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990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Open to Public

		of the Treasury nue Service	► The organization may have to use a copy of this return to satisfy state re	portina reai	uirements.	Inspection	IC			
			endar year, or tax year beginning January 1 , 2009, and ending		mber 31	, 20 09	-			
		applicable	Please C Name of organization USAPEEC International Poultry Developme			er identification num	ber			
		change	use IRS Doing Business As		91	1924876				
	lame ci		print or Number and street (or P O box if mail is not delivered to street address) Room/suite	,	E Telepho					
	ntial ref		type See 2300 W. Park Place Blvd. Suit	e 100	(770)	413-0006				
	ermina		Specific nstruc- City or town, state or country, and ZIP + 4		, <u>, , , , , , , , , , , , , , , , , , </u>					
		ed return	tions Stone Mountain, GA 30087-3561		G Gross red	ceipts \$ 15,177,7	776			
		on pending	F Name and address of principal officer	H/a) le this		a group return for affiliates? Yes No				
			James H. Sumner same as c above	1	all affiliates included? Tyes No					
ī	Tax-exe	empt status		7		list (see instructions)				
J	Websi	ite: ► N/A		H(c) Group	exemption num	nber ►				
K	Form of	organization	✓ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L. Year of formation	1988	M State of	legal domicile GA				
Pa	rt I	Summa								
	1	Briefly de	scribe the organization's mission or most significant activities: The mi	ssion of L	JSAPEEC	International	_			
		Poultry [evelopment Program, Inc. is to promote economic development in	economic	ally distre	essed areas				
92		outside (f the United States, by providing technical, educational and other a	ssistance	; to foste	r international				
Ë	_	goodwill and promote international trade through such charitable assistance.								
Activities & Governance	2	Check this	DOX ► ☐ If the organization discontinued its operations or disposed of more than 25%	of its net ass	ets.	•				
ঠ			f voting members of the governing body (Part VI, line 1a)		3		10			
sa (f independent voting members of the governing body (Part VI, line 1b)		4		6			
vit			ber of employees (Part V, line 2a).		5		0			
Act			ber of volunteers (estimate if necessary)		6		7			
			s unrelated business revenue from Part VIII, column (C), line 12		7a		0			
			ited business taxable income from Form 990-T, line 34.	<u> </u>	. 7b		0			
				Pnor Y	ear	Current Year				
4.	8	Contribut	ons and grants (Part VIII, line 1h)							
ng.			service revenue (Part VIII, line 2g)		780,360	729,	500			
Revenue		-	t income (Part VIII, column (A), lines 3, 4, and 7d)		406,024	4,190,2	209			
Œ	ľ		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			9,0	659			
	12	Total reve	nue-add lines 8 through 11 (must-equal Rad Will, columnity), line 2)	1,	186,384	4,929,	368			
	13	Grants ar	d similar amounts paid (Part IX column (A), lines 1-3)							
	14	Benefits p	d similar amounts paid (Part IX) column (A), lines 1-3)							
ses	15	Salaries, c	ther compensation, employee berletits (ஈள்றில், cplumn2A) lines (த்ற்ற	24,000	24,0	000				
Expenses	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)							
찣	b.	Total fund	raising expenses (Part IX, column (D), line 25)							
	17	Other exp	enses (Part IX, column (A), lines 11a-110, 111-24f)	1,	009,481	1,026,	<u>237</u>			
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25).	1	,033,481	1,050,	<u>237</u>			
	19	Revenue I	ess expenses. Subtract line 18 from line 12		152,903	3,879,	<u>131</u>			
Assets or			<u> B</u>	eginning of C	urrent Year	End of Year				
set	20	Total ass	ets (Part X, line 16)	17	,334,759	16,947,	<u>465</u>			
Net A	21		lities (Part X, line 26)		236,801	214,				
			s or fund balances. Subtract line 21 from line 20	17	097,958	16,732,	<u>486</u>			
Pa	irt II		iture Block							
		Under per	ialties of perjury, I declare that I have examined this return, including accompanying schedu it is true, correct, and complete. Declaration of preparer (other than officer) is based on a	les and state Il information	ments, and to of which or	o the best of my know eparer has any knowle	rledge edae			
				1			3 -			
Sig		1			11/8/2	.010				
He	re	Signa	ture of officer	Da	te					
		C	. S. Tuller Secretary/Treasurer							
		Туре	or print name and title	-1. 4	,					
		Preparer's	self		Preparer's in (see instruct	dentifying number tions)				
Paid	i	signature	y em	oloyed ▶ 📙		,				
	oarer's	l			<u> </u>					
•	Only	if self-em		EIN	<u> </u>					
_		address,	and ZIP + 4 V	Phone r	no ▶ (<u>, </u>				
Ma	y the	IRS discu	ss this return with the preparer shown above? (see instructions)		<u> </u>	Yes	No			

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: The mission of USAPEEC International Poultry Development Program, Inc. is to promote economic development in economically distressed areas outside of the United States, by providing technical, educational and other assistance; to foster International goodwill and promote international trade through such charitable assistance.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: 541900) (Expenses \$ 745,281 including grants of \$) (Revenue \$ 729,500)
	USAPEEC International Poultry Development Program, Inc. has invested in, and provides managerial and technical assistance to a broiler operation demonstration project in Russia. This has resulted in a marginally-successful Russian broiler operation becoming a successful operation and an ongoing demonstration of how to structure and operate an efficient and profitable poultry plant.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 745,281

