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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning** **JUL 1, 2009** **and ending** **JUN 30, 2010**

| | | | | |
|---|---|---|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization | | D Employer identification number |
| | | VIRGINIA POULTRY FEDERATION | | 54-0421213 |
| | | Number and street (or P.O. box, if mail is not delivered to street address) | | E Telephone number |
| | | P.O. BOX 2277 | | 540-433-2451 |
| City or town, state or country, and ZIP + 4 | | F Group Exemption Number | | |
| HARRISONBURG, VA 22801 | | | | |

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

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ WWW.VAPOULTRY.COM**H Check** ▶ ☒ if the organization is not**J Tax-exempt status** (check only one) — ☒ 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **369,604.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

| | | | | |
|------------|---|--|----------|----------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 20,978. |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | 149,353. |
| | 4 | Investment income | 4 | 17,399. |
| | 5a | Gross amount from sale of assets other than inventory STMT 5 | 5a | 118,861. |
| | b | Less: cost or other basis and sales expenses STMT 6 | 5b | 98,608. |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | 20,253. |
| | 6 | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/> | | |
| | a | Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | 52,425. |
| | b | Less: direct expenses other than fundraising expenses | 6b | 22,362. |
| c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | 30,063. | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| b | Less: cost of goods sold | 7b | | |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 | Other revenue (describe ▶ SEE STATEMENT 4) | 8 | 10,588. | |
| 9 | Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 248,634. | |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) STMT 8 | 10 | 26,995. |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | 111,764. |
| | 13 | Professional fees and other payments to independent contractors | 13 | 13,183. |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | 6,000. |
| | 15 | Printing, publications, postage, and shipping | 15 | 716. |
| | 16 | Other expenses (describe ▶ SEE STATEMENT 1) | 16 | 63,714. |
| | 17 | Total expenses Add lines 10 through 16 | 17 | 222,372. |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 26,262. |
| | 19 | Net assets or fund balances at beginning of year (from line 21, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 429,429. |
| | 20 | Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 7 | 20 | 23,026. |
| | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 | 21 | 478,717. |

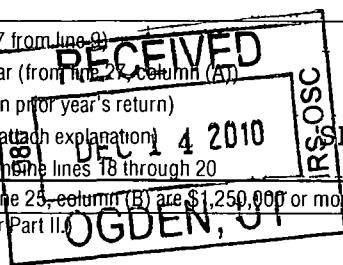
Part II Balance Sheets. If Total assets on line 21, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

| | | |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ▶ SEE STATEMENT 2) 25 Total assets 26 Total liabilities (describe ▶ SEE STATEMENT 3) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | (A) Beginning of year | (B) End of year |
| | 18,702. | 19,387. |
| | 8,487. | 20,948. |
| | 414,153. | 463,060. |
| | 441,342. | 503,395. |
| | 11,913. | 24,678. |
| | 429,429. | 478,717. |

