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Form

Department of the Treasury Internal Revenue Service

#### **Return of Organization Exempt From Income Tax**

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

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

Open to Public Inspection

	A I	or the 2	12 calendar year, or tax year beginning , and ending					
,		heck if applic			D Employ	er identification number		
		ddress chang	Iowa Turkey Federation Inc					
	٦ ,	ame change	Doing Business As		<del></del>	0815721		
	=	•	Number and street (or P O box if mail is not delivered to street address)	Room/suite	·	ne number		
	ا ا	utial retum	PO Box 825 535 E Lincoln Way		515	-232-7492		
		erminated	City or town, state or country, and ZIP + 4					
	A	mended retu	Ames IA 50010-0825		G Gross rece	pts \$ 359,726		
	A	pplication pe	F Name and address of principal officer	H(a) Is thus a	a group return for affiliates? Yes X			
		,,	Gretta Irwin	rita) isunsay	group return for a			
			535 E Lincoln Way	H(b) Are all a				
			Ames IA 50010	_	o," attach a list	(see instructions)		
	1 1	Fax-exempt		4				
	<u> </u>	Website 🕨	N/A	H(c) Group e	0 - 4			
		orm of organ		ear of formation	L <b>974</b>	M State of legal domicile IA		
	<u>P</u>	art I	Summary					
			fly describe the organization's mission or most significant activities					
	8	5	ee Schedule O					
	aŭ							
	Activities & Governance							
	<u>,</u>	2 Ch	ck this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25%	of its net asset	is ,			
	85	3 Nu	nber of voting members of the governing body (Part VI, line 1a)		3	15		
	မွ	4 Nui	nber of independent voting members of the governing body (Part VI, line 1b)		4	15		
	<u>₹</u>	5 Tot	ni number of individuals employed in calendar year 2011 (Part V, line 2a)		5	5		
	ŧ	6 Tot	al number of volunteers (estimate if necessary)		6	250		
		7a Tot	al unrelated business revenue from Part VIII, column (C), line 12		7a	417		
		<b>b</b> Net	unrelated business taxable income from Form 990-T, line 34		7b	0		
				Prior Ye		Current Year		
	9		tributions and grants (Part VIII, line 1h)	1.0	2,344	0		
	Revenue		gram service revenue (Part VIII, line 2g)	7.0	307	211,522		
	é		estment income (Part VIII, column (A), lines 3, 4, and 7d)			-21 44 604		
			er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,941 7,121	44,604		
			al revenue – add lines 8 through 41 (must equal Part VIII, column (A), line 12)			256,105		
	}		nts and similar amounts paid (Part X, column (A) lines 1–3)		9,500	7,250		
			efits paid to or for members-(Part IX, column (A)() ine 4)	11	3,470	123,567		
	seuses		aries, other compensation, employée benefitis (PartilX, column (A), lines 5–10)		0	123,367		
	eü		ressional fundraising rees (Part IX, column (A), line (11e)		<del>- 1</del>	<u> </u>		
	Ä	47 04	al fundraising expenses (Part IX, column (D), line 25) ► 0 er expenses (Part IX, column (A) lines 11a-11d; 11f-24e)	13	34,591	128,058		
			al expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		7,561	258,875		
			renue less expenses. Subtract line 18 from line 12		0,440	-2,770		
	- Se	ia Ke	CHUC ICSS EXPENSES SUBLICAGE INC. TO HUITI IIIIC 12	Beginning of C		End of Year		
<u> </u>	Assets or Balances	<b>20</b> Tot	al assets (Part X, line 16)		34,914	443,750		
	Ass		al liabilities (Part X, line 26)		3,290	3,963		
6 43	돌	22 Ne	assets or fund balances Subtract line 21 from line 20	43	31,624	439,787		
N	P	art II	Signature Block					
	Ur	der penali	es of perjury, I declare that I have examined this return, including accompanying schedules and statement	s, and to the best	of my knowle	dge and belief, it is		
JON	tru	e, correct,	and complete Declaration of preparer (other than officer) is based on all information of which preparer has	any knowledge		1. 1		
			X butto Juin		5	155 2015		
	Sig	n	Signature of officer		Date	,		
	Her	·e	GRETTA IRWIN EXECUTIVE DIRECTOR					
7			Type or print name and title					
2		F	rint/Type preparer's name Preparer's signature	Date	Check	T PTIN		
CANNED	Paid	រ <u>[</u> រ	ames Henkel	05/0	1/12 self-en			
S	Pre	parer <sub>F</sub>	m's name Henkel & Associates / M.C.		Firm's EIN	42-1017239		
	Use	Only	817 Keeler St					
		F	m's address Boone, IA 50036		Phone no	<u>515-432-8636</u>		
			liscuss this return with the preparer shown above? (see instructions)			X Yes No		
	For DAA	Paperw	rk Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2011)		

rm 990 (2011) <b>IO</b>	wa Turkey Fede	ration Inc	42-0815721		Page 2
Part III . State	ment of Program Serv	rice Accomplishments			F==3
		s a response to any quest	ion in this Part III		X
Briefly describe the See Schedu	ne organization's mission				
see schedu	ite o				
<del>-</del>		program services duning the year	which were not listed on the		Yes X No
prior Form 990 or If "Yes," describe	these new services on Sche	dule O			165 [25] NO
services?	_	e significant changes in how it co	nducts, any program		Yes X No
	these changes on Schedule		roo largest program convens. a	managed by	
expenses Section	n 501(c)(3) and 501(c)(4) org	ccomplishments for each of its th anizations and section 4947(a)(1 nses, and revenue, if any, for eac	) trusts are required to report th		
for the ge	ducational work eneral betterme on with the Fed	124,577 including grants and develop the ent of such induderal and State of general conc	e interest of t stry. To provi governments and	de a means of all education	f
b (Code	) (Expenses \$	41,608 including grants		) (Revenue \$	41,801
	of Turkeys.	of various idea	s regarding the	raising and	
4c (Code	) (Expenses \$	ıncludıng grants	of \$	) (Revenue \$	
·	ervices (Describe in Schedu		·		·
(Expenses \$		cluding grants of \$	) (Revenue \$		)
4e Total program s	service expenses	166,185		<del> </del>	