Par	t 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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		_✓
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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		✓
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		~ ~ .	,
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			w, 1
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	,	*	
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	, x	,	~
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	√	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	√	✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
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	17		1
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		1
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		1
<u>20</u> _	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u>√</u>

 Did the organization report more than \$5,000 of grants and other assistance to governments and organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. Did the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensate employees? If "Yes," complete Schedule J. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more the \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer line 24b through 24d and complete Schedule K If "No; go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? C Did the organization maintain an escrow account other than a refunding escrow at any time during the year? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part III Did the organization provide a grant or other assistance to an officer, director, trustee, key employee? If "	21 22 23 24a 24b 24d 25a 25b	√ 1	No d
 In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. Did the organization proport more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. Did the organization answer "Yes" to Part VII, Section A. line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensate employees? If "Yes," complete Schedule J. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more the \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer line 24b through 24d and complete Schedule K. If "No," go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organization's prior Forms 990 e90-E2? If "Yes," complete Schedule L, Part II Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV b A tarnity member of a current or former officer, director, trustee, or	21 22 23 24a 24b 24d 25a 25b	√ 1	<i>√</i>
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 with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 of 990-EZ? If "Yes," complete Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee substantial contributor, or a grant selection committee member, or to a person related to such an individual If "Yes," complete Schedule L, Part III. 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N Part IV 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N Part I 32 Did the organization will iquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regula	25a 25b 25b		
 prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 of 990-EZ? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee substantial contributor, or a grant selection committee member, or to a person related to such an individual if "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or family member) 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 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualific conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulation 	25b		
 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee substantial contributor, or a grant selection committee member, or to a person related to such an individual If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or family member) 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 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualifier conservation contributions? If "Yes," complete Schedule M Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulation 	r 26		
 Did the organization provide a grant or other assistance to an officer, director, trustee, key employed substantial contributor, or a grant selection committee member, or to a person related to such an individual if "Yes," complete Schedule L, Part III. Was the organization a party to a business transaction with one of the following parties (see Schedule L Part IV instructions for applicable filling thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV C An entity of which a current or former officer, director, trustee, or key employee of the organization (or family member) 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 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulation 	,	1 /	
substantial contributor, or a grant selection committee member, or to a person related to such an individual if "Yes," complete Schedule L, Part III		+	
 Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee of the organization (or family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualifie conservation contributions? If "Yes," complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I. 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulation. 	. 27		1
 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee of the organization (or family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulation 			
 Schedule L, Part IV. An entity of which a current or former officer, director, trustee, or key employee of the organization (or family member) 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 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualifie conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulation 	28a	4	1
family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule Leart IV	28b	,	1
 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualifie conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulation 		. 🗸	
 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulation 	29	 	1
 Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulation 	30		1
Schedule N, Part II	, . <u>31</u>		1
	. 32	1	
·	. 33		1
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts III, IV, and V, line 1	. 34	1	
Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35		1
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable relate organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	1	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organizatio and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
Part VI	,		✓
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	37	+	├

Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	o.s. information neturns. Effect to applicable			
	Litter the number of Forms W-24 included in line 7a. Effect to applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return	2b	-	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			,
	this return?	3a		<u>✓</u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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	40		./
_	account)?	4a		<u> </u>
b	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.			
E0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	✓
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		√
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
C	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		✓
- Ju	organization solicit any contributions that were not tax deductible?			
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			
	and services provided to the payor?	7a		✓
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		✓
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		N
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	76		N
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1	i	
	organization, have excess business holdings at any time during the year?	8		1
_	·	Ť		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		1
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter			
10 a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	
11	Section 501(c)(12) organizations. Enter:	1	1	
''a	Gross income from members or shareholders]		
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	1	1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	I	I	1

	990 (2009)			age 6	
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, Schedule O. See instructions.	7b b , or c	elow	, and les in	d 1
Sec	tion A. Governing Body and Management				
			Yes	No	
1a	Enter the number of voting members of the governing body	4	١,		
b	Enter the number of voting members that are independent	1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?	2	<u> </u>	✓	
3	Did the organization delegate control over management duties customarily performed by or under the direct	_	}		
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	ļ	V	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5	<u> </u>	V	
5 6	Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders?	6	1		
-	Does the organization have members, stockholders, or other persons who may elect one or more members	-	<u> </u>		
	of the governing body?	7a	1		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	1		•
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	÷.,			
	the year by the following:	1.4	Ē, , ,	_	
а	The governing body?	8a	✓		
b	Each committee with authority to act on behalf of the governing body?	8b			N/A
9	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	9a	<u> </u>	_✓_	
	tion B. Policies (This Section B requests information about policies not required by the Inte	ernai			
7100	side Code.)				
40-	Describe assessment being lead to be the bounders as affiliate of	10a	Yes	No_	
	Does the organization have local chapters, branches, or affiliates?	iva	-		
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	1.00			•
•	form?	11		1	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		,		
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		1	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		!		
	rise to conflicts?	12b		_✓_	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		İ		
	describe in Schedule O how this is done	12c	-		
13	Does the organization have a written whistleblower policy?	13	<u> </u>	<u> </u>	
14 45	Does the organization have a written document retention and destruction policy?	2 7 7 -	, .	<u> </u>	•
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?		ر مدرو و مدرو		
а	The organization's CEO, Executive Director, or top management official	15a	1 A1	1	
b	Other officers or key employees of the organization	15b		7	•
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		7	<u> </u>	•
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	· &		<u>.</u> ,	
	with a taxable entity during the year?	16a		✓_	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b			
Sec	tion C. Disclosure		<u> </u>		•
17	List the states with which a copy of this Form 990 is required to be filed ▶ Georgia				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501)	c)(3)s	onlv)		-
	available for public inspection. Indicate how you make these available. Check all that apply	- / \- / -			
	☐ Own website ☐ Another's website ☑ Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest		
	policy, and financial statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books and reconganization: USAPEEC Int'l Pitry Dvip Pgm 2300 W Park Place Blvd Ste 100 Stone Mountain, GA	ords o	f the		