932171
02-08-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)What is the organization's primary exempt purpose? **SEE STATEMENT 10**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 MONITORED AND TOOK POSITIONS ON LEGISLATION THAT COULD IMPACT THE POULTRY INDUSTRY.(Grants \$) If this amount includes foreign grants, check here ☐**28a****29 EDUCATED THE PUBLIC ABOUT THE POULTRY INDUSTRY AND POULTRY PRODUCTS THROUGH THE ORGANIZATION'S WEBSITE, THE NEWS MEDIA, AND VARIOUS PUBLIC SPEAKING VENUES.**(Grants \$) If this amount includes foreign grants, check here ☐**29a****30 PARTICIPATED IN ACTIVITIES CONCERNING ENVIRONMENTAL ISSUES AFFECTING THE POULTRY INDUSTRY.**(Grants \$) If this amount includes foreign grants, check here ☐**30a****31 Other program services (attach schedule) SEE STATEMENT 11**(Grants \$) If this amount includes foreign grants, check here ☐**31a****32 Total program service expenses (add lines 28a through 31a)****32****Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|--|---|--|
| HOBEY BAUHAN | PRESIDENT | | | |
| P.O. BOX 2277, HARRISONBURG, VA 22801 | 40.00 | 98,671. | 13,093. | 0. |
| DANNY SUTTON, TYSON FOODS, INC. 501 N LIBERTY ST, HARRISONBURG, VA 22802 | TREASURER | 0.50 | 0. | 0. |
| ROBERT BRANNER | SECRETARY | | | |
| P.O. BOX 2277, HARRISONBURG, VA 22801 | 8.00 | 0. | 0. | 0. |
| CHUCK HORN, 11117 FREEMASON RUN RD, MT SOLON, VA 22843 | DIRECTOR | 0.15 | 0. | 0. |
| MILTON MCPIKE, CARGILL TURKEY PRODUCTS, P.O. BOX 158, DAYTON, VA | DIRECTOR | 0.15 | 0. | 0. |
| ROBERT KENNEY, GEORGE'S FOODS, 19992 SENEDO RD, EDINBURG, VA 22824 | DIRECTOR | 0.15 | 0. | 0. |
| WILLIAM FLIPPEN | DIRECTOR | | | |
| 273 WHITE ROAD, COLUMBIA, VA 23038 | 0.15 | 0. | 0. | 0. |
| KEITH SHEETS, FARAWAY FARMS, INC. P.O. BOX 336, MCGAHEYSVILLE, VA | DIRECTOR | 0.15 | 0. | 0. |
| LARRY POWELL, FARM CREDIT OF THE VIRGINIAS, P.O. BOX 587, | DIRECTOR | 0.15 | 0. | 0. |
| ED WRENN, 242 BENSON HOLLOW ROAD, MIDDLEBROOK, VA 24459 | DIRECTOR | 0.15 | 0. | 0. |
| DONALD BLANKENSHIP, VA DEPT OF AGRICULTURE, P.O. BOX 1163, | DIRECTOR | 0.15 | 0. | 0. |
| STEVE LONG, 288 FRANWOOD LANE, NEW MARKET, VA 22844 | DIRECTOR | 0.15 | 0. | 0. |
| TODD KIRACOFE, TYSON FOODS, INC. 501 N LIBERTY ST, HARRISONBURG, VA 22802 | DIRECTOR | 0.15 | 0. | 0. |
| JIM MASON, VA POULTRY GROWERS COOP, P.O. BOX 228, HINTON, VA 22831 | DIRECTOR | 0.15 | 0. | 0. |
| AUDREY MCELROY, DEPT OF ANIMAL & POULTRY SCIENCE, 314, BLACKSBURG, VA | DIRECTOR | 0.15 | 0. | 0. |
| RON MORRIS, PILGRIMS PRIDE CORP, P.O. BOX 7275, BROADWAY, VA 22815 | DIRECTOR | 0.15 | 0. | 0. |
| KEVIN SAXTON, PERDUE FARMS, INC, P.O. BOX 238, BRIDGEWATER, VA 22812 | DIRECTOR | 0.15 | 0. | 0. |

Part V Other Information (Note the statement requirements in the instructions for Part V.)

| | Yes | No |
|---|----------|----------|
| 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | X |
| 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | | X |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? | X | |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | X |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N | | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 19,200. | | |
| b Did the organization file Form 1120-POL for this year? | | X |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? | | X |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A | | |
| 39 Section 501(c)(7) organizations. Enter: | | |
| a Initiation fees and capital contributions included on line 9 39a N/A | | |
| b Gross receipts, included on line 9, for public use of club facilities 39b N/A | | |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A | | |
| b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b N/A | | |
| c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A | | |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A | | |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e X | | |
| 41 List the states with which a copy of this return is filed. ▶ NONE | | |
| 42a The organization's books are in care of ▶ HOBEY BAUHAN Telephone no. ▶ 540-433-2451 Located at ▶ 2220 S MAIN ST, P.O. BOX 2277, HARRISONBURG, VA ZIP + 4 ▶ 22801 | | |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b X 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 | | |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c X If "Yes," enter the name of the foreign country: ▶ | | |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A | | |
| 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 X | | |
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 X | | |

