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990 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)

OMB No 1545-0047

2009

Department of the Treasury

Open to Public

Internal	Revenue	Service		The organization may have to use a copy of this return to satisfy state reporting		mements		mopounon	
A Fo	r the	2009 calend	lar year, c	r tax year beginning 07-01, 2009, and end	ling		06-3	0 , 20 10	
B Ch	eck if ap	plicable	Please	C Name of organization POULTRY RESEARCH ASSOCIATION, INC.			D	Employer identification	i no
☐ Ad	dress ch	nange	use IRS label or	Doing Business As			5	8-1402636	
$\overline{}$	me char	-	print or	Number and street (or P O box if mail is not delivered to street address)	Room	'suite	E	Telephone number	
$\overline{}$	tial retur	-	type. See	P O BOX 763			(770)535-599	6
$\overline{}$	minated		Specific	City or town, state or country, and ZIP + 4	G Gross receipts				
二			Instruc- tions.	GAINESVILLE, GA 30503				•	690
\equiv	nended i				Т			3 20,	
∐ Ap	plication	pending	F Name	and address of principal officer	H(a)	is this a greatfiliates?	oup return	for Yes 2	Ž] No.
			RØ)	2 4	1				N _O
			<u>入</u> 501(c) (3) ◀ (insert no)	⊣ ``		ch a list ((see instructions)	_] NO
J W	ebsite:	▶ N/A	 			Group exe			
		ganization	Corporation	☐ Trust 🗓 Association ☐ Other ▶ L Year of formation 19	80	M State	of legal de	omicile GA	
Par		Summar	<u> </u>						
	1	Briefly desci	ribe the org	anization's mission or most significant activities See Below					
_	İ								
Č G									
1 O									
v e	2	Check this b	ox ▶ 🔲 ı	the organization discontinued its operations or disposed of more than 25% of	its net	assets			
l r t n	3	Number of v	oting mem	bers of the governing body (Part VI, line 1a)			3		4
l a	1			t voting members of the governing body (Part VI, line 1b)			4		4
e n s c	1		-	yees (Part V, line 2a)			5		0
, e	6		•	eers (estimate if necessary)			6		
_	ł			nusiness-revenue from Part VIII, column (C), line 12			7a		0
				taxable locome from 990-T, line 34			7b		
	"	ivet urirerate	n pusities:						
R		Cambulation		l (0)		nor Year		Current Year	
e	8	Contribution	is and gran	ts (Part) VIII. tin § 170) 10 · Ö · · · · · · · · · · · · · · · · ·		•			
6	9	-		ue (Part VIII, line 2g)					
n u	10			irt-VIII- column (A), lines 3, 4, and 7d)		20	,018	26,	,690
e	11		· -	II, column (A); fines 5/6d, 8c, 9c, 10c, and 11e)	.				0
	12			es 8 through 11 (must equal Part VIII, column (A), line 12)			,018	26,	,690
	1			ounts paid (Part IX, column (A), lines 1-3)		39	,000		0
E	14	•		members (Part IX, column (A), line 4)					0
X P	15	•	•	nsation, employee benefits (Part IX, column (A), lines 5-10)					0
e	16a	Professiona	ıl fundraısıı	g fees (Part IX, column (A), line 11e)					0
, s	b	Total fundra	using expe	nses (Part IX, column (D), line 25) ▶0				.,,	
e	17	•	•	IX, column (A), lines 11a-11d, 11f-24f)		40	,160	18,	,425
5	18	Total expen	ises Add	ines 13-17 (must equal Part IX, column (A), line 25)		79	,160	18	,425
	19	Revenue le	ss expens	es Subtract line 18 from line 12		(59	,142)	8.	,265
Net				В	eginning	of Current	Year	End of Year	
Assets or	20	Total assets	s (Part X, I	ne 16)		1,252	,413	1,260	,678
Fund	21	Total liabiliti	es (Part X	line 26)		2	,600	2	,600
Bal- ances	22	Net assets	or fund bal	ances Subtract line 21 from line 20		1,249	,813	1,258	,078
Par	111		re Bloc						
				I declare that I have examined this return, including accompanying schedules and statements, and to					
≘		and belief, it	is true, corre	t and complete Declaration of preparer (other than officer) is based on all information of which preparer	arer nas a	any knowie			
Sigr	า		(11 Muci Dagli			/	1-11-20	10
≎Her	е	Signati	ure of officer			-	Date		
∌			(\mathcal{L} (1 \ \					
٠		Type o	r pnnt name	nd title					
Preparer's Date Check if Preparer's identifying number									
Preparer's signature				self-	٠. ٦	see ر)	nstructions	s)	
Paid		_ ~ <u>~</u>	1	09-30-2010 employ	ed 🕨 L	ر			
Prep		1	Jan		-n:				
Use	Only	Firm's name		Bull and Bull, CPAs, PC	EIN	-			
\$		if self-emplo address, an		P.O. Box 697					
) 		0.1		Gainesville, GA 30503		no ►77			1 4:
				th the preparer shown above? (see instructions)		• • • •		🛚 Yes	No
For I	rivac	y Act and P	aperwork	Reduction Act Notice, see the separate instructions.			EEA	Form 990 ((2009)