#### 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)? If "Yes,"			
	complete Schedule A	1		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u> </u>
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)		1	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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 98-197 If "Yes," complete Schedule C,			
	Part III	5_	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6_		_ <u>X</u> _
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
_	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,"	_		v
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			v
40	complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			<b>.</b>
	endowments, permanent endowments, 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,			
_	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	х	
L	complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	446		x
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11c		x
ч	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		<del>^</del>
ď	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	<del>                                     </del>	<del></del>
•	the organization's separate or consolidated financial statements for the tax year include a footified 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	·			<del> </del>
a	Schedule D, Parts XI, XII, and XIII	12a	1	x
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	. 20	<del>                                     </del>	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	. 74		<del></del> -
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? 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			T
	organization 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	<del>-</del>		T -
	to individuals 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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	ľ	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	_18		X
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	_19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			00	

Pa	In IV Checklist of Required Schedules (Continued)	Τ,	. T	
		<del>-  </del> -	Yes	No
	Did the organization report more than \$5,000 of grants and other assistance to any government or organization	21	x	
	The office of th		-	
2	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	22		X
_	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		X
	employees? If "Yes," complete Schedule J	23		<u></u>
:4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		ŀ	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	245	-	X
	Through 2 to this companie ( ) They go to mind 25	24a 24b	一十	
	and the organization invest any proceeds of the enemys service any process of the enemys service any	240	-	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
		24c   24d	+	
	Figure of garing and are are a second of the	240	- +	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	252	İ	
		25a	<del>-  </del>	
Þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	1	ļ	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	256	ļ	
		25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	26		X
۱ <del></del>	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		X
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	21	- 1	
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)	28a	j	x
a L	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a		
b		28b	- 1	X
_	Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200	<del></del>	
С		28c		x
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  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	23		
30	conservation contributions? If "Yes," complete Schedule M	30	- [	х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	<del>"</del>		
, ,	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
-	IV, and V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
_	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
- <b>-</b>	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			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37		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	38	х	
	· · · · · · · · · · · · · · · · · · ·			

Pa	rt V · Statements Regarding Other IRS Fillings and Tax Compliance			$\Box$
	Check if Schedule O contains a response to any question in this Part V	<del></del>	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		res	NO
1a	Enter the name of reported in 2011 and 1011			ĺ
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and			
С	reportable gaming (gambling) winnings to prize winners?	1c		
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
2a	Statements, filed for the calendar year ending with or within the year covered by this return  2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	İ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	İ
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			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		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 Accounts		İ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	Ļ_	<del> </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		1	
	organization solicit any contributions that were not tax deductible?	6a	<u> </u>	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			1
	and services provided to the payor?	7a	$\vdash$	<del> </del>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	+-	+
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	1	1
d	If "Yes," indicate the number of Forms 8282 filed during the year	10	+	<del>                                     </del>
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			T
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		↓
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	↓	┷
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			Ì
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders 11a		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them )  11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	+	+
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
13	Is the organization licensed to issue qualified health plans in more than one state?	13a	,†	+
а	Note. See the instructions for additional information the organization must report on Schedule O	130	+	+
ь	Enter the amount of reserves the organization is required to maintain by the states in which	1		
٥	the organization is licensed to issue qualified health plans  13b		-	
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	,	X
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	141		$\top$

Form 990 (2011) Iowa Turkey Federation Inc Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule X O. See instructions Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 15 Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 15 1b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a X 8b b 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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c describe in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? X The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b 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 X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure IA 17 List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > Gretta Irwin 535 E Lincolnway IA 50010 515-232-7492 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 organ	eck this box if neither the organization nor any related organizations compensated any current officer, director, or trustee										
(A) Name and Title	(B) Average hours per week (describe	bo: off	x, unle	Pos check ess pe	more rson i lirecto	than o	an ee)	(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(vv-2 1039-MIGC)	organization and related organizations	
(1) Gretta Irwin											
Executive Director	40.00	X			X			63,300	0	0	
(2) Tim Doyle											
Past President	1.00	X						0	0	0	
(3) Cal Halstead											
President	2.00	X		X				0	0	0	
(4) Tim Kasinger											
Director	1.00	X						0	0	0	
(5) Glenn Elzey											
Director	1.00	X				<u> </u>	<u> </u>	0	0	0	
(6) Mark Graber						İ					
Director	1.00	X						0	0	<u>'</u>	
(7) Tim Graber											
Director	1.00	X				<u> </u>		0	0	0	
(8)Dana Haahr	Ì					Ì			ı		
Director	1.00	X		<u> </u>	<u> </u>			0	0	0	
(9) Todd Hill		1			İ						
Director	1.00	X					L_	0	0	0	
(10) Rich Hogrefe	]										
Director	1.00	X			_			0	0	0	
(11)Lynn Schable		1	ĺ					j			
Director	1.00	X			<u> </u>	<u> </u>	<u> </u>	0	0	0	
(12)Gerald Lessard		Į			Ì						
Director	1.00	X	$ldsymbol{ld}}}}}}$	<u> </u>	<u> </u>	_	<u> </u>	0	0	0	
(13)Kim Reis											
Director	1.00	X	L	<u> </u>	<u> </u>			0	0	0	
(14) Russ Yoder			1								
Director	1.00	X		<u> </u>	L		<u>L</u>	0	0	50m 990 (2011	

