

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





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20950 12/12/2011 5 31 PM

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047 2010 Open to Public

-		The digularitation may have been been the recent to delicity state.			Mapedion			
<u>A I</u>	For the 2	010 calendar year, or tax year beginning $10/01/10$, and ending $09/30/1$.1					
B C	heck if appl	cable C Name of organization		D Emple	oyer identification number			
A	ddress cha	nge IOWA PORK PRODUCERS ASSOCIATION						
\square	lame chang	Doing Business As		42-	<u>-6123593</u>			
\equiv	_	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	none number			
<u></u> "	nitial return	1636 NW 114TH ST		515	5-225-7675			
т	erminated	City or town, state or country, and ZIP + 4						
	mended ret	T3 50205		G Gross reco	eipts \$ 6,252,566			
\equiv		E Name and address of purposed officer		0 0.000 .00				
L A	pplication p	RICHARD DEGNER	H(a) Isthisag	roup return for	affiliates? Yes X No			
		1636 NW 114TH ST	H(b) Are all a	ffiliates inclu	ded? Yes No			
		CLIVE IA 50325	1 ' '		ist (see instructions)			
	· · · · · · · · · · · · · · · · · · ·		-					
	Tax-exem		H(a) C					
	Website:		H(c) Group e	968				
	Form of orga		Year of formation 1	.900	M State of legal domicile IA			
- 12	art I	Summary						
		efly describe the organization's mission or most significant activities						
ا بو		TO EDUCATE AND INFORM THE PUBLIC AND PORK PRODUCERS ABO			3			
a l		PROMOTE PORK INDUSTRY AND THE BENEFITS OF PURCHASING PO	RK PRODUC	rs.				
Ĕ.								
ŏ	2 Ch	eck this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25%	6 of its net assets	3				
ر مع	3 Nu	imber of voting members of the governing body (Part VI, line 1a)		3	21			
SS S	4 Nu	imber of independent voting members of the governing body (Part VI, line 1b)		4	18			
2017 Activities & Governance		tal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	14			
੍ਰ≢ ਫ਼ੋਂ		tal number of volunteers (estimate if necessary)		6	1258			
1		tal unrelated business revenue from Part VIII, column (C), line 12		7a	10,476			
		et unrelated business taxable income from Form 990-T, line 34		7b	8,928			
9	D IVE	ti differated business taxable income from 1 offi 350-1, line 54	Prior Yea		Current Year			
e 2	8 Cc	ontributions and grants (Part VIII, line 1h)						
灣	9 Pr	ogram service revenue (Part VIII, line 2g)	5.04	3,972	6,053,693			
ONS OF STANDIED ROUGHUND	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		3,662	84,367			
ୁଛ	14 0	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0,889	114,506			
뛻	11 Ot	tal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,523	6,252,566			
乭	12 10			4,473	1,367,166			
3	13 Gr	rants and similar amounts paid (Part IX, column (A), lines 1–3)		4,413	1,307,100			
Ö	14 Be	enefits paid to or for members (Part IX, column (A), line 4)	0.3	1,707	888,247			
(8 €)	15 Sa	planes, other compensation, employee benefits (Part IX, column (A), lines of (0)	93	1,707	000,241			
sue	16a Pr	ofessional fundraising fees (Part IX, column (A), line (15)						
Expe	b To	tal fundraising expenses (Part IX, column (D), line 25) \rightarrow JAN \emptyset 9 2012			0 054 050			
ш	17 Ot	her expenses (Part IX, column (A), lines 11a-11d, 11f=24f)		2,443	3,054,870			
	18 To	otal expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		8,623	5,310,283			
	19 176	evenue less expenses Subtract line 18 from line 12		9,900	942,283			
Net Assets or Fund Balances			Beginning of Cu		End of Year			
alar	20 To	otal assets (Part X, line 16)		8,693	8,873,713			
d A	21 To	otal liabilities (Part X, line 26)		5,615	148,352			
***************************************		et assets or fund balances. Subtract line 21 from line 20	7,78	3,078	8,725,361			
P	art II	Signature Block						
		ties of релјигу, I declare that I have examined this return, including accompanying schedules and statements, a		y knowledge	and belief, it is			
tru	e, correct	, and complete Declaration of preparer (other than officer) is based on all information of which preparer has ar	y knowledge					
Sig	n	Signature of officer		Date	!			
Hei	re	RICHARD DEGNER LEAGUE EXECU	JTIVE DIE	RECTOR	12-29-2011			
		Type or print name and title						
	Print/Type preparer's name Preparer's signature \(\hat{\hat{\hat{\hat{\hat{\hat{\hat{							
Paid Jeffrey F. Strawhacker 12/12/11 self-employed P00034782								
Preparer Firm's name > Strawhacker & Associates, L.L.C. Firm's EIN > 20-0531213								
•	Only	4601 Westown Pkwy Ste 220						
	•	Firm's address West Des Moines, IA 50266-1071	١.	Phone no	515-223-7370			
May		discuss this return with the preparer shown above? (see instructions)		HONE NO	Yes No			
		ork Reduction Act Notice, see the separate instructions.			Form 990 (2010)			
DAA		on negation rot nerve) eee the septimic mentioner			Foili 330 (2018)			