Form 990-EZ (2009)

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

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| | Yes | No |
|-----|-----|----|
| 46 | | |
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |

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

f Total number of other employees paid over \$100,000

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

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

d Total number of other independent contractors each receiving over \$100,000

| | | | |
|--------------------------|---|------------------------------------|---|
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. | | |
| | Signature of officer <i>Hobey Bauhan</i> | Date 12/9/10 | |
| | Type or print name and title HOBLEY BAUHAN, PRESIDENT | | |
| Paid Preparer's Use Only | Preparer's signature <i>Edward V. Dunham</i> | Date 12/02/10 | Check if self-employed <input type="checkbox"/> |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 BROWN, EDWARDS & COMPANY, L.L.P. 124 NEWMAN AVENUE HARRISONBURG, VA 22801 | EIN Phone no. (540) 434-6736 | Preparer's identifying number (See instr.) |

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2009)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2009

Open to Public
Inspection

▶ **Complete if the organization is described below.**

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization

VIRGINIA POULTRY FEDERATION

Employer identification number

54-0421213

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
|----------|-------------|---------|--|---|
| | | | | |
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| | | | | |

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

Schedule C (Form 990 or 990-EZ) 2009

LHA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | | | | | | | | | | | | | |

☐ Yes ☐ No
4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2009

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Name of the organization

Employer identification number

54-0421213

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col (a) through col (c)) |
|-----------------|----|---|--|------------------------|--|
| | | GOLF TOURNAMENT (event type) | RPSC SEMINAR AND ANNUAL (event type) | NONE (total number) | |
| Revenue | 1 | Gross receipts | 43,800. | 8,625. | 52,425. |
| | 2 | Less: Charitable contributions | | | |
| | 3 | Gross income (line 1 minus line 2) | 43,800. | 8,625. | 52,425. |
| Direct Expenses | 4 | Cash prizes | 4,125. | | 4,125. |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | | 4,458. | 4,458. |
| | 7 | Food and beverages | 4,025. | | 4,025. |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 8,798. | 956. | 9,754. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | (22,362) |
| | 11 | Net income summary. Combine line 3, column (d), and line 10 | | | 30,063. |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) | |
|-----------------|---|---|---|---|---|-----|
| | | | | | | |
| Revenue | 1 | Gross revenue | | | | |
| | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ % | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ % | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ % | |
| | 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | () |
| | 8 | Net gaming income summary. Combine line 1, column (d), and line 7 | | | | |

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain _____

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

| | Yes | No |
|-----|-----|----|
| 9a | | |
| 10a | | |
| 11 | | |
| 12 | | |

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and recordsName ▶ ROBERT BRANNERAddress ▶ P.O. BOX 2277 - HARRISONBURG, VA 22801**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____**c** If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

_____☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

| FORM 990-EZ | OTHER EXPENSES | STATEMENT | 1 |
|-------------------------------|----------------|-----------|---|
| DESCRIPTION | | AMOUNT | |
| FEES | | 3,784. | |
| OFFICE EXPENSES | | 8,959. | |
| INFORMATION TECHNOLOGY | | 1,049. | |
| TRAVEL EXPENSES | | 6,034. | |
| CONFERENCES & MEETINGS | | 3,761. | |
| INTEREST EXPENSE | | 496. | |
| DEPRECIATION | | 5,054. | |
| INSURANCE | | 2,328. | |
| PAYROLL TAXES | | 7,670. | |
| DUES & SUBSCRIPTIONS | | 12,373. | |
| EQUIPMENT RENTAL | | 3,663. | |
| YOUTH PROGRAMS | | 8,543. | |
| TOTAL TO FORM 990-EZ, LINE 16 | | 63,714. | |

| FORM 990-EZ | OTHER ASSETS | STATEMENT | 2 |
|-------------------------------|--------------|-------------|---|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR | |
| INVESTMENTS | 412,790. | 461,697. | |
| REFUND RECEIVABLE | 1,363. | 1,363. | |
| TOTAL TO FORM 990-EZ, LINE 24 | 414,153. | 463,060. | |