Part VII Section A. Officers (A) Name and title		(B) Average hours per week (describe hours for	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee)						(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
		related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(11 2 1000 MICO)		organiza and rela organizat	tion ted	
	Noel Thompson											_		
	e Pres/Treasurer	2.00	X	_	X	<u> </u>		_	0	0				_0
	Ross Thoreson ector	1.00	x						0	0				0
(17)		1.00				-								
(18)														
(19)												-		
(20)													• •	
(21)														
(22)														
(23)														
(24)														
(25)														
1b c	Sub-total Total from continuation she	oto to Bart VII	Saat	ion	^	•		<b>&gt;</b>	63,300					
d	Total (add lines 1b and 1c)	cis to Fait VII,	Seci	1011	_			•	63,300		<del>                                     </del>			
2	Total number of individuals (increportable compensation from	_		to th	nose	liste	d ab	ove)	who received more than \$1	00,000 in				
3	Did the organization list any fo	-			rusto	o ka	on	nnlo	wee or highest compensate	d			Yes	No
4	employee on line 1a? If "Yes," For any individual listed on line	complete Sched	ule J	for s	such ble c	indiv omp	ridua ensa	l tion	and other compensation fro	m the		3		X
	organization and related organindividual	izations greater	than	\$150	0,000	)? If	"Yes	" co	implete Schedule J for such			4		x
5	Did any person listed on line 1 for services rendered to the or									dıvıdual		5		х
Sec	tion B. Independent Contract													
1	Complete this table for your five compensation from the organization zation Report co							ar year ending with or within	the organization's tax year					
	Name and	(A) d business address					_	<u> </u>	Descri	(B) otion of services		Co	(C) mpensat	חסג
	. <u> </u>													
	· · · · · · · · · · · · · · · · · · ·			·										
													_	
						-	•							
2	Total number of independent of received more than \$100,000		-						e listed above) who	0			_	
									<del></del>				00/	0 /004

Pa	rt Vi	III Statement of Reve	nue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
လ လ	1a	Federated campaigns	1a						<u> </u>
E a	b	Membership dues	1b				İ	1	
ᅙᇍ	c	Fundraising events	1c						
ξŢ	d	Related organizations	1d			İ			
S;≅	e	Government grants (contributions)	1e						-
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,					İ		
	•	and similar amounts not included above	<sub>1f</sub>					i	
	g	Noncash contributions included in lines 1a-		\$ \$					
age	h	Total. Add lines 1a-1f		•	▶				
					Busn. Code				
Program Service Revenue	2a	Council Operating Re	ceip	ts		122,421	122,421		_
å	b	Allied Investment-Me				38,700	38,700		
.ë	С	Summer Meeting Suppo	ort			22,733	22,733		
Sen	d	Turkey Day Receipts				18,428	18,428		
E I	е	Marketing Council Re	ent R	cpts		7,200	7,200		
ğ	f	All other program service rever	nue			2,040	2,040		
4	g	Total. Add lines 2a-2f			•	211,522			
	3	Investment income (including d	ividen	ds, interes	t,				
		and other similar amounts)			<b>&gt;</b>	320			320
	4	Income from investment of tax-	exemp	ot bond pro	oceeds 🕨				
	5	Royalties			. ▶				· · · · · · · · · · · · · · · · · · ·
		(ı) Reat		(n) i	Personal				
	6a	Gross rents							
	b	Less rental exps		ļ					
	С	Rental inc or (loss)		l			-		
	d 7a	Net rental income or (loss) Gross amount from			<u> </u>				
	, ,	sales of assets (i) Securities	-	(11	) Other	•			
		other than inventory			100				
	b	Less cost or other							
		basis & sales exps			441				
		Gain or (loss)		<u> </u>	-341	2.41	241		
	d	Net gain or (loss)	4.			-341	-341		
e	8a	Gross income from fundraising ever	าเร						
ven		(not including \$							
Re		of contributions reported on line 1c) See Part IV, line 18			10,870				
Other Reven	h	Less direct expenses	a b		10,453				
ŏ		Net income or (loss) from fund	_		10,433	417		417	
		Gross income from gaming activitie	-	Events		471		31/	<u> </u>
	-	See Part IV, line 19	о а						
	ь	Less direct expenses	b						
		Net income or (loss) from gam	-		<u> </u>				
		Gross sales of inventory, less	ing do	ivilies					
		returns and allowances	а		135,164				
	ь	Less cost of goods sold	b		92,727		ļ		
		Net income or (loss) from sales	_	<u> </u>	<b>D</b>	42,437	}		42,437
		Miscellaneous Revenue			Busn Code				
	11a	CMN BBQ Receipts				1,400	1,400		
	b	WEB Link Receipts				350			
	¢	•							
	d	All other revenue							
	e	Total. Add lines 11a-11d			<b>•</b>	1,750			
	12	Total revenue. See instruction	าร		<b>&gt;</b>	256,105	212,931	417	42,757

#### Part IX · Statement of Functional Expenses

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

requii	ed to complete columns (B), (C), and (D)  Check if Schedule O contains a response to	any guestion in this Part IY			
	<del> </del>	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	7,250	7,250		
_	organizations in the U.S. See Part IV, line 21	7,250	7,230		
2	Grants and other assistance to individuals in				
3	the U.S. See Part IV, line 22				· ·
3	Grants and other assistance to governments, organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members			, , ,	
5	Compensation of current officers, directors,				
3	trustees, and key employees			,	
6	Compensation not included above, to disqualified				
J	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	114,359	71,277	43,082	
8	Pension plan accruals and contributions (include		/	, 55,	
-	section 401(k) and 403(b) employer contributions)			İ	
9	Other employee benefits				
10	Payroll taxes	9,208	5,697	3,511	
11	Fees for services (non-employees)		7,55.	0,011	
а	Management				
b	Legal	248		248	- · · · · · · - · · · · · · · · · · · ·
c	Accounting	2,050		2,050	· · · · · · · · · · · · · · · · · · ·
d	Lobbying	14,000	14,000		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	328	328		
12	Advertising and promotion	1,475	1,475		
13	Office expenses	10,914	1,299	9,615	
14	Information technology	4,654		4,654	
15	Royalties				
16	Occupancy	11,094	5,547	5,547	
17	Travel	10,020	10,020		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	•			
19	Conferences, conventions, and meetings	23,930	23,930		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,743		15,743	
23	Insurance	2,423		2,423	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Turkey Day Expenses	23,145	23,145		
b	Equipment lease	2,517		2,517	
С	Education/Prof Developmen	2,500		2,500	
d	CMN Tenderloin	952	952		
е	All other expenses	2,065	1,265	800	
25	Total functional expenses. Add lines 1 through 24e	258,875	166,185	92,690	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				5 990 2004