orm 990,(2010) IOWA PORK PRODUCERS ASSOCIATION 42-6123593	Page 2
Part III Statement of Program Service Accomplishments	
Check if Schedule O contains a response to any question in this Part III	
1 Briefly describe the organization's mission TO EDUCATE AND INFORM THE PUBLIC AND PORK PRODUCERS ABOUT PORK PROMOTE PORK INDUSTRY AND THE BENEFITS OF PURCHASING PORK PRODUCT	
2 Did the organization undertake any significant program services during the year which were not listed on the	
prior Form 990 or 990-EZ?	Yes X No
If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program	
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 expenses. 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 (Code) (Expenses \$ including grants of \$) (Revenue \$ Iowa Pork Producers Association purpose is to influence and affect factors related to pork production, marketing, processing, and merchandising in order to enhance producers' opportunity for profit.	
4b (Code) (Expenses \$ including grants of \$) (Revenue \$ Iowa Pork Congress - Annual multi-day event to advance education and operating efficiencies of pork producers. Event includes display booths for pork related vendors and educational classes for members.	
4c (Code) (Expenses \$ Including grants of \$) (Revenue \$ Iowa State Fair Pork Tent - promotion of pork products	
through the sale of pork entrees at the Iowa State Fair.	
4d Other program services (Describe in Schedule O)	,
(Expenses \$ including grants of \$) (Revenue \$ 4e Total program service expenses ▶	
AA	Form 990 (201

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 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 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, X 5 Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," X 6 complete Schedule D. Part I. Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D, Part III 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," X complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-10 10 X endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII. VIII. IX. or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a complete Schedule D. Part VI b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D. Parts XI. XII. and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if X 12b the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 13 X 13 is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 X organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

19

20a

X

X

19

If "Yes," complete Schedule G, Part III

	art iv Checklist of Required Schedules (Continued)				
				Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		24	x	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21		\vdash
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States		22		x
00	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				<u> </u>
23	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
Ŭ	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I		25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or				
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,				
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?				
	If "Yes," complete Schedule L, Part III		27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,				
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)				
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete				
	Schedule L, Part IV		28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)				37
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				x
	conservation contributions? If "Yes," complete Schedule M		30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		24		x
	Part I		31		_ <u>~</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		32		x
22			32		12
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		"		
34	IV, and V, line 1		34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		35		x
а	Did the organization receive any payment from or engage in any transaction with a				
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,		1		
	Part V, line 2	Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	<u> </u>			
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		•		
	Part VI		37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and				
	19? Note. All Form 990 filers are required to complete Schedule O	<u> </u>	38	X	<u> </u>
			For	n 990	(2010)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response to any question in this Part V			╜
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 7	_		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
		ا ہے ا	x	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
22	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	1
3a b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ĺ
	account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		ĺ
h	and services provided to the payor? If "Yes," did the propression potify the depot of the value of the goods or services provided?	7b		\vdash
b C	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	""		\vdash
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			1
	organization, have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		L
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
b 11		-		
11 a	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	-		
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	•	İ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		\bot
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b	_		
C	Enter the amount of reserves on hand		<u></u>	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
DAA		Forr	n 990	(2010)