770 413-0006

Form 990 (2009)

Page 7

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

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. Use Schedule J-2 if additional space is needed.
- 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. 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 the organization did not co	mpensate	any o	cum	ent	offi	cer, d	lirec	tor, or trustee.		
(A)	(B)	(C) (D)						(D)	(E)	(F)
Name and Title	Average hours per week	P or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Neil Carey Director	1	1						0	0	0
Mark Hickman Director	1	V			_			0	0	0
Eric Joiner Director	1	1						0	0	0
Duane Rhodes Director	1	1						0	0	0
Tom Shelton Director	1	1						0	0	0
George Winn Director	1	1						0	0	0
Henry Holler Chairman	3	_		/				24,000	0	0
Michael Welch Vice-chairman	2			1				0	0	0
James Sumner President	8			1				0	. 327,805	39,675
Charles Tuller Secretary/Treasurer	8			1				0	110,320	20,785

Pa	T VII Sec	y Employees, and Highest						t Compensated	Employees (co	yees (continued)				
		(A)	(B)	<u> </u>			C)			(D)	(E)	(F)		
		Name and title	Average hours per week	Individual trustee P or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
									!					
					L									
-														
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												7		
				ļ		_	_	ļ <u>-</u>						
<u></u>						_	_							
				ļ					Ĺ	2. 222				
	Total .	 			•	. .	<u></u>	<u> </u>	<u> </u>	24,000	438,125	60,460		
2		r of individuals (including but ompensation from the organi		to th	ose	list	ea a	above	e) wr	no received mo	ore than \$100,00)U IN		
		3								-		Yes No		
3		anization list any former offic n line 1a? <i>If "Yes," complete</i>							oye	e, or highest c	ompensated	3 /		
4	For any indiv	vidual listed on line 1a, is the tion and related organizations	sum of rep	ortab	e c	omp	ens	sation						
5	ındıvıdual.	son listed on line 1a receive								·		4 🗸		
	services ren	dered to the organization? If	"Yes," com	plete	Sch	edu	ile J	for s	uch	person	<u> </u>	5		
		pendent Contractors												
1		is table for your five highest on from the organization.	compensat	ed ind	epe	nae	ent o	contra	CTO		more than \$10			
(A) Name and business address									1.0	(B) Description of se		(C) Compensation		
	n Habegger	2300 W. Park Place Blvd 3		tone N					+	mt/technical mt/technical		445,000 131,650		
	liam Stone	2300 W. Faik Place DIVO	2100 2	- I		, nd	,,,		181	initiechnical	Consumny	131,030		
									-			 		
2		er of independent contractors 100,000 in compensation fro					l to	those	liste	ed above) who	received			

Par	: VIII							Page \$
1		- Controlle of Fiederide			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
gra		Membership dues	1b					
ts,	C	Fundraising events	1c		ł			1
igi İar	d	Related organizations	1d		1			
ns, sim	е	Government grants (contributions).	1e					
er e	f	All other contributions, gifts, grants,	i i	Ì	1			
운동		and similar amounts not included above	1f					
i d	, -	Noncash contributions included in lines 1a-	-1f: \$					
	<u> </u>	Total. Add lines 1a–1f	- i	Business Code				
nue	_	Demonstration pjct personnel	-	541900	729,500	720 500		1
eve	2a		-	541900	729,500	729,500		
Program Service Revenue	b							
	C					· 		
Š	d							
grar	e	All other program service revenu						
Pro	g	Total. Add lines 2a-2f		🕨	729,500			
	3	Investment income (including div	ridends,	interest, and	58,141			58,141
	5	Royalties						
	Ì	(ı) Real		(ii) Personal				
	6a	Gross Rents						1
	b	Less. rental expenses				ļ		
	С	Rental income or (loss)						
	d	Net rental income or (loss)	· · ·	<u></u> . ▶				
	7a	Gross amount from sales of (i) Securit	ies	(ii) Other				
	ļ	assets other than inventory		14,380,476				
	b	Less. cost or other basis	j	J	j			
		and sales expenses .		10,248,408				1
		c Gain or (loss)		4,132,068			- 	
	d	Net gain or (loss)	٠ . ٠	<u> </u>	4,132,068	4,132,068		
Revenue	8a	Gross income from fundrais events (not including \$	1c).					- Carlotte
ē	L .	Less direct expenses	a		1			
Other		Net income or (loss) from fundra	isına ev	ents				
		Gross income from gaming activities See Part IV, line 19	ies.					
		Less: direct expenses Net income or (loss) from gaming		ies >				
	1	Gross sales of inventory, le returns and allowances	. а					
		Less cost of goods sold Net income or (loss) from sales of	_b . Inventor	v .				1
	-	Miscellaneous Revenue		Business Code				
	4.0-	Amortized discount (imputed			j			† -
	11a	interest) - sale of investment	····- -					
	b	in broiler operation	-	900099	9,659	9,659		
	C	All other revenue	····· -		3,003	3,000		
		Total. Add lines 11a-11d		>	9,659		-	
	12	Total revenue. See instructions.			4,929,368	4,871,227		58,141