	art X	Balance Sheet		(A) Beginning of year		(B) End of year
		0.1		11,749	1	1,805
	1	Cash—non-interest bearing	F	187,018	2	216,323
	2	Savings and temporary cash investments	<u> </u>	107,010	3	210,320
	3	Pledges and grants receivable, net	<del> </del>		4	
		Accounts receivable, net				<del></del>
	5	Receivables from current and former officers, directors, tru			j	
		employees, and highest compensated employees Comple	ete Part II of		_	
		Schedule L	<del> </del>		5	<del></del>
	6	Receivables from other disqualified persons (as defined un				
		4958(f)(1)), persons described in section 4958(c)(3)(B), ar				
		employers and sponsoring organizations of section 501(c)				
Assets		employees' beneficiary organizations (see instructions)	-		6	
SS	7	Notes and loans receivable, net	-		7	
•	8	Inventones for sale or use	ŀ	1 500	8	206
	9	Prepaid expenses and deferred charges	, , <u> </u>	1,500	9	206
	10a	Land, buildings, and equipment cost or	350 553			
		other basis Complete Part VI of Schedule D	10a 350,553	002 074		012 022
	b	Less accumulated depreciation	10b 136,620	223,274		213,933
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11	ļ.		12	
	13	Investments—program-related See Part IV, line 11	<u> </u>		13	
	14	Intangible assets	-	44 070	14	44 400
	15	Other assets See Part IV, line 11	-	11,373	_	11,483
	16	Total assets. Add lines 1 through 15 (must equal line 34)		434,914	-	443,750
	17	Accounts payable and accrued expenses	-	2,890		3,963
	18	Grants payable	-	400	18	
	19	Deferred revenue		400	<del></del>	
	20	Tax-exempt bond liabilities	}		20	
	21	Escrow or custodial account liability Complete Part IV of	f		21	
es	22	Payables to current and former officers, directors, trustees				
ij		employees, highest compensated employees, and disqua	lified persons			
Liabilities		Complete Part II of Schedule L		<del></del>	22	<del></del>
_	23	Secured mortgages and notes payable to unrelated third i	parties	·	23	
	24	Unsecured notes and loans payable to unrelated third par	ties		24	
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24)	Complete Part X			
		of Schedule D		2 222	25	0.060
	26		a-	3,290	26	3,963
		Organizations that follow SFAS 117, check here ▶∑	and complete			
ces		lines 27 through 29, and lines 33 and 34.		440 450		446 550
a	27	Unrestricted net assets		419,178		416,579
Ва	28	Temporarily restricted net assets		12,446	-	23,208
n D	29	Permanently restricted net assets	<sub></sub>		29	
Ē	1	Organizations that do not follow SFAS 117, check h	ere ▶ and			
S		complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds		·	30	<u></u>
As	31	Paid-in or capital surplus, or land, building, or equipment			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or	other funds		32	
~	33	Total net assets or fund balances		431,624		439,787
	34	Total liabilities and net assets/fund balances		434,914	34	443,750

orm	n 990 (2011) Iowa Turkey Federation Inc 42-08	315721		Pag	ge <b>12</b>
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
	Total account (count accord Dark VIII), askuma (A), kan 42)	1 4 1	21	56,:	105
1	Total revenue (must equal Part VIII, column (A), line 12)	2		58,8	
2	Total expenses (must equal Part IX, column (A), line 25)	3			770
3	Revenue less expenses Subtract line 2 from line 1				$\overline{}$
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			$\frac{624}{033}$
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<u> </u>	10,	<u>933</u>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,		4.		
	column (B))	6	4.	39,	787
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	-	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	1			
	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 ove	rsight			
	of the audit, review, or compilation of its financial statements and selection of an independent according	-	2c		
	If the organization changed either its oversight process or selection process during the tax year, exp			_	
	Schedule O				ŀ
d	I If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	were			!
_	issued on a separate basis, consolidated basis, or both:		,		
	Separate basis Consolidated basis Both consolidated and separate basis				[
32	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in			
Ja		(b) (i)	9-		
<b>L</b>	the Single Audit Act and OMB Circular A-133?	to the	3a		<del>  -</del>
Ø	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	jo tne		l	

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

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

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

Nan	Iowa Turkey Federatio	an Ing		42-08157	
Da	t I-A Complete if the organization is exem		or is a soction		
				1 327 Organization	<u> </u>
1	Provide a description of the organization's direct and indirect	a political campaign activities in r	-art iv	▶ 6	
2	Political expenditures			▶ \$	
3	Volunteer hours				
Par	t I-B Complete if the organization is exem	ont under section 501(c)	(3)	<del></del>	
1			(5).	<b>▶</b> \$	
	Enter the amount of any excise tax incurred by the organization			<b>▶</b> \$	
2	Enter the amount of any excise tax incurred by organization	-		•	Yes No
3	If the organization incurred a section 4955 tax, did it file For	m 4720 for this year?			
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV  t I-C Complete if the organization is exen	ant under section 501(c)	except section	n 501/c)/3)	
	<u> </u>	<del></del>		<i>311 30 1(c)(3)</i> .	<del></del>
1	Enter the amount directly expended by the filing organization	n for section 527 exempt function	11	<b>.</b>	
_	activities	-d tth		▶ \$	
2	Enter the amount of the filing organization's funds contribute	ed to other organizations for sect	ion	<b>.</b>	
	527 exempt function activities	- h 4400 BOL		▶ \$	
3	Total exempt function expenditures Add lines 1 and 2 Ente	er here and on Form 1120-POL,			
	line 17b	_		<b>▶</b> \$	
4	Did the filing organization file Form 1120-POL for this year				Yes No
5	Enter the names, addresses and employer identification nu		-	•	
	organization made payments For each organization listed,				
	the amount of political contributions received that were pror	• •		•	
	as a separate segregated fund or a political action committee	ee (PAC) If additional space is n	eeded, provide info	rmation in Part IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promptly and directly
				funds if none, enter -0-	delivered to a separate
					political organization If
					none, enter -0-
(1)					
(2)		1			
(3)					
(4)					
(5)					
(6)					
			<u> </u>		
_ =					