Form	990.(2010) IOWA PORK PRODUCERS ASSOCIATION 42-6123593		Р	age 6
	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b l	oelow, and	for a	3
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change			
	O. See instructions.	•		
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
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		i	
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following		v	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			x
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Coue.		NI.
	Describe account to have level shorters because or offlictor?	10a	Yes	No X
10a	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such	iva		
b	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
44-	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	100		
11a		11a	x	
h	form?	110		
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
12a	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120		
b	rise to conflicts?	12b	x	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	14		
·	describe in Schedule O how this is done	12c	x	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available			
	for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,			
	and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ IOWA PORK PRODUCERS ASSOCIATION 1636 NW 114TH ST	F1F ^-		c=-
С	LIVE IA 50325	<u>515-25</u>	5-7	<u>675</u>

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

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

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

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

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average			(0	>)	hat ap	ply)	(D) (E) Reportable Reportable		(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) MARK MEIRICK										
VP MKT DEVELOPMENT	4.00	X						0	0	0
(2) DON TOALE DIRECTOR	2.00	x						o	o	0
(3) DAVE STRUTHERS										
DIRECTOR	2.00	X						0	0	0
(4) CURTIS MEIER										 ;
DIRECTOR	2.00	X						0	.0	0
(5) GENE MOODY										
DIRECTOR	2.00	X						0	0	0
(6) MIKE DEAHR										
DIRECTOR	2.00	X						0	0	0
(7) DAVID CALDERWOOD DIRECTOR	2.00	x						o	0	0
(8) MARV RIETEMA	2.00	A				+	-			
DIRECTOR	2.00	x						0	0	0
(9) JOEL HUBER								_		
DIRECTOR	2.00	X	<u> </u>			<u> </u>	L	0	0	0
(10) BRENDA SCHMITT							Ì		_	_
DIRECTOR	2.00	X		ļ	_	<u> </u>		0	0	0
(11) RYAN BAILEY DIRECTOR	2.00	x						o	o	o
(12) LEON SHEETS		+==	<u> </u>		t					-
PRESIDENT	4.00			$ \mathbf{x} $				7,500	0	0
(13) JOHN WEBER		1			T	†				
PAST PRESIDENT	4.00			X	ł		1	5,000	0	0
(14) BILL TENTINGER										
PRESIDENT ELECT	4.00			X				2,500	0	0
(15) GREG LEAR										
VP PROD. OPERATIONS	4.00			X				.0	0	0
(16) CONLEY NELSON										
NATL PORK BOARD	4.00			X	L			0	0	0
DAA										Form 990 (2010)

	Τ	tees	, Ke			yees,	, and	d Highest Compensated E		1			
(A) Name and Title	(B) Average hours per	⊢—		(chec		hata; Io-⊤		(D) Reportable compensation	(E) Reportable compensation from		(F) Estimate amount	of	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organızatıons (W-2/1099-MISC)	other compensat from the organizati and relate organizatio		ation e tion ted	
(17) SAM CARNEY NPPC REP	4.00			x				0	0				0
(18) HOWARD HILL	4.00												_
NPPC REP	4.00			x				0	0				0
(19) JAMIE SCHMIDT						1				}			_
VP RESOURCES	4.00	<u> </u>		X		ļ	_	0	0	 			0
(20) MARK JOHNSON VP PRODUCER SERVICES	4.00			x				o	0	ĺ			0
(21) DERRICK SLEEZER	1.00			-		-							<u> </u>
NPPC REP	4.00			X	_			0	0			_	0
(22) RICHARD DEGNER						l		444 540			_		
EXEC. DIRECTOR	50.00			 	_	X		144,543	0		1	4,5	<u>47</u>
(23)													
(24)													
(25)													
(26)													
(27)													
(28)													
1b Sub-total							•	159,543			1	4,5	<u>47</u>
c Total from continuation shee	ets to Part VII, S	ectio	n A					159,543	-	 		4,5	47
d Total (add lines 1b and 1c) Total number of individuals (in	cluding but not lir	nıtad	to th	1050	liste	d aho	nve)	<u> </u>		<u> </u>		. 4 ,5	4/
reportable compensation from								The reserves more than \$10					
3 Did the organization list any fo	rmer officer, dire	ctor	or tru	ıstee	. kev	em:	olove	ee, or highest compensated		٢		Yes I	No
employee on line 1a? If "Yes,"	complete Sched	ule J	for s	uch i	ındıv	idual	_			ļ	3		<u>X</u>
4 For any individual listed on line organization and related organ	e 1a, is the sum o	f rep han !	ortat \$150	ole co 1.000	ompo	ensa 'Yes.	tion : " coi	and other compensation fror molete Schedule J for such	n the				
ındıvıdual										-	4	X	
5 Did any person listed on line 1 for services rendered to the or									lividual	ľ	5		x
Section B. Independent Contract													
Complete this table for your five compensation from the organic		nsate	ed in	depe	nde	nt co	ntra	ctors that received more that	n \$100,000 of				
	(A) d business address						Τ	Descrin	(B) tion of services		Соп	(C)	—— 1
Name and business address Description of services C							роподаот						
							-					_	
	_												
-													
													