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).										
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21										
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22										
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors, trustees, and key employees	24,000		24,000							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes				7-1-11						
11	Fees for services (non-employees).			;							
а	Management	717,000	717,000								
	Legal	19,531		19,531							
	Accounting	12,949		12,949							
	Lobbying										
	• •			7 3							
	Professional fundraising services. See Part IV, line 17										
	Investment management fees	27.500	27,500								
	Other	21,500	21,500								
12	Advertising and promotion	0.700		0.700							
13	Office expenses	3,782		3,782							
14	Information technology										
15	Royalties										
16	Occupancy										
17	Travel	89,675		89,675							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings .										
20	1-11										
21	Payments to affiliates				******						
22	Depreciation, depletion, and amortization.		***								
23	ta a company and	5,019		5,019							
23				0,0.0							
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)										
а	Administrative expenses	148,750		148,750							
b	Dues & subscriptions	1,250		1,250							
c	Miscellaneous broiler operation expenses	781	781								
d											
e											
	All other expenses										
25	Total functional expenses. Add lines 1 through 24f	1,050,237	745,281	304,956							
26	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs	1,000,207	. 10,201	00 1,000							
	from a combined educational campaign and fundraising solicitation										

Form 990 (2009)

Pa	rt X	Balance Sheet		- 1	
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	127,596	1	96,513
	2	Savings and temporary cash investments	2,475,497	2	11,588,157
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	281,247	4	126,253
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	,	6	
'n			0	7	1,941,468
ets	7	Notes and loans receivable, net		8	
Assets	8	Inventories for sale or use	911	9	822
	9	Prepaid expenses and deferred charges	311		<u> </u>
	10a	Land, Dundings, and equipment: cost of			
		other basis. Complete Part VI of Schedule D	0	10c	0
		Ecos, decamated depresation :	0		3,194,252
	11	Investments—publicly traded securities		12	0,101,100
	12	Investments—other securities. See Part IV, line 11		13	
	13	Investments—program-related. See Part IV, line 11		14	
	14	Intangible assets	14,449,508		0
	15	Total assets. Add lines 1 through 15 (must equal line 34)	17,334,759		16,947,465
			195,551	17	214,979
	17	Accounts payable and accrued expenses		18	
	18	Grants payable		19	
	19	Deferred revenue		20	
(A)	20	Tax-exempt bond liabilities		21	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D	e "		
薑	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	Phys.		, -
2.		persons Complete Part II of Schedule L		22	
		•		23	
	23	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
	24	Other liabilities. Complete Part X of Schedule D	41,250	25	0
	25 26	Total liabilities. Add lines 17 through 25	236,801	26	214,979
Ces	20	Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.	\$		
	27	Unrestricted net assets	17,097,958	27	16,732,486
3a	28	Temporarily restricted net assets		28	
9	29	Permanently restricted net assets		29	
or Fund Balan	23	Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances	17,097,958	33	16,732,486
Z	34	Total liabilities and net assets/fund balances	17,334,759		16,947,465

Form **990** (2009)

Page 12 Form 990 (2009) Part XI **Financial Statements and Reporting** Yes No 1 Accounting method used to prepare the Form 990:

Cash ✓ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . 2b b Were the organization's financial statements audited by an independent accountant? c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 2c the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both. ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 3b required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

Department of the Treasury Internal Revenue Service

4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Employer identification number 91 USAPEEC International Poultry Development Program, Inc. 1924876 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33\% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** 🗹 Type II d Type III-Other a 🗌 Type I c Type III-Functionally integrated e 🗹 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting \checkmark Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the supported organization? 11g(i) |11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . Provide the following information about the supported organization(s). (i) Name of supported (iv) Is the organization (ii) EIN (iii) Type of organization (v) Did you notify (vi) Is the (vii) Amount of in col (i) listed in your (described on lines 1-9 the organization in organization in col support organization governing document? col (i) of your above or IRC section (i) organized in the (see instructions)) support? US? Yes **USA Poultry & Egg** Export Council, Inc. 58-1636513 0

Total

0

	Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)										
Sec	tion A. Public Support										
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")										
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
3	The value of services or facilities furnished by a governmental unit to the organization without charge						_				
4	Total. Add lines 1 through 3										
5 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.										
	tion B. Total Support		<u> </u>			L					
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total			
	, , , , , , , , , , , , , , , , , , , ,	(u) 2000	(8) 2000	(0) 2001	(4) 2000	10,	2005	(i) Total			
7	Amounts from line 4		-								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources										
9	Net income from unrelated business activities, whether or not the business is regularly carried on										
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)										
11	Total support. Add lines 7 through 10 .	*		, " "		1 = ;					
12	Gross receipts from related activities, etc.	. (see instruction	ons) , .			12					
13	First five years. If the Form 990 is for organization, check this box and stop he		on's first, secor				a section	on 501(c)(3)			
<u>Sec</u>	tion C. Computation of Public Su	pport Perce	ntage								
14	Public support percentage for 2009 (line	6, column (f) d	ivided by line 1	I, column (f))		14		%_			
15	Public support percentage from 2008 Sci					15		%_			
	33% % support test-2009. If the organiand stop here. The organization qualifies	as a publicly	supported orgal	nization				▶ □			
	33% % support test – 2008. If the organization quality box and stop here. The organization quality	lifies as a publ	licly supported o	organization .				▶ □			
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum"	acts-and-circui	mstances" test,	check this box	and stop here	. Expla	ın ın Part	IV how the			
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstance Private foundation. If the organization did	acts-and-circun inces" test. The	nstances" test, o organization qua	heck this box a difies as a public	and stop here. bly supported or	Explai ganiza	n in Part tion	IV how the			