ر•	•		_		40 001	
	hedule C (Form 990 or 990-EZ) 2011	Turkey Fede	ration Inc	4(-)(0)	42-0815721	Page 2
Р	Part II-A Complete if the organi	zation is exempt	under section 50	7(c)(3) and fi	ied Form 5/68 (elect	uon under
_	section 501(h)).  Check ▶ ☐ if the filing organizati	ion belongs to an	affiliated group (ar	nd list in Part I	V each affiliated grou	p member's
~	name, address, EIN,	expenses and st	pare of excess lob	bvina expendi	tures)	p 11.011.501.0
R	Check ► ☐ if the filing organization					
_		bbying Expendit		<u> </u>	(a) Filing	· (b) Affiliated
	(The term "expenditures"				organization's totals	group totals
-	1a Total lobbying expenditures to influence pu	ublic opinion (grass roc	ots lobbying)			
	b Total lobbying expenditures to influence a	legislative body (direct	lobbying)	Ļ		<del></del>
	c Total lobbying expenditures (add lines 1a	and 1b)		<u> </u> -		
	d Other exempt purpose expenditures			-		
	e Total exempt purpose expenditures (add li			-		
	f Lobbying nontaxable amount Enter the ar	mount from the followin	g table in both			
	ff the amount on line 1e, column (a) or (b) is.	The lobbying nontaxa	ble amount is			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	ne excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	ne excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	e excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000				
	g Grassroots nontaxable amount (enter 25%	6 of line 1f)		-		
	h Subtract line 1g from line 1a If zero or les	s, enter -0-		-		
	Subtract line 1f from line 1c If zero or less			L	<u>i</u>	
	j If there is an amount other than zero on exercion reporting section 4911 tax for this year?	ther line 1h or line 1i, o	did the organization file	Form 4720		Yes No
	(Some organizations the columns be			do not have	to complete all of th	e five
	Lol	bying Expenditu	res During 4-Ye	ar Averaging	Period	<del></del>
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) Total
	2a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column(e))	٠				
_	c Total lobbying expenditures					
_	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2011

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT 1 (election under section 501(h)).	iled Fo	orm 5	768		uge C
	(a	9)	(b	)	
For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Amo	unt	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
a Volunteers?	<u> </u>				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u> </u>				
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?	ļ				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>				
i Other activities?	L				
j Total Add lines 1c through 1i	İ				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Ш			
b If "Yes," enter the amount of any tax incurred under section 4912	Ì	ļ <u>L</u>			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		_L			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	)(5), o	r secti	ion		
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	X	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3_	<u> </u>	X
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O answered "Yes."				3, is	
Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
political expenses for which the section 527(f) tax was paid).					
a Current year		2a			
b Carryover from last year		2b			
c Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
and political expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, and Part II-B, line

1 Also, complete this part for any additional information

42-0815721

Page 4

Schedule C (Form 990 or 990-EZ) 2011 Iowa Turkey Federation Inc

Part IV Supplemental Information (continued)

#### 5086

#### 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

2011
Open to Public Inspection

Employer identification number Name of the organization 42-0815721 Iowa Turkey Federation Inc Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (dunng 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 exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

(b) Cost or other basis (d) Book value (c) Accumulated Description of property (a) Cost or other basis (other) depreciation (investment) 1a Land 65,951 226,620 160,669 **b** Buildings c Leasehold improvements 70,669 123,933 53,264 d Equipment e Other Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) 213,933

Schedule D (Form 990) 2011

Part VII Investments—Other Securities. See Form 99	90, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	<u> </u>	
Part VIII Investments—Program Related. See Form 9	90, Part X, line 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
_(5)		
(6)		
(7)		
_(8)		
(9)		
(10)		
	<u> </u>	
Part IX Other Assets. See Form 990, Part X, line 15		
(a) Description	<del></del>	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8) (9)	· · ·	
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	·	<b>&gt;</b>
Part X Other Liabilities. See Form 990, Part X, line 2	25	
1. (a) Description of liability	(b) Book value	(
(1) Federal income taxes		
(2)		
(3)		
(4)		1
(5)	· · · · · · · · · · · · · · · · · · ·	
(6)		1
(7)		1
(8)		1
(9)		1
(10)		1
(11)		1
· — · · · · · · · · · · · · · · · · · ·	<b>&gt;</b>	1
2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote	<del></del>	tatements that reports the

chę	dule D (Form 990) 2011 Iowa Turkey Federation Inc		-0815721	Page <b>4</b>
Pa	rt XI Reconciliation of Change in Net Assets from Form 990	to Audited Finance	cial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Pnor period adjustments		7	
8	Other (Describe in Part XIV )		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial States	ments With Rever	ue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	,	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	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 Stat	ements 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	Pnor 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	
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	

Part XIV Supplemental Information

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)

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

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.

Employer identification number 42-0815721

2011	Open to Public Inspection
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Iowa Turkey Federation	tion Inc				42-08	42-0815721		
Part I General Information on Grants and Assistance	d Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	the amount of the gance?	rants or ass grant funds	istance, the grantees' in the United States	eligibility for the grant	s or assistance, an	ָ	X Yes	N 0
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 recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Doct if no one recipient received more than \$5,000.	overnments an recipient that responds is needed.	d Organi ceived m	Organizations in the United States. Complete if the organization answered "Yes" eived more than \$5,000. Check this box if no one recipient received more than \$5,00	ited States. Com theck this box if n	plete if the orga o one recipient	anization answ received more	ered "Yes" than \$5,000.	□
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	t
(1) Coalition to Support Iowa's Farmers Cashier Federation Acctd N2 NW21	S						Assist mission	
	7 20-0995727	501C 6	7,250					
(2)								
(3)								
(4)								
(5)								
(9)								
(2)								
(8)								
(6)								
2 Enter total number of section 501(c)(3) and government organizations listed	it organizations liste	d in the line 1 table	1 table			,	1	
- [1	for Eorm 090						Schedule I (Form 990) (2011)	90) (2011)