							†		<u> </u>				
2 Total number of independent		-						e listed above) who					
received more than \$100,000	in compensation	from	the	orga	nıza	tion	<u> </u>		0			990 (

rt VIII Statem	ent of Revenue					
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a Federated camp	aigns 1a					
b Membership du- c Fundraising eve d Related organiz e Government grants (c f All other contributions and similar amounts in g Noncash contributions b Total Add lines	es 1b			į		
c Fundraising eve	nts 1c					
d Related organiz	ations 1d					
e Government grants (c	entributions) 1e					
f All other contributions						
and similar amounts n	ot included above 1f					
g Noncash contributions	included in lines 1a-1f \$					
h Total. Add lines	1a-1f	•		······································		
		Busn. Code				
2a MANDATOR	CHECKOFF	<u> </u>	4,054,990	4,054,990		
	CONSENT C/O		848,868	848,868		
	R GRILLING		613,401	613,401		
	CONGRESS		442,069	442,069		-
e MEMBERSH			60,485	60,485		<u> </u>
f All other program			33,880	33,880		
g Total. Add lines		>	6,053,693	······	T	
	me (including dividends,		94 367			04 24
and other simila			84,367			84,36
	estment of tax-exempt be	ond proceeds				
5 Royalties	(ı) Real	(ii) Personal				·
6a Gross Rents	(i) iveal	(II) r craoriai				
Г				Ī		
b Less rental exps						
c Rental inc or (loss) L d Net rental incon	e or (lose)	•	1	Ī		
7a Gross amount from	(i) Securities	(II) Other				····
sales of assets other than inventory	()			1		
b Less cost or other						
basis & sales exps		į.		1		
c Gain or (loss)						
d Net gain or (loss	<u> </u>	•		Ī		
8a Gross income from	•					
(not including \$				ŧ		
of contributions re	ported on line 1c)			•		
See Part IV, line 1	•	•		Ĭ.		
b Less direct exp	enses b					
•	oss) from fundraising even	ents >				
9a Gross income from	gaming activities					
See Part IV, line 1	9 a					
b Less direct exp	enses b					
c Net income or (oss) from gaming acti <u>viti</u>	es > _				
10a Gross sales of	nventory, less	1		1		
returns and allo	wances a			1		
b Less cost of go	ods sold b			1		
c Net income or (oss) from sales of invent					
Misce	laneous Revenue	Busn. Code		1		
11a SHARED SEI	VICE REVENUE		99,430	99,430		
b SALE OF M2	ILING LABELS	519100	10,476		10,476	
c OTHER INCO			4,600	4,600		
d All other revenu		L				
e Total. Add lines		▶ _	114,506			
12 Total revenue.	See instructions	•	6,252,566	6,157,723	10,476	84,36

Form 990 (2010) **Statement of Functional Expenses**

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

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	rous expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U S See Part IV, line 21	1,367,166	 _		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				,
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members		-		***************************************
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		733,171			
7	Other salaries and wages	733,111			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
	``	103,858			
9	Other employee benefits	51,218			
10	Payroll taxes	31,218			
11	Fees for services (non-employees)				
a	Management	F7 730			··
b	Legal	57,739			<u> </u>
С	Accounting	9,210			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	50,414			
14	Information technology	11,533			
15	Royalties				
16	Occupancy	62,726			
17	Travel	31,647			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		 		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	57,195			
23	Insurance	18,193			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f lf				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
а	CONSUMER INFO/PROMO	811,869			
b	PROD. TECHNOLOGY & EDUCAT	529,103			
С	STATE FAIR GRILLING	483,033			
d	PUBLIC POLICY	427,229			_
e	IOWA PORK CONGRESS	180,819			
f	All other expenses	324,160			
25	Total functional expenses. Add lines 1 through 24f	5,310,283	0	0	0
26	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column				
	(B) joint costs from a combined educational				
	campaign and fundraising solicitation				
DAA					Form 990 (2010)