	t III Statement of Program Service Accomplishments											
1	Briefly describe the organization's mission											
	See Below											
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?											
	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses											
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and											
	allocations to others, the total expenses, and revenue, if any, for each program service reported											
4a	(Code) (Expenses \$ 18,425 including grants of \$) (Revenue \$)											
74	Euducation and laboratory testing and research for the benefit and advancement											
	of the poultry industry.											
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)											
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)											
4d	Other program services (Describe in Schedule O)											
	(Expenses \$ including grants of \$) (Revenue \$)											
4e	Total program service expenses ▶ 18,425											

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 1 Χ Is the organization required to complete Schedule B, Schedule of Contributors? X 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete X Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have 6 the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," X 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 8 Х Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part 9 X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," Х Did the organization, directly or through a related organization, hold assets in term, permanent, or 10 10 Χ Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 11 X 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 169 If "Yes," complete Schedule D, Part VII 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 169 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 169 If "Yes," complete Schedule D, Part IX • 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 12 Х 12A Was the organization included in consolidated, independent audited financial statements for the tax year? No 13 ls the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 X 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 X 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Х 19

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	:		
	this return?	3a		X
b	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			
	account)?	4a		X
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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			İ
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
Ь	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).			
a	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		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	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		X
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
e	required?	7h	ļ	ļ
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		•	
9	organization, have excess business holdings at any time during the year?	8		ļ
	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	0-		
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9a	<u> </u>	
10		9b	ļ	
10	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12			
a k				
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a				
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against			
19-	amounts due or received from them.)	40-	•	
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
	n res, enterine amount of tax-exempt interest received of accided dufing the year		1.	ł

Form 990 (2009) POULTRY RESEARCH ASSOCIATION, INC. 58-1402636 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body Enter the number of voting members that are independent 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? Х 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a material diversion of the organization's assets? Х 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members 7a 7ь Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a Χ is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a 10a X 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 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 Х 11 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Х 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a

17	List the states with which a copy of the	s Form 990	is required to b	e filed	▶ GA

If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement

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

Other officers or key employees of the organization

- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 - Own website Another's website X Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► MIKE GILES (770)535-5996
 - P O BOX 763 GAINESVILLE, GA 30503

15b

16a

X

with a taxable entity during the year?