Schedule I (F	Schedule I (Form 990) (2011) Iowa Turkey Federation Inc	Federation Inc	4	42-0815721		Page 2
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.	Individuals in the Unit	ted States. Comp	lete if the organizatio	n answered "Yes" to Form	
	Part III can be duplicated if additional space is needed	nal space is needed				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
-						
2						
3						
4						
5						
9						
7						
Part IV	Supplemental Information. Complete this part to provide the information required in Part 1 line 2 and any other additional information	plete this part to provide	the information re	squired in Part I line	and any other additional	Information
		11:11:11:11:11:11:11:11:11:11:11:11:11:				

Suppremental innormation. Comprete tins part to provide the information required in Part I, line 2, and any other additional groups to support the Coalition's mission statement: To advocate and help Directors of the Coalition. The Coalition is made up of various commodity non-partisan organization provides assistance to farmers at no cost, and CSIF is a joint partnership involving The Coalition to Support Iowa's Farmers was created by farmers to help The non-profit, The amount of assistance is required to obtain a seat on the Board of implement on-farm best management practices that assist Iowa's farm - Procedures for Monitoring the Use of Grant Funds families in raising livestock responsibly and successfully. farmers raise livestock responsibly and successfully. does not lobby or develop policy. Part I, Line 2

Schedule I (Form 990) (2011)

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) (2011) Iowa Turkey Federation Inc

Day III can be duringted if additional space is needed

Part III

5086

	Part III can be duplicated if additional space is needed	nai space is needed				1
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
•		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
-						
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¢.						
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ı		_				
VI TOO	Supplemental Information Complete this part to provide the information required in Part I, line 2, and any other additional information	olete this part to provi	ide the information r	equired in Part I, line	2, and any other additional	information
Lairiv	ı	מוכום היווח ביווח ביווח				

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

Bureau Federation, Iowa Pork Producers Association, Iowa Poultry

Association, Iowa Soybean Association, Iowa Turkey Federation and Midwest

Dairy Association

Schedule I (Form 990) (2011)

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

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

OMB No 1545-0047

Name of the organization

Iowa Turkey Federation Inc

Employer identification number 42-0815721

Form 990 - Organization's Mission or Most Significant Activities

The Iowa Turkey Federation represents, supports and promotes the turkey industry and its members. The Federation coordinates and organizes educational and promotional activities for the turkey industry between their members as well as the industry's relationship with the general public along with governmental and educational entities.

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

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

This means that they are paying into our state check-off program. Allied companies may pay membership at the following levels:

Diamond - \$1,500

Gold - \$1,000

Silver - \$500

Bronze - \$300

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

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

The members of this corporation shall consist of all members in good standing of the Federation who have paid their dues through the EMT check-off or allied membership in the Federation as shown by the books of said Federation, and each active member shall have the power to vote at the annual meeting and for elected directors of the corporation.

The State shall be divided into three districts: West, Central, and East. Each district shall be represented on the board of directors by two (2) directors who must hold residence and maintain their place of business in one of the three prescribed districts. These directors to be nominated and elected by the active members in each district and be elected by a vote conducted by mail prior to the annual meeting. There shall be three (3) directors at large. They shall be elected by a vote of all the active members (West, Central, and East districts and allied members) conducted by mail prior to the annual meeting. There shall be two (2) allied directors.

They shall be elected by a vote of all the active members (West, Central, and East districts and allied members) conducted by mail prior to the annual meeting. There shall be two (2) appointed representatives from Sara Lee Foods and two (2) appointed representatives from West Liberty Foods.

All Board members shall be elected or appointed for a term of three (3) years and shall only serve three consecutive terms unless at the expiration of his/her third consecutive term he/she shall be serving as Vice President, he/she shall be eligible for a fourth term.

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

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

The 990 Tax Return for the Iowa Turkey Federation is reviewed by the

Executive Director, the President of the Board of Directors, and the Vice

President. Upon approval, the tax return is signed and submitted to the

Iowa Turkey Federation Inc

Employer identification number 42-0815721

IRS. A copy of the tax return is also made available to the entire Board of Directors.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Board members are given a written policy in their board notebook. This
notebook is reviewed with new board members by the executive director. On
an annual basis, board members disclose potential conflicts of interest of
themselves and their families and it is noted in the minutes. Minutes of
meetings where there is a potential conflict do disclose the conflict and
the member's abstinence from voting.

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

Form 990, Part VI, Line 15b - Compensation Process for Officers

A closed session of the board is held to discuss staff compensation. From
that discussion employee compensation is submitted to the annual budget.

This budget is then approved by the board at their annual meeting in
November.

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

Page 2

Name of the organization

Iowa Turkey Federation Inc

Employer identification number 42-0815721

Form 990, Part XI, Line 5 - Other Changes in Net Assets Explanation Net changes to temporarily restricted PAC Funds = \$10,933

Form 4562

Internal Revenue Service

(99)

## **Depreciation and Amortization**

(Including Information on Listed Property)

Identifying number

OMB No 1545-0172

Attachment Sequence No

► See separate instructions.

► Attach to your tax return.