Part	X Balance Sheet			
		(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest bearing	1,717,610	1	2,659,742
2	Savings and temporary cash investments	5,521,286	2	5,463,778
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	15,706	4	6,209
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	
2 7 2 8	Notes and loans receivable, net		7	
3 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	19,642	9	29,892
10	a Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D 1,639,663			
	b Less accumulated depreciation 10b 952,044	727,976	10c	687,619
11	Investments—publicly traded securities	20,000	11	20,000
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	6,473	15	6,473
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,028,693	16	8,873,713
17	Accounts payable and accrued expenses	145,590	17	148,252
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
3 21	Escrow or custodial account liability Complete Part IV of Schedule D		21	····
21 22	Payables to current and former officers, directors, trustees, key			
5	employees, highest compensated employees, and disqualified persons			
Ĭ	Complete Part II 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	100,025	25	100
26		245,615	26	148,352
g	Organizations that follow SFAS 117, check here ▶ 🄀 and complete			
[]	lines 27 through 29, and lines 33 and 34.			
27 28 28 28	Unrestricted net assets	5,034,738	27	5,431,817
วั 28	Temporarily restricted net assets	2,748,340	28_	3,293,544
<u> </u>	Permanently restricted net assets		29	
3	Organizations that do not follow SFAS 117, check here ▶ 🔲 and			
5	complete lines 30 through 34.			
<u>.</u> 30	Capital stock or trust principal, or current funds		30	
มี 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
2 32	Retained earnings, endowment, accumulated income, or other funds		32	
29 30 31 32 33 34	Total net assets or fund balances	7,783,078		8,725,361
2 34	Total liabilities and net assets/fund balances	8,028,693	34	8,873,713

Form **990** (2010)

Form	990,(2010) IOWA PORK PRODUCERS ASSOCIATION 42-6123593			Pa	ge 12
Pa	irt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,2		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> </u>		
3	Revenue less expenses Subtract line 2 from line 1	3			<u> 283</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,78	33,	<u>078</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6	8,72	25,	<u> 361</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				$oldsymbol{oldsymbol{oldsymbol{\square}}}$
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2010)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

I	OWA PORK PRODUCERS ASSOCIATION		42-6	123593
	rt I Organizations Maintaining Donor Advised Fu organization answered "Yes" to Form 990, Par	unds or Other Similar Funds or Act IV. line 6.	counts	s. Complete if the
	,	(a) Donor advised funds	(b)	Funds 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 that	the assets held in donor advised		
-	funds are the organization's property, subject to the organization's excl			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	_		
•	only for charitable purposes and not for the benefit of the donor or donor			
	conferring impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,		Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" to Form	990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check		•	
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically impor	tant land	d area
	Protection of natural habitat	Preservation of a certified historic s		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified consei	vation contribution in the form of a conservation	n	
	easement on the last day of the tax year			
				Held at the End of the Tax Year
а	Total number of conservation easements		2a	-
ь	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure incl	uded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/			
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organization d	uring the	
	tax year ▶			
4	Number of states where property subject to conservation easement is	ocated >		
5	Does the organization have a written policy regarding the periodic mon	toring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?	-		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	ing conservation easements during the year		
	•			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	conservation easements during the year		
	▶ \$			
8	Does each conservation easement reported on line 2(d) above satisfy	he requirements of section 170(h)(4)(B)		
	(i) and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conservation easem	ents in its revenue and expense statement, ar	d	
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that descrit	es the	
	organization's accounting for conservation easements			
Pa	rt III Organizations Maintaining Collections of Art Complete if the organization answered "Yes" t	Historical Treasures, or Other Si o Form 990, Part IV, line 8.	milar A	Assets.
	If the organization elected, as permitted under SFAS 116 (ASC 958), n		ce sheet	
	works of art, historical treasures, or other similar assets held for public	•		
	public service, provide, in Part XIV, the text of the footnote to its finance	al statements that describes these items		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement and balance s	heet	
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherand	ce of	
	public service, provide the following amounts relating to these items			
	(i) Revenues included in Form 990, Part VIII, line 1		•	· \$
	(ii) Assets included in Form 990, Part X		•	· \$
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, provide	the	
	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items		
а	Revenues included in Form 990, Part VIII, line 1		•	· \$
	Assets included in Form 990, Part X			· \$
	Paperwork Reduction Act Notice, see the Instructions for Form 990			Schedule D (Form 990) 2010