| FORM 990-EZ | OTHER LIABILITIES | STATEMENT | 3 |
|--|-------------------|-------------|---|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR | |
| ACCOUNTS PAYABLE AND ACCRUED LIABILITIES | 11,913. | 8,609. | |
| NOTES PAYABLE LONG TERM | 0. | 16,069. | |
| TOTAL TO FORM 990-EZ, LINE 26 | 11,913. | 24,678. | |

| FORM 990-EZ | OTHER REVENUE | STATEMENT | 4 |
|-----------------------------------|---------------|-----------|---|
| DESCRIPTION | AMOUNT | | |
| NEWSLETTER REVENUE | 88. | | |
| ADMINISTRATIVE FEES - EGG COUNCIL | 10,000. | | |
| MISCELLANEOUS | 500. | | |
| TOTAL TO FORM 990-EZ, LINE 8 | 10,588. | | |

| FORM 990-EZ | GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES | | | STATEMENT | 5 |
|---|---|------------------------|--------------------|-----------------------|---|
| DESCRIPTION | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE OF SALE | NET GAIN OR (LOSS) | |
| AMERICAN CENTURY QUANT EQUITY FDS | 23,097. | 19,442. | 0. | 3,655. | |
| DODGE & COX STOCK FUND | 5,533. | 4,266. | 0. | 1,267. | |
| GOLDMAN SACHS TR FINL SQUARE MM FD | 754. | 754. | 0. | 0. | |
| JOHN HANCOCK FDS III GLOBAL SHLDR | 7,619. | 6,612. | 0. | 1,007. | |
| JANUS INVT FD PERKINS MIDCAP VALUE FD | 528. | 427. | 0. | 101. | |
| LAZARD FDS INC EMERGING MKTS PORT INSTL SHS | 4,589. | 3,006. | 0. | 1,583. | |
| MAINSTAY FD HIGH YEILD CORP BD FD CL I | 1,000. | 831. | 0. | 169. | |
| MUNDER SER TR MIDCAP COR GROWTH FD CL Y | 5,567. | 4,082. | 0. | 1,485. | |
| PIMCO FDS PAC INVT MGMT SER EMERGING MKTS BD FD | 4,474. | 3,618. | 0. | 856. | |
| PRINCIPAL FDS INC HIGH YIELD FD CL A TIAA-CREF | 14,442. | 11,737. | 0. | 2,705. | |
| INSTITUTIONAL INTL EQUITY FD CL R | 9,262. | 7,063. | 0. | 2,199. | |
| GOLDMAN SACHS TR FINL SQUARE MM FD | 1,400. | 1,400. | 0. | 0. | |
| JANUS INVT FD PERKINS MIDCAP VALUE FD | 4,685. | 5,871. | 0. | -1,186. | |
| TCW FDS INC TOTAL RETURN BD FD CL I SHS | 26,912. | 24,944. | 0. | 1,968. | |

| | | | | |
|------------------------|----------|---------|----|---------|
| CAPITAL GAIN | | | | |
| DIVIDENDS | 91. | 0. | 0. | 91. |
| TO FORM 990-EZ, LINE 5 | 109,953. | 94,053. | 0. | 15,900. |

FORM 990-EZ GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 6

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED |
|-----------------|------------------|--------------|--------------------|
| 2006 SATURN VUE | 03/15/06 | 03/03/10 | PURCHASED |

| NAME OF BUYER | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE OF SALE | DEPREC | NET GAIN OR (LOSS) |
|---------------------------|----------------------|------------------------|--------------------|---------|-----------------------|
| SATURN OF HARRISONBURG | 8,908. | 22,774. | 0. | 18,219. | 4,353. |
| TO FORM 990-EZ, LINE 5 | 8,908. | 22,774. | 0. | 18,219. | 4,353. |