Par	(Complete only if you checke				J(2)			
Sec	tion A. Public Support	50/. 0		,				
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	-						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					***		
C	Add lines 7a and 7b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	* \$ 6 c 3 *	, ~%	~ ~ ~ ~	7.7		
8	Public support (Subtract line 7c from line 6)				3	·		
	tion B. Total Support	(-) 0005	(L) 0000	(-) 0007	(4) 2000	(-)	2000	(A Total
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
9 10a	Amounts from line 6							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
с 11	Add lines 10a and 10b							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						 -	
13	Total support. (Add lines 9, 10c, 11, and 12)						*****	
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>		h, or fifth tax y		a section	on 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su							
15 16	Public support percentage for 2009 (line Public support percentage from 2008)	ne 8, column Schedule A, F	(f) divided by li Part III, line 15	ne 13, column	(f))	15 16		<u>%</u>
	ction D. Computation of Investme							
17	Investment income percentage for 200					17		%
18	Investment income percentage from 2	008 Schedule	A, Part III, line	17		18_		<u></u> %
19a	33½% support tests – 2009. If the org	oox and stop I	nere . The organ	ization qualifie	s as a publicly:	suppo	rted orga	anization 🕨 🗀
b	331/3 % support tests – 2008. If the organine 18 is not more than 331/3 %, check this	is box and sto (p here. The orga	anızation qualıfı	es as a publicly	suppo	rted orga	anization 🕨 L
20	and the state of the same and t	did not checl	k a box on line	14, 19a, or 19t	o, check this b	ox and	l see ins	tructions ► [

91-1924876

Schedule A (Fo	orm 990 or 990-EZ) 2009		Page 4
Part IV	Supplemental Information. Complete this Part II, line 17a or 17b; and Part III, line 12	part to provide the explanations required . Provide any other additional information.	by Part II, line 10; See instructions.
•••••			
			••••
		••••••	
			•••••
			•

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number USAPEEC International Poultry Development Program, Inc. 1924876 91 : Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) 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 2b **b** Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) . . . 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, 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, 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: 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

Sched	ule D (Form 990) 2009						Page 2		
Par	t III Organizations Maintaini	ng Collections	of Art, Histor	ical Treasure	s, or O	ther Similar A	ssets (continued)		
3	Using the organization's acquisition, collection items (check all that apply		other records,	check any of th	ne follov	ving that are a s	significant use of its		
а	Public exhibition		d 🔲	Loan or exch	nange p	rograms			
b	Scholarly research		е 🗌						
C	Preservation for future generat	tions							
4	Provide a description of the organiz Part XIV.	ation's collections	s and explain	how they furthe	er the or	rganization's ex	empt purpose in		
5	During the year, did the organization sassets to be sold to raise funds rathe	r than to be mainta	ained as part o	f the organizatio	n's colle	ection?			
Par	Escrow and Custodial A IV, line 9, or reported an				answer	red "Yes" to Fo	orm 990, Part		
1a	Is the organization an agent, trusted included on Form 990, Part X?	e, custodian or ot					ot Yes No		
h	If "Yes," explain the arrangement in	Part XIV and cor	nolete the folk	owing table:					
-	ii 100, Oxpiaii iio airaiigoiiioii iii	Turry and con	inplote the rem	oung table.		, A	Amount		
С	Beginning balance				1c				
	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amo			21?			Yes No		
b	If "Yes," explain the arrangement in	Part XIV.							
Par	t V Endowment Funds. Co	mplete if the or	ganization ar						
		(a) Current year	(b) Prior yea			(d) Three years bad			
1a	Beginning of year balance		<u> </u>	3351255	In A		iá 1944		
b	Contributions					g in firmus			
С	Net investment earnings, gains,			3-14-14-14					
	and losses		ļ	3.4 A. A.	12 19 1	4.4	## (46 mail # 12 mail 1		
d	Grants or scholarships		<u></u>	734 W. H.	The Sa	A:			
е	Other expenditures for facilities and programs								
	Administrative expenses			34 4 4	0.5500	1243-1			
g	End of year balance			-, -, -, -, -, -, -, -, -, -, -, -, -, -		· · · · · · · · · · ·			
2	Provide the estimated percentage of		lance held as						
	Board designated or quasi-endown	-		•					
h	Permanent endowment ▶		,0						
c	Term endowment ▶ 9								
32	Are there endowment funds not in the		he organization	that are held a	and adm	inistered for the			
Ju	organization by:	·= +	g				Yes No		
	(i) unrelated organizations						3a(i)		
	(iii) related organizations						3a(ii)		
b	If "Yes" to 3a(II), are the related org						3b		
4	Describe in Part XIV the intended u								
Pa	t VI Investments—Land, Bu	uildings, and Ed	quipment. Se	<u>ee Form 990, I</u>	Part X,	line 10.			
	Description of investment	(a) Cost or o (investr		b) Cost or other basis (other)		Accumulated epreciation	(d) Book value		
1a	Land				Jana .	81 18 1 T B			
b	Buildings								
	Leasehold improvements								
	Equipment			2,565		2,565	0		
е	Other								
Tota	II. Add lines 1a through 1e. (Column (d)	must equal Form S	990, Part X, col	umn (B), lin <u>e</u> 10(c).) .	▶	0		