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

100

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

Sche	dule D (Form 990) 2010 IOWA PORK PRODUCERS ASSOCIATION	ИС	42-612359	3	Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited F	inancial Statem	ents	=
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	6,252,566
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	5,310,283
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	942,283
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	942,283
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemen	nts With R	evenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements			1	6,252,566
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	_2a			
b	Donated services and use of facilities	_2b			
С	Recovenes of pnor year grants	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	, (3	6,252,566
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	6,252,566
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per R	eturn	
1	Total expenses and losses per audited financial statements			1	5,310,283
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			
С	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1) (3	5,310,283
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	5,310,283

Part XIV Supplemental Information

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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

Part XIV Supplemental Information (continued)

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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Parti

IOWA PORK PRODUCERS ASSOCIATION

General Information on Grants and Assistance

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

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

Employer identification number 42-6123593

2010

OMB No 1545-0047

Open to Public Inspection

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee: the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	he amount of the gr nce? nitoring the use of	rants or ass grant funds	stance, the grantees' in the United States	nts or assistance, the grantees' eligibility for the grants or assistance, and ant funds in the United States	s or assistance, and	F.	∏ Yes X	% X
<u> </u>	vernments an ecipient that re e is needed	d Organi ceived m	zations in the Un ore than \$5,000.	Organizations in the United States. Complete if the organization answered "Yes" to eived more than \$5,000. Check this box if no one recipient received more than \$5,00	plete if the org no one recipie	anization ansv nt received mo	wered "Yes" to ore than \$5,000. Part II	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash 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 or assistance	
(1) COALITION TO SUPPORT IOWA'S FARMERS 5400 UNIVERSITY AVE	Ŋ						SUPPORT	
WEST DES MOINES IA 50266	20-0995727	9	135,000					
(2) IOWA PORK FOUNDATION PO BOX 71009							IPC AUCTION PROCEEDS	ED S
CLIVE IA 50325	42-1200819	m	12,820					
(3) ISU FOUNDATION								
LL							EDUCATION SUPPORT	
AMES IA 50011	42-6004224	က	200,000					
(4) IOWA STATE UNIVERSITY								
30 VETERINARY MEDICINE	700700	c	11				RESEARCH	
AMES THE SOUTH	42-0004224	1	000'16					
(5) NATIONAL PORK BOARD PO BOX 9114							RESEARCH	
DES MOINES IA 50306	42-1283097	5	547,346					
(6) WISCONSIN PORK PRODUCERS								
PO BOX 327							PRRS RESEARCH	
LANCASTER WI 53813	39-1095331	5	25,000					
(7) ILLINOIS PORK PRODUCERS ASSN								
6411 SOUTH SIXTH STREET ROAD							PORK PROMOTION	
SPRINGFIELD IL 62712	37-0810236	5	50,000					
(8) IOWA SOYBEAN ASSOCIATION								
1255 SW PRAIRIE TRAIL PARKWAY							PROJECT SUPPORT	
ANKENY IA 50023	42-6127197	5	105,000					
(9) NEBRASKA PORK PRODUCERS ASSOC		_						
7441 O STREET, STE 104							CONSUMER INFORMATION	HON
OMRHA NE 68510	47-0491995	2	30,000					

Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part !

the selection criteria used to award the grants or assistance?