Name(	s) shown on return	wkor Fodow	ation Inc							numbe 815	
—		rkey Feder	acion inc	<u>.                                    </u>	<u>.                                    </u>			72		013	121
	ss or activity to which this form relates										
	rkey Promotion rtl Election To Expens	Cortain Brons	why Under Sec	tion 17	<u>'0</u>						
Pa						mnla	to Part I				
	Note: If you have an		, complete Fai	r v pei	ole you co	iiibie	ic i ait i		Τ,	1	500,000
1	Maximum amount (see instructions)	•	tt							2	300,000
2	Total cost of section 179 property p			ota iotioni						3	2,000,000
3	Threshold cost of section 179 prope	-		Suucuons	·)				<u> </u>	4	2,000,000
4	Reduction in limitation Subtract line Dollar limitation for tax year Subtract line			rnod filma i	congratoly con	netru	tions		-	5	
<u>5</u>	(a) Description		less, enter -o- il illai		ousiness use on	- 1		lected co		<del>*</del>	
	(a) Description	To property		(3) 536. (	323,7000 400 011	<del>"</del>	(-)				r
	<del></del>									$\neg$	
7	Listed property. Enter the amount fr	rom line 20		<b>!</b>		7		-			
8	Total elected cost of section 179 pr		in column (c) lines	s 6 and 7						8	
9	Tentative deduction Enter the sma			o o ana i					$\vdash$	9	
10	Carryover of disallowed deduction f								-	10	· · · · · · · · · · · · · · · · · · ·
11	Business income limitation Enter th			than zero	) or line 5 (s	ee insi	ructions)		-	11	
12	Section 179 expense deduction Ad						,		_ <b> </b> _	12	
13	Carryover of disallowed deduction t				···	13					
	: Do not use Part II or Part III below										
	rt II Special Depreciati			reciatio	n (Do no	t incl	ude liste	d prop	ertv	) (S	ee instructions)
14	Special depreciation allowance for								T	<u> </u>	
	during the tax year (see instructions			,,,					1	14	1,112
15	Property subject to section 168(f)(1	•								15	
16	Other depreciation (including ACRS									16	
Pa	rt III MACRS Depreciat	<del></del>	ide listed prope	erty)(S	ee instruc	tions	)				
			Sec	tion A							
17	MACRS deductions for assets place	ed in service in tax y	ears beginning bef	ore 2011						17	14,079
18	If you are electing to group any assets placed								Ш.		
	Section B—	Assets Placed in So	ervice During 201	11 Tax Y	ear Using th	ne Ger	eral Depi	eciatio	on Sy	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depri (business/investmei only-see instruc	nt use	(d) Recovery period	(e)	Convention	(f) N	/lethod		(g) Depreciation deduction
<u>19a</u>	3-year property										
<u>b</u>	5-year property	<u></u> 1.		1,978	5.0	<del></del>	HY	S:			498
c	7-year property			752	7.0	ļ	HY	S	<u>L</u>		54
<u>d</u>	10-year property					<u> </u>					·
e	15-year property	_									
f	20-year property	4				<u> </u>		<u> </u>		$-\!\!\!\!+$	
<u>g</u>	25-year property				25 yrs			<del></del>	S/L_		
h	Residential rental				27 5 yrs.	<del> </del>	MM		S/L		
	property	ļ			27 5 yrs	ļ. —	MM		S/L		
i	Nonresidential real	<b></b>	<u> </u>		39 yrs		ММ	1	S/L		
	property	1 51 11 6		4.7		<u> </u>	MM		S/L		
		ssets Placed in Sei	vice During 2011	1 lax Ye	ar Using the	Alter	native De	Γ		Syste	m
	Class life	4				-			S/L	-	
	12-year	<del> </del>	<del>                                     </del>		12 yrs	<del> </del>		+	S/L		<del></del>
	40-year	<u> </u>	<u> </u>		40 yrs	1	MM	<u> </u>	S/L	1	····
-	art IV Summary (See ins		<del></del>						— г	24	
21	Listed property Enter amount from		40 20	aluma (e)	\ and live = 04	l E∞≛∈	r hore		$\vdash$	21	••
22	Total. Add amounts from line 12, I	-				⊏nte	nere			22	15,743
22	and on the appropriate lines of you				natiuctions		T				10,740
23	For assets shown above and place portion of the basis attributable to	=	ie cuirein year, en			23				Ì	
	portion of the basis attributable to	SCUIION ZOOM COSIS				1 23	ц			L	

## Form 4562 - Depreciation and Amortization Election Not to Claim Additional Depreciation for Specific Classes

Name as shown on return: IOWA TURKEY FEDERATION INC

Taxpayer's ID#: 42-0815721

0.

Year: 2011

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

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

Name(s) shown on return

Department of the Treasury Internal Revenue Service

# Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No 1545-0184

Attachment Sequence No

Identifying number 42-0815721

I	owa Tu	rkey Fede	ration In	c		42	-0815	5721	
1				es reported to you for 2011	on Form(s) 1099-B or 109	9-S (or			
	substitute	statement) that you	ı are ıncluding on lii	ne 2, 10, or 20 (see instruc	ions)		1		_
Pa				erty Used in a Trade			ersions	From Other	
		Than Casualty	or Theft—Mo	st Property Held Mor	re Than 1 Year (see i	nstructions)			
<b>/-</b> \	Donneton	(h) Data assumed	(-) Data sold	(4) 0	(e) Depreciation allowed or	(f) Cost or other	ı	(g) Gain or (loss)	
2 <sup>(a)</sup>	Description of property	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Gross sales price	allowable since	basis, plus improvements ar	d	Subtract (f) from the	
		,, <del></del> ,,,,,	( ) ==,,,,. ,		acquisition	expense of sale		sum of (d) and (e)	
3	Gain, if an	y, from Form 4684	, line 39				3		_
4	Section 12	31 gain from instal	lment sales from F	orm 6252, line 26 or 37			4		
5	Section 12	31 gain or (loss) fr	om like-kind excha	nges from Form 8824			5		
6	Gain, if an	y, from line 32, fror	n other than casua	Ity or theft			6		
7	Combine I	ines 2 through 6 E	nter the gain or (lo	ss) here and on the approp	riate line as follows		7		0
				ships) and S corporation					
				or Form 1120S, Schedule					
				olders, and all others. If I line 7 is a gain and you did					
	losses, or	they were recaptur	ed in an earlier yea	ar, enter the gain from line 7					
_		•		8, 9, 11, and 12 below			1	-	
8	Nonrecapt	8		_					
9	Subtract Ii								
				turn (see instructions)			9		C
Pa	rt II	Ordinary Gair	s and Losses	(see instructions)					_
0	Ordinary g	ains and losses no	t included on lines	11 through 16 (include pro	perty held 1 year or less)			· · · · · · · · · · · · · · · · · · ·	_
			1						
						<b></b>			_
							- [		
						<u> </u>	1 /		_
11		y, from line 7					11 (	· · · · · · · · · · · · · · · · · · ·	_
12		•	nount from line 8, if	applicable			12		_
13		y, from line 31					13		-
14	•	` '	4684, lines 31 and				14		_
15				6252, line 25 or 36			15		-
16			ike-kind exchanges	s from Form 8824			16		_
17		ines 10 through 16					17		_
18				int from line 17 on the appre	opriate line of your return a	nd skip lines a	1		
			eturns, complete lin		Accelerate and the second	F.4			
а				4684, line 35, column (b)(ii)	•				
	•			on Schedule A (Form 104)	•				
		• •	ee on Schedule A (	Form 1040), line 23 Identif	y as from "Form 4797, line	18a " See	,,		
	instruction						18a		_
b	Redeterm	ine the gain or (los	s) on line 17 exclud	ling the loss, if any, on line	18a Enter here and on For	m 1040, line 14	18b		