Schedule D (Form 990) 2009				Page 3
Part VII Investments-	-Other Securities	. See Form 990, Part	X, line 12.	
(a) Description of security of (including name of security)	or category cunty)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivatives				
Closely-held equity interests				
Other				
••••				
				
				
Total. (Column (b) must equal Form 990, P	art V and (P) line 12.)			
		J. See Form 990, Part	V line 12	· · -
				
(a) Description of investm	ent type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
				
			<u> </u>	· -
				-
			<u> </u>	
			 	
				
Total. (Column (b) must equal Form 990, P.	art X, col (B) line 13)			
	See Form 990, Par	t X, line 15.		
		(a) Description		(b) Book value
		<u>.</u>		
				<u></u> _
	·			<u></u>
= 1.60	000 D-+V /	D) (5 45.)		
Total. (Column (b) must equal F	es. See Form 990,		<u></u>	L
		(b) Amount	<u> </u>	
Federal income taxes	natinity	(b) Amount	\dashv	
rederai income taxes				
			—	
Total. (Column (b) must equal Form 990, F	Part X, col. (B) line 25.)			
2. FIN 48 Footnote. In Part XIV	, provide the text of	the footnote to the organ	ization's financial statements that	reports the
organization's liability for unce	rtain tax positions ur	nder FIN 48.		·

_	fule D (Form 990) 2009		Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	taten	nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,929,368
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,050,237
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	3,879,131
4	Net unrealized gains (losses) on investments	4	(44,344)
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	/
8	Other (Describe in Part XIV.)	8	(4,200,259)
9	Total adjustments (net). Add lines 4 through 8	9	(4,244,603)
10 Pat	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 **Excess or (deficit) for the year per audited financial statements With Revenue Per Audited Financial Statements Wi		(365,472) r Return
1	Total revenue, gains, and other support per audited financial statements	1	752,956
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	× >>>==	44.
a	Net unrealized gains on investments . (losses) 2a (44,344)	1)	*
b	Donated services and use of facilities	-22	,3 ~ .
C	Recoveries of prior year grants		72 12-
ď	Other (Describe in Part XIV.)		Ĭ.,
e	Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	-54	
-	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	3.5	200
b	Other (Describe in Part XIV.)	8	* 2
C	Add lines 4a and 4b	40	4,132,068
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		7,020,000
Par	TXIII Reconciliation of Expenses per Audited Financial Statements With Expenses	ses p	
1	Total expenses and losses per audited financial statements	1	1,118,428
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	143	
а	Donated services and use of facilities	-12	
b	Prior year adjustments	- 3	
С	Other losses 2c 2d 68,19	4 (1)	**
d	Other (Describe in Fait XIV.)		
е	Add lines 2a through 2d	26	
3	Subtract line 2e from line 1	3	1,050,237
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	· · ·	
_	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	٠.:	
b	Other (Describe III at AIV.)	40	.
5	Add lines 4a and 4b	5	<u> </u>
	t XIV Supplemental Information		1,000,207
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ai	nd 4·	Part IV lines 1h
	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		
	part to provide any additional information.		
	t XI, Line 8: Revenue included on Form 990, Part VIII, Line 7d - previously reported as unrea	ııızea.	
	t XII, Line 4b: Revenue included on Form 990, Part VIII, Line 7d -		
	gain on sale of broiler operation - previously reported as unrealized		4,200,259
	2009 discount on sale of broiler operation - classified as expense on audited financial		
Par	t XIII, Line 2d:		
	2009 discount on sale of broiler operation - classified as expense on audited financial		ment 68,191
••••			

91-1924876

Schedule D (Forn	n 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
	•••••••••••••••••••••••••••••••••••••••	
• • • • • • • • • • • • • • • • • • • •		
		• • • • • • • • • • • • • • • • • • • •
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		•••••

Schedule F (Form 990)

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection Employer identification number

US	APEEC International Poulti	<u> </u>			9	<u>-</u>
Pa	General Informa "Yes" to Form 990,			e the United States	. Complete if the organ	zation answered
1	For grantmakers. Does t assistance, the grantees' the grants or assistance?	eligibility for th				
2	For grantmakers. Describ United States.	oe in Part IV th	e organization	's procedures for monit	toring the use of grant	funds outside the
3	Activities per Region. (Use	Schedule F-1	(Form 990) if	additional space is nee	ded.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Ru	ssia and the newly				Mgmt/technical/	
	independent states	0	3	Program services	consulting	745,281
_						
_						
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		<u> </u>				
		<u> </u>				
_						
To	otals	0	3			745,281
	·	_t				

□ ▲.	(i) Method of valuation (book, FMV, appraisal, other)			ļ						
	(h) Description of non-cash assistance									
eceived more tha	(g) Amount of non-cash assistance									
no one recipient r	(f) Manner of cash disbursement									
Check this box if n	(e) Amount of cash grant									
more than \$5,000.	(d) Purpose of grant									
Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 · · · · · ▶ □ Use Schedule F-1 (Form 990) if additional space is needed.	(c) Region									
15, for any recule Form 90	(b) IRS code section and EIN (if applicable)									
Part IV, line Use Schedu	1 (a) Name of organization									

