | <del>-</del> ,                      | · -                    |        | <del></del> |                                       |                    | <del></del> |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |
|            |                                     |                        |        |             |                                       |                    |             |

### Form **8868**

(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

| THE HOUSE SERVER  | y The a sept  | ate appi    | reaction for eactification.                |           |                       |            |  |  |  |
|---|---|-------------|--|-----------|-----------------------|------------|--|--|--|
| -   | for an Automatic 3-Month Extension, complet   | -           | ******                                     |           | ·                     | <b>■</b> X |  |  |  |
| <ul> <li>If you are filing f</li> </ul>   | for an Additional (Not Automatic) 3-Month Ex  | tension, c  | complete only Part II (on page 2 of this   | form).    |                       |            |  |  |  |
| Do not complete   | Part II unless you have already been granted a  | ın automa   | tic 3-month extension on a previously fil  | led Fo    | m 8868.               |            |  |  |  |
| Electronic filing (   | e-file). You can electronically file Form 8868 if y   | ou need a   | a 3-month automatic extension of time to   | o file (6 | months for a con      | poration   |  |  |  |
| required to file For  | m 990-T), or an additional (not automatic) 3-mo   | nth extens  | ion of time You can electronically file F  | orm 88    | 368 to request an     | extension  |  |  |  |
| of time to file any   | of the forms listed in Part I or Part II with the exc   | ception of  | Form 8870, Information Return for Tran     | sfers /   | Associated With C     | ertain     |  |  |  |
| Personal Benefit (  | Contracts, which must be sent to the IRS in pap   | er format   | (see instructions). For more details on th | ne elec   | tronic filing of this | form,      |  |  |  |
| The second second   | efile and click on e-file for Chanties & Nonprofits   |             |  |           | <del></del>           |            |  |  |  |
|   | tomatic 3-Month Extension of Time   |             |  |           |                       |            |  |  |  |
| ·   | uired to file Form 990-T and requesting an autor  | natic 6-mo  | onth extension - check this box and com    | plete     | _                     | _          |  |  |  |
| Part I only   |   |             |  |           |                       | <b>-</b>   |  |  |  |
| to file income tax i  | ons (including 1120-C filers), partnerships, REM<br>returns.  | Cs, and to  | rusts must use Form 7004 to request an     | exten     | sion of time          |            |  |  |  |
| Type or Name print  | of exempt organization  |             |  | Empl      | oyer identificatio    | n number   |  |  |  |
| INS   | TITUTE OF FOOD TECHNOLOG  |             |  | 3         | <u>6-2136957</u>      |            |  |  |  |
| due date for Numb   | iling your   525 WEST VAN BUREN. NO. 1000   |             |  |           |                       |            |  |  |  |
| return. See instructions Crty, town or post office, state, and ZIP code. For a foreign address, see instructions. |   |             |  |           |                       |            |  |  |  |
| CHICAGO, IL 60607   |   |             |  |           |                       |            |  |  |  |
|   |   |             |  |           |                       |            |  |  |  |
| Enter the Return code for the return that this application for each return)                                       |   |             |  |           |                       |            |  |  |  |
| Application Return Application  |   |             |  |           |                       |            |  |  |  |
| Is For  | ALE SECONION  | Code        | Is For                                     |           |                       | Return     |  |  |  |
| Form 990  | DOMANGE. 1 5 SAIL   | 01          | Form 990-T (corporation)                   |           |                       | 07         |  |  |  |
| Form 990-BL   | را القديد   | 02          | Form 1041-A                                |           |                       | 08         |  |  |  |
| Form 990-EZ   |   | 03          | Form 4720                                  |           |                       | 09         |  |  |  |
| Form 990-PF   | The STREET  | 04          | Form 5227                                  |           |                       | 10         |  |  |  |
| Form 990-T (sec. 4  | 101(a) or 408(a) trust)   | 05          | Form 6069                                  |           |                       | 11         |  |  |  |
| Form 990-T (trust   |   | 06          | Form 8870                                  |           |                       | 12         |  |  |  |
|   | MARK BARENIE  |             |  |           |                       |            |  |  |  |
| The books are:  | in the care of ▶ <u>525 WEST VAN BU</u>   | JREN,       | SUITE 1000 - CHICAG                        | 0,        | IL_60607-             | 3814       |  |  |  |
| Telephone No  | <b>►</b> (312)782-8424  |             | FAX No. ► (312)782-834                     |           |                       |            |  |  |  |
| <ul> <li>If the organizat</li> </ul>  | on does not have an office or place of business   | in the Un   | ited States, check this box                |           | •                     | <b>▶</b> □ |  |  |  |
| <ul> <li>If this is for a G</li> </ul>  | roup Return, enter the organization's four digit (  | Group Exe   | emption Number (GEN) If this               | s is for  | the whole group,      | check this |  |  |  |
| box ▶ . if it   | is for part of the group, check this box  | and atta    | ch a list with the names and EINs of all   | memb      | ers the extension i   | s for      |  |  |  |
| -   | automatic 3-month (6 months for a corporation   | required t  | to file Form 990-T) extension of time unti | ıl        |                       |            |  |  |  |
| APR   | ${ m IL}$ ${ m 15}$ , ${ m 2012}$ , to file the exempt  | t organizat | tion return for the organization named a   | bove.     | The extension         |            |  |  |  |
|   | ganization's return for   |             |  |           |                       |            |  |  |  |
|   | ndar year or  |             |  |           |                       |            |  |  |  |
| ► LX l tax  | year beginning <u>SEP 1, 2010</u>   | , an-       | d ending AUG 31, 2011                      |           | <del>_</del> ·        |            |  |  |  |
| 2 If the tax yes  | ar entered in line 1 is for less than 12 months, c  | heck reaso  | on: Initial return Fina                    | l retun   | 7                     |            |  |  |  |
|   | ge in accounting period   |             |  |           | •                     |            |  |  |  |
|   | ,   |             |  |           |                       |            |  |  |  |
| 3a If this applic   | ation is for Form 990-BL, 990-PF, 990-T, 4720,  | or 6069, e  | nter the tentative tax, less any           |           |                       |            |  |  |  |
|   | ole credits. See instructions.  |             |  | 3a        | \$                    | 0.         |  |  |  |
| b If this applic  | ation is for Form 990-PF, 990-T, 4720, or 6069,   | enter any   | refundable credits and                     |           |                       |            |  |  |  |
| estimated ta  | x payments made. Include any prior year overp   | ayment al   | lowed as a credit.                         | 3b        | \$                    | 0.         |  |  |  |
| c Balance du  | e. Subtract line 3b from line 3a. Include your pa   | yment wit   | h this form, if required,                  |           |                       |            |  |  |  |
| by using EF   | by using EFTPS (Electronic Federal Tax Payment System) See instructions.  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,  by using EFTPS (Electronic Federal Tax Payment System) See instructions.  3c \$ 0. |             |  |           |                       |            |  |  |  |
|   |   |             |  |           |                       |            |  |  |  |