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

X Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average hours per	i t d	1 t	0	all tha	at apply)		Reportable compensation	Reportable compensation	Estimated amount of
	week	nr: dur : se vtc : et	nr su ts tte	1	e y e m	ompheeoyt see ted	r m	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
OOUG CAGLE								_	_	
CHAIRMAN	1.00			X				0	0_	0
ELTON MADDOX								_		
VICE CHAIRMAN	1.00			X	<u> </u>			0	0_	0
JERRY LANE				٦,				_		
TREASURER	1.00	<u> </u>		X			<u> </u>	0	0	0
PETE MARTIN				7.5						
SECRETARY	1.00	<u> </u>		X	-		ļ	0	0	0
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Par	Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	hes	t Com	pen	sated Employees	(continued)			
	(A)	(B)			((C)			(D)	(E)		(F)	
	Name and Title	Average hours per week	l t d	l t n r	0	K	H c e	F o	Reportable compensation from	Reportable compensation from related	а	stimated mount of other	
			dur Ise vtc Iet deo ur ao Ir	1 t e t e t e	c e	e m p 1 o y	g mp h p l e e o s n y t s e t e	m	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	npensation from the ganization nd related ganization	n I
				n a I		ě	d						
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				-		\vdash		-	1		-		
1b	Total			<u> </u>	<u> </u>		<u> </u>	<u> </u>			,		0
2	Total number of individuals (including but not limited to								an \$100,000 in				
	reportable compensation from the organization			-	-							Yes	No
3	Did the organization list any former officer, director or temployee on line 1a? If "Yes," complete Schedule J for	-		-							. 3		Х
4	For any individual listed on line 1a, is the sum of report	able comper	sation	and	d oth	er c	omper	ısatı	on from				
	the organization and related organizations greater than individual										4		х
5	Did any person listed on line 1a receive or accrue com- services rendered to the organization? If "Yes," complete										5		х
Sec	tion B. Independent Contractors	ote Concadio	0 101		. ро.	-							
1	Complete this table for your five highest compensated compensation from the organization	independent	contra	acto	rs th	at re	ceive	mo	ere than \$100,000 o	of			
	(A)	(A) (B)								nonunos.		(C) pensation	
	Name and business address								Description of	services		Jensanon	
_													
2	Total number of independent contractors (including but more than \$100,000 in compensation from the organization	o thos	e list	ted a	abov	re) who	rec	eived					

Form 990	(200	9) POULTRY RESEARCH ASS	58-1402636 Page				
Part V	7111	Statement of Revenue					-
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, grants, grants and other similar amounts Program Service Revenue	1a b c d e f g h	Federated campaigns	Business Code				
	e f	All other program service revenue					
,		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest, other similar amounts)	and ▶ eeds▶	26,690	26,690		
	b c	Gross Rents	(ii) Personal				
O t h	b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(ii) Other			•	
er Revenue	b	Gross income from fundraising events (not including \$					
	ь	See Part IV, line 19					
	b	Gross sales of inventory, less returns and allowances					
	11a b c	Miscellaneous Revenue All other revenue	Business Code				
		=				,	
	12	Total revenue. See instructions		26,690	26,690	0	0

POULTRY RESEARCH ASSOCIATION, INC.

Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colur	nn (A) but are not re	quired to complete co		
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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				
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				
11	Fees for services (non-employees)		1		
a	Management				
Ь	Legal				
C	Accounting	2,600	2,600		
ď	Lobbying				· · · · · · · · · · · · · · · · · · ·
e	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy		<u> </u>		
17	Travel		ļ		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	·			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		ļ		
22	Depreciation, depletion, and amortization				
23	Insurance			<u> </u>	
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.)		<u> </u>		
а	Taxes & Licenses	30	30		
þ	Trustee Fees	15,795	15,795		
C					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	18,425	18,425	0	0
26	Joint Costs. Check here Diff following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation		<u> </u>	<u> </u>	l

orm 990 (20		5	8-140263	6 Page 1
Part X	Balance Sheet			
		(A)		(B)
		Beginning of year	<u> </u>	End of year
1	Cash - non-interest-bearing		1	<u>-</u> -
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
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		1 1	
A	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		1 1	
ŝ	Part II of Schedule L		6	
s 7	Notes and loans receivable, net		7	
e t 8	Inventories for sale or use		8	
s 9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation		10c	
11	Investments - publicly traded securities	1,252,413	11	1,260,678
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,252,413	16	1,260,678
17	Accounts payable and accrued expenses	2,600	17	2,600
18	Grants payable	<u></u>	18	
L 19	Deferred revenue		19	
a 20	Tax-exempt bond liabilities		20	
ь 21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
1 22	Payables to current and former officers, directors, trustees, key			
i	employees, highest compensated employees, and disqualified		1 1	
t	persons Complete Part II of Schedule L		22	
e 23	Secured mortgages and notes payable to unrelated third parties		23	
s 24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	2,600	26	2,600
	Organizations that follow SFAS 117, check here ▶ ☒ and			
l F u 27	complete lines 27 through 29, and lines 33 and 34.		1	
u 27	Unrestricted net assets	1,249,813	27	1,258,078
d 28	Temporarily restricted net assets		28	·- · · · · · · · · · · · · · · · ·
B 29	Permanently restricted net assets		29	
В	Organizations that do not follow SFAS 117, check here ▶ □			
	and complete lines 30 through 34.		1	
a 30	Capital stock or trust principal, or current funds		30	
c 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
e 32 s 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,249,813	33	1,258,078
34	Total liabilities and net assets/fund balances	1,252,413	34	1,260,678