Part III

5930 SHARON WOODS BLVD, STE 101

(1) OHIO PORK PRODUCERS COUNCIL

(a) Name and address of organization

43229

Governments, and Individuals in the United States

≥ CONSUMER INFORMATION Open to Public inspection OMB No 1545-0047 2010 Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II FOREIGN MARKETING PORK ADVERTISING (h) Purpose of grant PORK PROMOTIONS DISASTER RELIEF or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to **Employer identification number** non-cash assistance (g) Description of 42-6123593 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, (e) Amount of non-cash assistance ▶ Attach to Form 990. 25,000 15,000 10,000 100,000 50,000 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant (c) IRC section if applicable IOWA PORK PRODUCERS ASSOCIATION 54-1645735 N/A 31-0738477 5 Ŋ ø 73-1363139 52-1067268 52-1067268 General Information on Grants and Assistance can be duplicated if additional space is needed (p) EIN

(5) UNITED STATES MEAT EXPORT FEDERATIO

DENVER

1855 BLAKE STREET, STE 200

DENVER

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co 80202

CO 80202

(4) UNITED STATES MEAT EXPORT FEDERATION

1855 BLAKE STREET, STE 200

VA 23510

OK 73102

(3) NORFOLK TIDES BASEBALL CLUB

OKLAHOMA CITY

150 PARK AVE

NORFOLK

ONE NORTH HUDSON, STE 900

COLUMBUS
(2) OKLAHOMA PORK COUNCIL

Enter total number of section 501(c)(3) and government organizations

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

Enter total number of other organizations

Schedule I (Form 990) (2010)

Part III

Page 2

42-6123593

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Schedule I (Form 990) (2010) IOWA PORK PRODUCERS ASSOCIATION

Part III can be duplicated if additional space is needed

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Part IV

- Procedures for Monitoring the Use of Grant Funds

Part I, Line 2

ASSOCIATION RECEIVES PERIODIC REPORTS ON STATUS AND RESULTS FROM RECIPIENTS

OTHER GRANTS AND ASSISTANCE ARE MONITORED THROUGH OF RESEARCH GRANTS.

COMMUNICATION BETWEEN ASSOCIATION STAFF MEMBERS AND THE RECIPIENT.

Schedule I (Form 990) (2010)

SCHEDULE J

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

IOWA PORK PRODUCERS ASSOCIATION

Employer identification number 42-6123593

	art i Questions Regarding Compensation		
		Yes	No
4.	Check the consequence boy(se) if the exceptration provided any of the following to or for a person listed in Form	1	
Ta	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	1	
	First-class or charter travel Housing allowance or residence for personal use	1	
	Travel for companions Payments for business use of personal residence	1	
	H H		
	Discretionary spending account Personal services (e g , maid, chauffeur, chef)		
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	I	
	explain 1b		
2	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?		
			\vdash
3	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	1	
	Compensation committee Written employment contract	1	
	Independent compensation consultant Compensation survey or study	1	
	Form 990 of other organizations X Approval by the board or compensation committee	Ī	
		Ī	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	1	
	organization or a related organization		
а	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?		X
С	Participate in, or receive payment from, an equity-based compensation arrangement? 4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	Ī	
		1	
	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	1	
	The organization?	 -	├—
b	Any related organization?	 	
	If "Yes" to line 5a or 5b, describe in Part III	•	
6		1	
	compensation contingent on the net earnings of	†	İ
	The organization?	╁	
þ	Any related organization?	-	
_	If "Yes" to line 6a or 6b, describe in Part III	ŧ	
7			
_	payments 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	-	l
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe	ĺ	
_	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)?	1	L

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

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

Part II

Page 2

IOWA PORK PRODUCERS ASSOCIATION

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed 42-6123593

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 VIII, line 1a

	(B) Breakdown	n of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)–(D)	reported in prior Form 990 or Form 990-EZ
RICHARD DEGNER	144,543	0	0	8,700	5,84	159,09	0
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any additional information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for

Supplemental Information Schedule J (Form 990) 2010

Part III Suppler

IOWA PORK PRODUCERS ASSOCIATION

Schedule J (Form 990) 2010

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service
Name of the organization

IOWA PORK PRODUCERS ASSOCIATION

Employer identification number 42-6123593

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A COPY OF THE FORM 990 IS PRESENTED AND REVIEWED BY THE BOARD AT THE SAME

TIME THE AUDITED FINANCIAL STATEMETHS ARE REVIEWED.