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 7

| DESCRIPTION | AMOUNT |
|------------------------------------|---------|
| NET UNREALIZED GAIN ON INVESTMENTS | 23,026. |
| TOTAL TO FORM 990-EZ, LINE 20 | 23,026. |

| | | | |
|-------------|-----------------------------|-----------|---|
| FORM 990-EZ | CASH GRANTS AND ALLOCATIONS | STATEMENT | 8 |
|-------------|-----------------------------|-----------|---|

| CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS | GRANTEE'S RELATIONSHIP | AMOUNT |
|--|---------------------------|---------|
| GRANTS UNDER \$5,000 | NONE | 7,985. |
| LITTER TRANSPORT VIRGINIA DEPT OF CONSERVATION & RECREATION 203 GOVERNOR ST, STE 414 RICHMOND, VA 23219 | NONE | 19,010. |
| TOTAL INCLUDED ON FORM 990-EZ, LINE 10 | | 26,995. |

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 9

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

990-EZ PG 2

STATEMENT 10

PROMOTE A POSITIVE BUSINESS CLIMATE FOR VIRGINIA POULTRY INDUSTRY THROUGH
GOVERNMENT/PUBLIC RELATIONS, YOUTH PROGRAMS, MEMBERSHIP SERVICES &
EDUCATION.

| | | | |
|-------------|------------------------|-----------|----|
| FORM 990-EZ | OTHER PROGRAM SERVICES | STATEMENT | 11 |
|-------------|------------------------|-----------|----|

| DESCRIPTION | GRANTS | EXPENSES |
|--|--------|----------|
| COORDINATED POULTRY DISEASE TASK FORCE THAT CONDUCTS ACTIVITIES AND PROGRAMS DESIGNED TO PROMOTE HEALTHY POULTRY FLOCKS IN VIRGINIA. | | |
| ISSUED PERIODIC NEWSLETTER TO ABOUT 800 MEMBERS AND INDUSTRY FRIENDS ON LEGISLATIVE, REGULATORY AND OTHER ISSUES AFFECTING THEM. | | |
| EXHIBIT ON POULTRY INDUSTRY FOR THE STATE FAIR OF VIRGINIA. | | |
| SUPPORTED POULTRY YOUTH EDUCATIONAL PROGRAMS AND HOSTED ANNUAL YOUTH CONVENTION INVOLVING POULTRY JUDGING CONTESTS AND EDUCATIONAL ACTIVITIES. ALSO HELD SEMINAR ON POULTRY HEALTH AND MANAGEMENT. | | |
| PROVIDED FINANCIAL AID TO COLLEGE STUDENTS MAJORING IN POULTRY SCIENCE. | | |
| PROGRAMS AND ACTIVITIES SERVE POULTRY PROCESSORS, WHICH DIRECTLY EMPLOY ABOUT 10,000 PEOPLE IN VA, MORE THAN 1,200 COMMERCIAL POULTRY FARMERS AND NUMEROUS BUSINESSES THAT PROVIDE GOODS AND SERVICES TO THE POULTRY AND EGG INDUSTRY. | | |
| TOTAL TO FORM 990-EZ, LINE 31 | | |

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ► ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

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

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ► ☐

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

| | | |
|---|--|---|
| Type or print | Name of Exempt Organization VIRGINIA POULTRY FEDERATION | Employer identification number 54-0421213 |
| File by the due date for filing your return. See instructions | Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 2277 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions HARRISONBURG, VA 22801 | |

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

HOBEY BAUHAN

- The books are in the care of ► **2220 S MAIN ST, P.O. BOX 2277 - HARRISONBURG, VA 22801**
Telephone No ► **540-433-2451** FAX No. ► **540-433-3256**
- If the organization does not have an office or place of business in the United States, check this box ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► ☐ If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

| | | |
|---|-----------|---------------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 3a | \$ |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | 3b | \$ |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 3c | \$ N/A |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

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| | | |
|---|---|---|
| Type or print File by the due date for filing your return. See instructions. | Name of Exempt Organization VIRGINIA POULTRY FEDERATION | Employer identification number 54-0421213 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 2277 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. HARRISONBURG, VA 22801 | |

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

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| | | |
|--|-----------|---------------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ |
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Form **8868** (Rev. 4-2009)