Form 990 (2009) POULTRY RESEARCH ASSOCIATION, INC. 58-14026	36	Pa	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990		1	
If the organization changed its methods of accounting from a prior year or checked "Other," explain in		1	
Schedule O		ŧ	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		X
b Were the organization's financial statements audited by an independent accountant?	. 2b	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
the audit, review, or compilation of its financial statements and selection of an independent accountant?	. 2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in		1	
Schedule O		[
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		1	
issued on a consolidated basis, separate basis, or both		Ī	
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
the Single Audit Act and OMB Circular A-133?	. 3a	1	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			

Form 990 (2009)

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

EEA

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 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

LUUJ

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

· varie	O DE	Organization						i		GETTURE AUGUST			
		Y RESEARCH ASS								402636			
	rt I			y Status (All organiza				See instruc	ctions				
The	orgar			se it is: (For lines 1 throu									
1	Ш			sociation of churches de		section 17	'0(Ь)(1)(А)	(i).					
2)(A)(ii). (Attach Schedule									
3				rice organization describe									
4		A medical research of	organization operat	ed in conjunction with a h	ospital des	cribed in s	ection 170	D(Ь)(1)(А)	(iii). Enter	the hospita	l's name	€,	
		city, and state											
5		An organization oper	ated for the benefit	of a college or university	owned or	operated b	y a govern	mental ur	nt describe	d in			
		section 170(b)(1)(A))(iv). (Complete Pa	ırt II.)									
6		A federal, state, or lo	cal government or	governmental unıt descri	bed in sec l	ion 170(b)(1)(A)(v).						
7		An organization that	normally receives a	a substantial part of its su	pport from	a governn	nental unit	or from the	e general p	ublic			
		described in section	170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust de	escribed in section	170(b)(1)(A)(vi). (Comp	lete Part II.)							
9		An organization that	normally receives:	(1) more than 33 1/3% of	f its suppor	t from cont	tributions, r	nembersh	ip fees, an	d gross			
		receipts from activitie	es related to its exe	mpt functions - subject to	certain ex	ceptions, a	and (2) no	more than	33 1/3% c	of its			
		support from gross in	nvestment income	and unrelated business ta	axable inco	me (less s	ection 511	tax) from	businesse	s			
		acquired by the organ	nization after June	30, 1975 See section 5	09(a)(2). ((Complete F	Part III)						
10		An organization orga	inized and operated	d exclusively to test for p	ublic safety	See sect	ion 509(a)	(4).					
11	X	An organization orga	inized and operated	d exclusively for the bene	fit of, to pe	rform the f	unctions of	, or to can	ry out the				
		purposes of one or m	nore publicly suppo	rted organizations descri	bed in sec	tion 509(a)	(1) or secti	on 509(a)	(2) See se	ection			
		509(a)(3). Check the	box that describes	the type of supporting o	rganızatıon	and comp	lete lines 1	1e throug	h 11h				
		a 🗌 Typel	b 🔀 Typ	ell c	Type III-	Functional	ly integrate	ed	d	Type I	II-Other		
e		By checking this box	, I certify that the o	rganization is not control	led directly	or indirect	ly by one o	r more dis	qualified				
		persons other than for	oundation manager	s and other than one or r	nore public	ly supporte	ed organiza	ations des	cribed in s	ection			
		509(a)(1) or section	509(a)(2).										
f		If the organization re	ceived a written de	termination from the IRS	that it is a	Туре І, Тур	oe II, or Ty	pe III supp	orting				
		organization, check t	this box		.								🗀
g		Since August 17, 20	06, has the organiz	ation accepted any gift o	r contributi	on from an	y of the						
		following persons?											
		(i) A person who o	directly or indirectly	controls, either alone or	together w	th persons	described	ın (ii)				Yes	No
		and (iii) below,	the governing body	of the supported organiz	zation?						11g(i)		<u>X</u>
		(ii) A family member	er of a person desc	cribed in (i) above?							11g(u)		X
		(iii) A 35% controlle	ed entity of a person	n described ın (i) or (ıı) at	oove? .						11g(iii)		X
h		Provide the following	information about	the supported organization	on(s)								
	(1)	lame of supported	(ii) EIN	(iii) Type of organization	(īv) is the o	-	(v) Did yo			s the	(vii)	Amount	of
		organization	ĺ	(described on lines 1-9 above or IRC section	governing d		the organii col (i)		organizati (i) organiz		s	upport	
				(see instructions))			supp			S ?			
					Yes	No	Yes	No	Yes	No			
					1								
GA	POU	LTRY IMP	58-0564864	501 C 5		X		X	X				0
						ĺ]			
					<u> </u>								
					}	1							
									<u> </u>				
		- -		·									
					1			_,,,,,	1				
Tot	al		1	1	ŧ	1	I		‡	1	l		