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

COMPLIANCE WITH POLICY IS MONITORED AND DETERMINED THROUGH

COMPLETION OF AN ANNUAL DISCLOSURE OF POTENTIAL CONFLICTS BY VOTING MEMBERS

AS WELL AS OFFICERS.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

CASH AND NON-CASH COMPENSATION IS DETERMINED BY THE FULL BOARD OF DIRECTORS

AFTER AN EVALUATION OF THE EXECUTIVE DIRECTOR'S PERFORMANCE. COMPARABILITY

DATA FROM SURVEYS AND INFORMATION FROM SIMILAR POSITIONS IS USED IN

DETERMINING COMPENSATION LEVELS.

Form 990, Part VI, Line 15b - Compensation Process for Officers COMPENSATION IS A FIXED AMOUNT EVERY YEAR.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE GENERAL PUBLIC.

20950 12/12/2011 5 31 PM

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

2010

OMB No 1545-0047

Open to Public inspection

Employer identification number 42-6123593 13 | Was" to Form 000 | Dart | Was 33 | ▶ See separate instructions. ▶ Attach to Form 990. IOWA PORK PRODUCERS ASSOCIATION

Nan	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d)	(e) End-of-vear assets	€
				ountry)			Direct controlling entity
					_		
Part II Identifica	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.)	Complete if the complete if the complete if	organization an	swered "Yes" t	o Form 990, P	art IV, line 34 bec	cause it had
Nam	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Us Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No
Societies Dodination	Ear Danagary Boduction Act Notice see the Instructions for Form 990					School	Schedule R (Form 990) 2010

Page 2		(k) Percentage g ownership					, - -	(h) Percentage ownership	100.000000				Schodillo D (Form 990) 2010
22	בן טוב	General or managing partner?					Part						í
1 / N Dart IV	11 330, Falciv, II	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)					s" to Form 990,	(g) Share of end-of-year assets	555,291				1.4.4.0
L L	5	(h) Disproportionate alloc ?					ed "Ye	соше	, 665				
+ "agV" borow	אמומח ומא	(g) Share of end-of-year assets					tation answere tax year.)	(f) Share of total income	427		:		
and adjection	garilzation and ax year.)	Share of total income Sh					e if the organizust the	(e) Type of entity (C corp, S corp, or trust)	υ				
9	d the t	Share					mplete in or tr	olling					
23593	srship during	(e) Predominant income (related, unrelated, excluded from sections 512-514)					r Trust (Co a corporatio	(d) Direct controlling entity					
42-6123593	ed as a partne	(d) Direct controlling entity					Corporation o	(c) Legal domicile (state or foreign country)	I.A.			:	
TION	as a r s treat	(c) Legal domicile (state or foreign country)					as a (Aj:	ž.				
S ASSOCIATION	ns Laxable rganizations	(b) Primary activity					ns Taxable	(b) Primary activity	PROMOTION				
IOWA PORK PRODUCERS	Identification of Kelated Organizations Taxable as a Farmership (Complete it the Organization are to Form 390, Farmy into 34 because it had one or more related organizations treated as a partnership during the tax year.)	(a) Name, address, and EIN of related organization					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	PROMOTIONS, INC. 4TH ST IA 50325				
Schedule R (Form 990) 2010	identificat because it	Name, add related					Identificat	Name, address, and	IOWA PORK PROMOT 1636 NW 114TH ST CLIVE 42-1163192				
Schedule R	Part III		€	(2)	(3)	(4)	Part IV		(1)IOWA PORK 1636 NW 11 CLIVE 42-1163192	(2)	(3)	(4)	

Part V

42-6123593

Page 3.

Schedule R (Form 990) 2010 IOWA PORK PRODUCERS ASSOCIATION

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Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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- 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?
 - Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
 - 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)
- h Exchange of assets
- Lease of facilities, equipment, or other assets to other organization(s)
- 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)

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- m Sharing of facilities, equipment, mailing lists, or other assets
- Sharing of paid employees
- Reimbursement paid to other organization for expenses 0
- Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

ion thresholds	(p)	Method of determining	amount involved
elationsnips and transact	(၁)	Amount involved	
ine, including covered re	(q)	Transaction	type (a-r)
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, I	(a)	Name of other organization	

(4)	(2)	(9)

Part Vi

42-6123593

Page 4

Schedule R (Form 990) 2010 IOWA PORK PRODUCERS ASSOCIATION

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

IOWA PORK PRODUCERS ASSOCIATION

42-6123593

Page 5

Schedule R (Form 990) 2010
Part VII Supplement **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).