Schedule F (Form 990) 2009

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

8

က

91-1924876

Schedule F (Form 990) 2009

Page 3. Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. Part III

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

Schedule F (Form 990) 2009

91-1924876

Schedule F (For	m 990) 2009	age 4
Part IV	Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information.	
• • • • • • • • • • • • • • • • • • • •		
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SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public

Inspection

Employer identification number USAPEEC International Poultry Development Program, Inc. 1924876 91 : **Questions Regarding Compensation**

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			i
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
			ŀ	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .	2		L
			:	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	☐ Compensation committee ☐ Written employment contract			!
	☐ Independent compensation consultant ☐ Compensation survey or study			1
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee	١.	, · .	
	— · +++- · · · · · · · · · · · · · · · ·	~		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing		;	
•	organization or a related organization:		*	
a	Receive a severance payment or change-of-control payment?	4a		1
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	√	
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		V
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	in less to any or mics 4a o, list the persons and provide the approache amounts for each from in that mic			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
Э	compensation contingent on the revenues of:			
а		5a		1
_	Any related organization?	5b		1
D	If "Yes" to line 5a or 5b, describe in Part III.			
_	,	İ		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:	1		
_	•	6a		1
	The organization?	6b		1
D	Any related organization?			
_	If "Yes" to line 6a or 6b, describe in Part III.			r
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		1
_		<u> </u>	!	† †
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	·	8		1
_	In Part III	Ť	+-	+-
9		9		
	Regulations section 53.4958-6(c)?			

Page 2

Schedule J (Form 990) 2009

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Part II

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

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

		(B) Breakdown of W-2	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	1	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	reported in pnor Form 990 or Form 990-EZ
	9	0	0	0	0	0	0	0
James Sumner	: E	212,455	114,214	1,136	21,245	18,430	367,480	0
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SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons
Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Name of the organization

USAPEEC International Poultry Development Program, Inc.

Employer identification number 91 : 1924876

Part I Excess Benefit Transactions Complete if the organization answ								Part V	, line	40b.		
1 (a) Name of disqualified person				(b) (Description of	transaction					(c) Cor	rected?
N/A				(-,							Yes	No
N/A	 		l			 _						-
											\vdash	
					_							
2 Enter the amount of tax imposed on under section 4958								year	▶ \$			
3 Enter the amount of tax, if any, on lin	e 2, abo	ve, rein	nbursed by	the orga	nization		•		▶ \$			
Part II Loans to and/or From Intere	sted Pe	rsons.		·						_		
Complete if the organization a	nswered	"Yes"	on Form 99	00, Part I	V, line 26,	or Form 9	90-E	Z, Pa	rt V, I	line 3	8a.	
(a) Name of interested person and purpose		to or from inization?	(c) Original (c)		(d) Balan	ce due	(e) In o	default?	by bo	proved pard or nittee?		/ritten ment?
	То	From	1				Yes	No	Yes	No	Yes	No
N/A				~-								
										<u> </u>	<u> </u>	
								\blacksquare			<u> </u>	<u> </u>
	-	<u> </u>								<u> </u>		<u> </u>
											 	 -
Total		ļ. <u>.</u>	[. ▶ \$				<u> </u>	·	<u> </u>	<u> </u>	<u> </u>
Part III Grants or Assistance Benefit Complete if the organization a	ing Inte	rested	Persons.	<u> </u>	V. line 27.						1	···
(a) Name of interested person			between inte organizat	rested pers		(c) Amou	int and	type o	of assist	tance	
N/A												
	-											
							·				_	
Part IV Business Transactions Involve Complete if the organization a				90, Part I	V, line 28a,	28b, or 2	28c.		_			
(a) Name of interested person	(b) R intere	elationshi sted pers organiza	p between son and the ation		nount of saction	(d) De	scriptio	on of tra	ansactı	เอก	organi	aring of zation's nues?
740 HELinau Brollauf	Frais		ah a		20E 202	March	- 1 c				Yes	No
ZAO "Elinar Broiler"			ch current ling org		295,300	Mgmt so					-	✓
		as dire				(rec u b	y mil	ig or	9/		 	-
	36146	as une			-						 	
				<u> </u>		 					 	

(Form 990 or 990-EZ) SCHEDULE N

Department of the Treasury Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

or 990-EZ.
- 98
Form 990
ن 5
Attach
•

Attach certified copies of any articles of dissolution, resolutions, or plans.

Open Insp

OMB No 1545-0047

recipient(s) (if tax-exempt) or type (g) IRC section of Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line Yes of entity Employer identification number 1924876 (f) Name and address of recipient (e) EIN of recipient (d) Method of determining FMV for asset(s) distributed or transaction expenses (c) Fair market value of asset(s) distributed or amount of transaction expenses 36. Use Schedule N-1 if additional space is needed. USAPEEC International Poultry Development Program, Inc. (b) Date of distribution (a) Description of asset(s) distributed or transaction expenses paid Name of the organization Part I Ą X

2 Did or will any officer, director, trustee, or key employee of the organization:	a Become a director or trustee of a successor or transferee organization? .

Become an employee of, or independent contractor for, a successor or transferee organization? .