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2011)

42-0815721

Pa	Gain From Disposition of Property Under (see instructions)	Sectio	ns 1245, 1250, 1	1252, 125	4, and	1255	•	
19	(a) Description of section 1245, 1250, 1252, 1254, or 1255 property						le acquired day, yr )	day, yr )
	A Equipment					Var.	ious	04/06/11
1	Equipment Junked					Var	ious	04/06/11
	D							
	These columns relate to the properties on lines 19A through 19D.	•	Property A	Propert	уВ	Pro	erty C	Property D
20	Gross sales price (Note: See line 1 before completing)	20	100					
21	Cost or other basis plus expense of sale	21	1,294		534			
22	Depreciation (or depletion) allowed or allowable	22	1,035		352			
23	Adjusted basis Subtract line 22 from line 21	23	259		182			
24	_Total gain Subtract line 23 from line 20	24	-159		-182		•	
25	If section 1245 property:	+						
а	Depreciation allowed or allowable from line 22	25a	1		ì			
b	Enter the smaller of line 24 or 25a	25b						
26	If section 1250 property: If straight line depreciation was used,	+						
	enter -0- on line 26g, except for a corporation subject to section 291							
а	Additional depreciation after 1975 (see instructions)	26a						
b	Applicable percentage multiplied by the smaller of line			·				
	24 or line 26a (see instructions)	26b	j		J			}
С	Subtract line 26a from line 24 If residential rental property							
_	or line 24 is not more than line 26a, skip lines 26d and 26e	26c						
d	Additional depreciation after 1969 and before 1976	26d		• •				
e	Enter the smaller of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
g	Add lines 26b, 26e, and 26f	26g						
27	If section 1252 property: Skip this section if you did not							
	dispose of farmland or if this form is being completed for a	1						,
	partnership (other than an electing large partnership)	1						
а	Soil, water, and land clearing expenses	27a						
b	Line 27a multiplied by applicable percentage (see instructions)	27b						
С	Enter the smaller of line 24 or 27b	27c						
28	If section 1254 property:						_	
а	Intangible drilling and development costs, expenditures							
	for development of mines and other natural deposits,	li	Ì					
	mining exploration costs, and depletion (see	ìi	ļ					
	instructions)	28a						
b	Enter the smaller of line 24 or 28a	28b						
29	If section 1255 property:							
а	Applicable percentage of payments excluded from	1 1				! 		
	income under section 126 (see instructions)	29a						
<u>b</u>	Enter the smaller of line 24 or 29a (see instructions)	29b				<u> </u>		
<u>Sui</u>	mmary of Part III Gains. Complete property columns	A thro	ugh D through lin	ne 29b be	fore go	oing to	line 30	
								2.4
30	Total gains for all properties Add property columns A through D, line 24						30	-34
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and	29b						
	Enter here and on line 13				_		31	<del></del>
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6.						32	-34
Ρ	art IV Recapture Amounts Under Sections 179	and 28	0F(b)(2) When E	Business	Use D	rops to	50%	
	(see instructions)							
					(a) S	Section		(b) Section
						179		280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior	years		33				
34	Recomputed depreciation (see instructions)			34				
<u>35</u>	Recapture amount Subtract line 34 from line 33 See the instruct	tions for	where to report	35			T	
	*Portion of Line 32 is not sub	-aat	to tay IT	DC Coc	+ 51	2 (1)	1511	5 4797 (0044)

Forth

Application for Extension of Time To File an **Exempt Organization Return** 

File a separate application for each return.

OMB No 1545-1709

01

Department of the Treasure Internal Revenue Serv

_			
•	If you are	filing for an Au	omatic 3-Month Extension, complete only Part I and check this box

<ul><li>If vo</li></ul>	u are filing for an Additional	(Not Automatic) 3-Mo	nth Extension, co	omplete only	Part II (on page 2 of this form)
-------------------------	--------------------------------	----------------------	-------------------	--------------	----------------------------------

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits

Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions print X 42-0815721 Iowa Turkey Federation Inc File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SSN) filma vour 535 E Lincoln Way PO Box 825 return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions Ames IA 50010-0825

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Return Application Return Is For Code Is For Code Form 990 Form 990-T (corporation) 01 07 Form 990-BL Form 1041-A 02 80 Form 990-EZ Form 4720 01 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12

•	Tho	hooks	are in	tha	COLO	of L

•	Telephone No ► FAX No ►						
•	If the organization does not have an office or place of business in the United States, check this box			▶ []			
• !	If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	IS		_			
for th	ne whole group, check this box  If it is for part of the group, check this box  and attach						
<u>a</u> list	with the names and EINs of all members the extension is for						
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time						
	until 08/15/12 , to file the exempt organization return for the organization named above. The extension is						
	for the organization's return for						
	▶ X calendar year 2011 or						
	tax year beginning , and ending						
2	If the tax year entered in line 1 is for less than 12 months, check reason						
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
	nonrefundable credits. See instructions	3a	\$				
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
	estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$				
С	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	\$				