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

EEA

Schedule A (Form 990 or 990-EZ) 2009

117,3,4

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

2009

OMB No 1545-0047

Open to Public inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Name o	of the organization	Employer identification number
POU	LTRY RESEARCH ASSOCIATION, INC.	58-1402636
Par		Accounts. Complete if
t	the organization answered "Yes" to Form 990, Part IV, line 6	·
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
•		
6	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
Par	· · · · · · · · · · · · · · · · · · ·	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	, inte /
٠		ampartent land area
	☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically ☐ Protection of natural habitat ☐ Preservation of a certified hist	·
	Preservation of open space	one structure
2	_	an otton
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation on the last day of the tax year	ervation
	f	Held at the End of the Tax Year
_	Total number of conservation easements	
a	Total acreage restricted by conservation easements	2a
ь	P. Carlotte and the control of the c	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c 2d
d	Number of conservation easements included in (c) acquired after 8/17/06	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization of the transferred of the transf	ation during
4	the tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	□ v □ N.
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the y	/ear
-	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
•	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	
9	in Part XIV, describe how the organization reports conservation easements in its revenue and expense statements	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that of	describes
Do.	the organization's accounting for conservation easements THE Organizations Maintaining Collections of Art, Historical Treasures, or Other	or Cimilar Accets
rai	-	er Similar Assets.
4-	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 sh	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	or public service,
L	provide, in Part XIV, the text of the footnote to its financial statements that describes these items	overden af nak
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet	•
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of pu	iblic service,
	provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	rovide the
	following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	▶ \$

