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A For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization NATIONAL INDOULTRY & FOOD DISTASSOC		D Employer identification number 47-0522868
☒ Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite 2014 OSBORNE RD		E Telephone number (770) 535-9901
☐ Name change				
☐ Initial return		City or town, state or country, and ZIP + 4 SAINT MARYS, GA 31558		F Group Exemption Number 
☐ Terminated				
☐ Amended return				
☐ Application pending				

☒ **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

I Website: N/A		H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (check only one)— ☒ 501(c) (6) (insert no.) ☐ 4947(a)(1) or ☐ 527		

K Check  if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	198,437
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Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
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Revenue			
1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	102,465
3	Membership dues and assessments	3	91,995
4	Investment income	4	3,610
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming , check here 		
a	Gross revenue (not including \$ _ of contributions reported on line 1)	6a	
b	Less direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe )	8	367
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 	9	198,437

Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	83,793
	13	Professional fees and other payments to independent contractors	13	30
	14	Occupancy, rent, utilities, and maintenance	14	3,231
	15	Printing, publications, postage, and shipping	15	2,884
	16	Other expenses (describe )	16	81,720
	17	Total expenses. Add lines 10 through 16 	17	171,658

Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	26,779
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	219,632
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	246,411

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	261,218	22 183,065
23	Land and buildings	0	23 81,201
24	Other assets (describe )	1,653	24 1,190
25	Total assets	262,871	25 265,456
26	Total liabilities (describe )	43,239	26 19,045
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	219,632	27 246,411

[illegible]

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	Yes
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	Yes
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶ GA		
42a	The organization's books are in care of ▶ The Organization Telephone no ▶ (770) 535-9901 2014 OSBORNE ROAD Located at ▶ SAINT MARYS, GA ZIP + 4 ▶ 31558		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year ▶	43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(f) Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000 ▶

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	***** Signature of officer		2010-08-15 Date		
	KRISTEN MCWHORTER, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	REED QUINN MCCLURE LLC CPAS	Date	Check if self-employed ☐	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4				EIN
	6055 ATLANTIC BLVD SUITE A-1 NORCROSS, GA 30071				Phone no (770) 449-9144
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No					

Additional Data

Software ID:

Software Version:

EIN: 47-0522868

Name: NATIONAL INDPOULTRY & FOOD DISTASSOC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
KRISTIN MCWHORTER 2014 OSBORNE RD SAINT MARYS,GA 31558	EXECUTIVE DIRECTOR 40 00	72,021	5,420	6,352
WALTER COOPER 2014 OSBORNE RD SAINT MARYS,GA 31558	PRESIDENT 0 50	0	0	0
CHRIS SHARP 2014 OSBORNE RD SAINT MARYS,GA 31558	VICE PRESIDENT 0 50	0	0	0
AL ACUNTO 2014 OSBORNE RD SAINT MARYS,GA 31558	TREASURER 0 50	0	0	0
PARIS BALL-MILLER 2014 OSBORNE RD SAINT MARYS,GA 31558	BOARD OF DIRECTOR 0 50	0	0	0
ANTHONY D'URSO 2014 OSBORNE RD SAINT MARYS,GA 31558	BOARD OF DIRECTOR 0 50	0	0	0
MICHAEL FRED 2014 OSBORNE RD SAINT MARYS,GA 31558	BOARD OF DIRECTOR 0 50	0	0	0
MIKELL FRIES 2014 OSBORNE RD SAINT MARYS,GA 31558	BOARD OF DIRECTOR 0 50	0	0	0
BRIAN IMLER 2014 OSBORNE RD SAINT MARYS,GA 31558	BOARD OF DIRECTOR 0 50	0	0	0
BOBBY LIPSON 2014 OSBORNE RD SAINT MARYS,GA 31558	BOARD OF DIRECTOR 0 50	0	0	0
JIM MCGAHEE 2014 OSBORNE RD SAINT MARYS,GA 31558	BOARD OF DIRECTOR 0 50	0	0	0
VINCENT MENNELLA 2014 OSBORNE RD SAINT MARYS,GA 31558	BOARD OF DIRECTOR 0 50	0	0	0
MARC MIRO 2014 OSBORNE RD SAINT MARYS,GA 31558	BOARD OF DIRECTOR 0 50	0	0	0
JON POOLE 2014 OSBORNE RD SAINT MARYS,GA 31558	BOARD OF DIRECTOR 0 50	0	0	0
LORI PRESCOTT 2014 OSBORNE RD SAINT MARYS,GA 31558	BOARD OF DIRECTOR 0 50	0	0	0
DAN PURNELL 2014 OSBORNE RD SAINT MARYS,GA 31558	BOARD OF DIRECTOR 0 50	0	0	0
TED RUEGER 2014 OSBORNE RD SAINT MARYS,GA 31558	BOARD OF DIRECTOR 0 50	0	0	0
DAN SLOAN 2014 OSBORNE RD SAINT MARYS,GA 31558	BOARD OF DIRECTOR 0 50	0	0	0
BOB THRASH 2014 OSBORNE RD SAINT MARYS,GA 31558	BOARD OF DIRECTOR 0 50	0	0	0
LEE WILSON 2014 OSBORNE RD SAINT MARYS,GA 31558	BOARD OF DIRECTOR 0 50	0	0	0

TY 2009 Other Assets Schedule

Name: NATIONAL INDPOULTRY & FOOD DISTASSOC

EIN: 47-0522868

Description	Beginning of Year Amount	End of Year Amount
Other Depreciable Assets	1,653	1,190

TY 2009 Other Expenses Schedule**Name:** NATIONAL INDPOULTRY & FOOD DISTASSOC**EIN:** 47-0522868

Description	Amount
MEETINGS AND CONVENTIONS	50,222
CREDIT CARD	2,993
DUES, SUBSCRIPTIONS AND SEMINARS	2,485
HANDBOOK	3,500
INSURANCE	344
OFFICE	2,641
PAYROLL TAXES	5,510
TELEPHONE	4,580
TRAVEL	3,468
EQUIPMENT RENTAL AND MAINTENANCE	1,627
BANK CHARGES	19
DEPRECIATION	461
ADVERTISING	350
COMMUNICATIONS/INTERNET	469
SUPPLIES	1,620
RELOCATION EXPENSES	130
TEMPORARY HELP	960
DONATION	341

TY 2009 Other Liabilities Schedule

Name: NATIONAL INDPOULTRY & FOOD DISTASSOC

EIN: 47-0522868

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE	4,700	3,220
DEFERRED REVENUE	38,539	15,825

TY 2009 Other Revenues Schedule

Name: NATIONAL INDPOULTRY & FOOD DISTASSOC

EIN: 47-0522868

Description	Amount
MISCELLANEOUS	367

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: NATIONAL INDPOULTRY & FOOD DISTASSOC

EIN: 47-0522868

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.