Become a direct or indirect owner of a successor or transferee organization? O

Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

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

Cat No 50087Z

Schedule N (Form 990 or 990-EZ) 2009

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Schedule N (Form 990 or 990-EZ) 2009

Page 2

Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered ŝ recipient(s) (if tax-exempt) or type (g) IRC section of Yes Yes of entity ٨ ۷ 2 <u>7</u>a 2 49 **Sp** 42 20 G (f) Name and address of recipient OAO "Elinar Holding Company" Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? ZAO "Elinar Broiler" Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? **b** Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws? If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III (e) EIN of recipient Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III Did the organization request or receive a letter from the IRS that the organization's exempt status was terminated? Did the organization discharge or pay all liabilities in accordance with state laws? ۲ ۷ Z Become an employee of, or independent contractor for, a successor or transferee organization? asset(s) distributed or (d) Method of determining FMV for transaction expenses Book value **Book value** 7a Did the organization have any tax-exempt bonds outstanding during the year? . . . Become a direct or indirect owner of a successor or transferee organization? Did or will any officer, director, trustee, or key employee of the organization: (c) Fair market value of asset(s) distributed or amount of transaction 5,000,431 9,449,077 Become a director or trustee of a successor or transferee organization? Liquidation, Termination, or Dissolution (continued) (b) Date of distribution If "Yes," did the organization provide such notice? 2009 2009 b If "Yes," provide the date of the letter. ▶ investment in broiler operation demonstration Investment in broiler operation demonstration (a) Description of asset(s) distributed or transaction expenses paid Part II project project **4**a a **5**a ဖ

Schedule N (Form 990 or Form 990-EZ) 2009

Schedule N (Form 990 or 990-EZ) 2009	Page 3
Part III Supplemental Information. Complete to provide the information required by Part I, lines 2e, 7 Part II, line 2e; and any additional information.	7c;
Part II, Line 1, Column f: Reporting organization sold its remaining investment in the Russian broiler operation	1
(ZAO "Elinar Broiler") to:	
ZAO "Elinar Broiler", Novaya Olkhovka Village, Naro-Fominsky District, Moscow Region, Russian Federation 14	43325
and	
OAO "Elinar Holding Company", Ateptsevo, Naro-Fominsk District, Russian Federation 143322	
Part II, Line 2a: The following officers of the reporting organization served as members of the	
Board of Directors of ZAO "Elinar Broiler" subsequent to the sale of ownership in that company:	
Henry Holler, Michael Welch, James Sumner	
	•
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

20**09**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

USAPEEC International Poultry Development Program, Inc.

Employer identification number

91 1924876 Form 990, Part VI, Section C, Line 18: Copies of forms 1023, 990, or 990T (as appropriate) are available upon request. Form 990, Part VI, Section C, Line 19: Organization does not make governing documents, conflict of interest policy and financial statements available to the general public.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Open to Public

OMB No 1545-0047

Employer identification number

(f)
Direct controlling
entity (f) Direct controlling ∀ X 1924876 entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A Public chanty status (if section 501(c)(3)) (e) End-of-year assets 9 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section 501(c)(6) (d) Total income (c)
Legal domicile (state
or foreign country) Legal domicile (state or foreign country) Georgia **Trade Association** (b) Primary activity Primary activity USA Poultry & Egg Export Council, Inc. 2300 W. Park Place Blvd. Suite 100 Stone Mountain, GA 30087 58-1636513 USAPEEC International Poultry Development Program, Inc. (a) Name, address, and EIN of related organization (a)Name, address, and EIN of disregarded entity (supported organization) Name of the organization Part I Part II

Schedule R (Form 990) 2009

Cat No 50135Y

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

Schedule R (Form 990) 2009

Page 2 managing partner? Yes No (h) Percentage ownership General or 3 Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered "Yes" to Form 990, Part IV, Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets 9 (h)
Disproportionate
allocations? å Yes Share of total income (g) Share of end-of-year assets ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Type of entity (C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year.) (f) Share of total income (d) (d) Entity Predominant income (related, unrelated, excluded from tax under Legal domicile (state or foreign country) sections 512-514) e (d)
I Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Name, address, and EIN of related organization Primary activity Name, address, and EIN of related organization <u>e</u> Part III Part IV

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009

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

ŝ 148,750 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Amount involved Yes ₽ 9 4 Ξ 2 9 (b)
Transaction
type (a-r) During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? l, m, n, o Note: Reporting organization has no employees - management and general administrative responsibilities are handled by the USA Poultry & Eag Export Council. Inc. - which provides the facilities, equipment, personnel, etc. Performance of services or membership or fundraising solicitations for other organization(s) 1 Performance of services or membership or fundraising solicitations by other organization(s) Lease of facilities, equipment, or other assets from other organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets to other organization(s) . . . Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. (a) Name of other organization Sharing of facilities, equipment, mailing lists, or other assets . Sharing of paid employees Other transfer of cash or property to other organization(s) Other transfer of cash or property from other organization(s) Gift, grant, or capital contribution from other organization(s) Gift, grant, or capital contribution to other organization(s) Reimbursement paid to other organization for expenses Reimbursement paid by other organization for expenses Loans or loan guarantees to or for other organization(s) Loans or loan guarantees by other organization(s) Exchange of assets Purchase of assets from other organization(s) USA Poultry & Egg Export Council, Inc. Sale of assets to other organization(s) Ε 0 0 ۵ മെ _ σ. Ξ ල 9 € 9 8

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009

Part VI

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

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

				-					l
(a)	(b)		Are all ca	- Subject		(f) Disprementations		(h)	ž
Name, address, and Eliv of efficy	Times y actions	(state or foreign country)	section 501(c)(3)	<u>ε</u> (Θ)	end-of-year assets	allocations?	amount in box 20 of Schedule K-1	managing partner?	er?
			organizat	ons?			(Form 1065)		
			Yes	No		Yes No		Yes	é
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Schedule R (Form 990) 2009