chedu	le D (Form 990) 2009 POULTRY RESEARCH A	ASSOCIATION	, INC.				58-1402			age 2
Par		llections of A	Art, Hist	orical T	reasures, o	r Oth	er Similar As	sets (co	ntinue	d)
3	Using the organization's acquisition, accession, and	other records, ch	neck any o	the follow	ving that are a s	ignifica	int use of its			
	collection items (check all that apply)									
a	Public exhibition	d 🗌 Loar	n or exchar	nge progra	ıms					
ь	Scholarly research	e 🗌 Othe	er				···-			
С	Preservation for future generations									
4	Provide a description of the organization's collections	s and explain ho	w they furt	ner the org	janization's exe	mpt pu	rpose in			
	Part XIV.									
5	During the year, did the organization solicit or receive	e donations of ar	t, historica	treasures	, or other simila	ar				
	assets to be sold to raise funds rather than to be man	intained as part o	of the orga	nization's	collection? .			. 🗌 Y	es [No
Par	Escrow and Custodial Arrange	ements. Con	nplete if org	anization	answered "Yes	" to Fo	rm 990,			
	Part IV, line 9, or reported an amount on			•						_
1a	Is the organization an agent, trustee, custodian or other			utions or c	other assets not	-			-	
Ia	included on Form 990, Part X?					. 		. Y	es [☐ No
_	If "Yes," explain the arrangement in Part XIV and coi						,	_	_	_
ъ	ii res, explain the analyement in ratt ATV and Col	picto ale lollon					Amo	ount		
_	Beginning balance					. 1c	1			
r C	Additions during the year					1d				
a	Additions during the year					. 1e			_	
e	Distributions during the year					16 1f	+			
f	Ending balance					· <u> </u>		. 🗆 Y	- I	No
2a	Did the organization include an amount on Form 990	D, Part X, line 21	<i>'</i>					• 🗆 •	es [
	If "Yes," explain the arrangement in Part XIV		1.85	(000 D-+ N/	lun = . 4.0		-		
Pal	rt V Endowment Funds. Complete if the					. [1 (1) 5		
		(a) Current year	(b) Pn	or year	(c) Two years b	ack	(d) Three years back	(e) Four	years b	ack
1a	Beginning of year balance		ļ <u> </u>		ļ					
Ь	Contributions		<u> </u>		-[••••	······································		····	*
С	Net investment earnings, gains, and losses .				<u> </u>					
d	Grants or scholarships				[ad Look' mana			
e	Other expenditures for facilities					İ		Ī		
	and programs						************		-,	
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year end ba	alance held as								
а	Board designated or quasi-endowment	%								
ь	Permanent endowment ▶ %									
c	Term endowment ▶ %									
3a	Are there endowment funds not in the possession o	of the organizatio	n that are h	neld and a	dministered for	the				
	organization by								Yes	No
	(i) unrelated organizations							. 3a(i)		Г
	(ii) related organizations							. 3a(ii)		
L	If "Yes" to 3a(ii), are the related organizations listed			• • • •				. 3b	<u> </u>	T
b	Describe in Part XIV the intended uses of the organ					•			1	
4		s and Faui	nment	See Form	990 Part X line	e 10				
- 4	art VI Investments - Land, Building									
	Description of investment	(a) Cost or ot		1	ost or other		Accumulated epreciation	(d) Boo	ok value	
		(investr	nent)	Das	is (other)		epieciauori			
1a	Land									
Ь	Buildings	•		 						
С	Leasehold improvements	•								
d	Equipment	•		 				 -	-	
e				<u> </u>						
T-4	al. Add lines to through to (Column (d) must equal F	Form 990 Part X	column (3) line 10((c).)					

Pan VII	Investments - Other Securitie	S. See Form 990, Part X, line 12		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial deriv	vatives	••		
Closely-held e	equity interests			
Other				
				
				
Total (Column)	b) Trust agent Form 000 Part V and (P) has 10)			
Part VIII	b) must equal Form 990, Part X, col (B) line 12) Investments - Program Relate	See Form 990 Part V June 13		
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
		· · · · · · · · · · · · · · · · · · ·		
				
•				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	>		**************************************
Part IX	Other Assets. See Form 990, Part X	line 15		
		(a) Description	(b) 1	Book value
				···
				
				
Total. (Colum	in (b) must equal Form 990, Part X, col (B) lir	ne 15)		
Part X	Other Liabilities. See Form 990, Part	X, line 25.		
1	(a) Description of liability	(b) Amount		
Federal incom	ne taxes			
				
	- · · · · · · · · · · · · · · · · · · ·			
	b) must equal Form 990, Part X, col (B) line 25)	•		
	otnote In Part XIV, provide the text of the foot		ments that reports the	
organization's	liability for uncertain tax positions under FIN	48		

chedul	ED (1 0111 350) E005	58-1402636	Page 4
Parl	Reconciliation of Change in Net Assets from Form 990 to Financial Statements)	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	26,690
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,425
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,265
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
0	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	8,265
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	26,690
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains on investments	_	
	Donated services and use of facilities	」	
	Recoveries of prior year grants	_	
	Other (Describe in Part XIV.)	_	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	26,690
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	_	
Þ	Other (Describe in Part XIV.)	」	
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	26,690
Par	TXIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	18,425
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	_	
b	Prior year adjustments	_	
C	Other losses	4 1	
d	Other (Describe in Part XIV)	_	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	18,425
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIV.)	-1.1	
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	18,425
	*t XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
this p	part to provide any additional information		

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Form 990 or to provide any additional information. ► Attach to Form 990.

Open to Public Inspection

Name of the organization	проустосные польност
POULTRY RESEARCH ASSOCIATION, INC.	58-1402636
01. Form 990 governing body review (Part VI, line 11)	
THE ORGANIZATION HAS PROVIDED A COPY OF THIS FORM 990 TO ALL MEMBERS OF I	TS GOVERNERING
BODY PRIOR TO THE FILING.	
02. Governing documents, etc, available to public (Part VI, line 19)	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS A	VAILABLE TO THE
PUBLIC UPON REQUEST.	
	·
	· · · · · · · · · · · · · · · · · · ·

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.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Schedule R (Form 990) 2009 Direct controlling Direct controlling entity entity Ξ $\mathbf{\Xi}$ N/A Employer identification number 58-1402636 Public chanty status (if section 501(c)(3)) End-of-year assets **e e** Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it LINE 7 Exempt Code section Total income 501 C 3 E Ē Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, Ime 33) Legal domicile (state or foreign country) Legal domicite (state or foreign country) EEA GA છ POULTRY IMPROVEMENT Primary activity Pnmary activity 9 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. had one or more related tax-exempt organizations during the tax year) Name, address, and EIN of related organization Name, address, and EIN of disregarded entity POULTRY RESEARCH ASSOCIATION, INC. GA POULTRY IMP 58-0564864 PO BOX 20, 30566 Name of the organization Part II Part

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Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Part III

Yes No managing partner? Percentage ownership General or Schedule R (Form 990) 2009 (F) Code V-UBI amount in box 20 of Schedule K-1 end-of-year assets (Form 1065) Share of **6** Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, Disproportionate allocations? ŝ $\widehat{\boldsymbol{\varepsilon}}$ 18,425 Yes Share of total income Share of end-of-year **6** Type of entity (C corp, S corp, or trust) **e** Share of total income EEA Ξ Direct controlling line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) entity Ē because it had one or more related organizations treated as a partnership during the tax year) Predominant income (related, unrelated, excluded from tax under sections 512-514) (state or foreign country) Legal domicite છ **e** Direct controlling Pnmary activity <u>.</u> entity Ē Legal domicile (state or foreign country) છ Primary activity Name, address, and EIN of related organization **(Q**) Name, address, and EIN of refated organization Part IV

Transactions with Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Tes	2
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?			1	1
Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		- Ta	+	-
Gift, grant, or capital contribution to other organization(s)		<u>.</u>	-	- 1
Giff. grant, or capital contribution from other organization(s)		٠ ب		
Loans or Islan minarantees to or for other ormanization(s)		1d		
Loans or loan granaflees hy other organization(s)		- 1		
Sale of assets to other organization(s)		·		
Burchase of assats from other organization(s)	•	19		
		=		
Exchange of assets		;	+	
Lease of facilities, equipment, or other assets to other organization(s)		=	-	
		;		
Lease of facilities, equipment, or other assets from other organization(s)		- ;	+	
Performance of services or membership or fundraising solicitations for other organization(s)		1	-	
Performance of services or membership or fundraising solicitations by other organization(s)		=		
Sharing of facilities equinoment mailing lists or other assets	•	<u>۔</u>		
•	•	<u>ج</u> -	├	
and produced as the second as			-	ŀ
Bamburgament and to other organization for expenses	•	.		
Rembursement paid by other organization for expenses		<u>-</u>		
		•	-	
•		-	-	l
Utilet transfer of days or "Voe " soo the instructions for information on who must complete this line including covered relationships and transaction thresholds	tion thresholds	:	$\frac{1}{2}$	
	(p)	(9)		
(B)	<u> </u>	Ē.		
Name of other organization	Transaction type (a-r)	Amount Involved	hed	
		:		1
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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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

(a) (b) (c)	(q)	(c)	(P)	(e)	((6)	Ē
Name, address, and EIN of entity	Primary activity	Legal domicile	Are all partners	Share of	Disproportionate allocations?	Code V-UBI amount in box 20	General or managing
		country)	501(c)(3)				partner?
			Yes No		Yes No		Yes No
			·				
		F F					

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