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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

OMB No 1545-0047

Department of the Treasury ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection For the 2016 calendar year, or tax year beginning and ending D Employer identification number Check if applicable C Name of organization Address change WORLD POULTRY FOUNDATION, X Name change 91-1924876 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 100 (770)413-0006 2300 W. PARK PLACE BLVD 9,637,786. termin ated G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended STONE MOUNTAIN, GA 30087 H(a) Is this a group return F Name and address of principal officer JAMES H. SUMNER Yes 🗶 No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? I Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► N/A H(c) Group exemption number ▶ Form of organization: X Corporation Trust Association Other > L Year of formation: 1998 M State of legal domicile: GA Part I Summary Briefly describe the organization's mission or most significant activities. TO PROMOTE ECONOMIC DEVELOPMENT Governance IN ECONOMICALLY DISTRESSED AREAS OUTSIDE OF THE UNITED STATES, if the organization discontinued its operations or disposed of more than 25% of its net assets Check this box ▶ L 9 Number of voting members of the governing body (Part VI, line 1a) 8 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 0 6 6 Total number of volunteers (estimate if necessary) Ō. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 0 8.899.257. Contributions and grants (Part VIII, line 1h) O. 0 Program service revenue (Part VIII, line 2g) 56,680. 425,305 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Ō. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 425,305. 8,955,937. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 155,065. 243,147 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 468,595. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 623,660. 17-16), 163 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <u>U=-<290, 8|5,8|.</u> 8,332,277. Revenue less expenses Subtract line 18 from line 12 Beginning of Cyrrent Y. Bar **End of Year** 58 64 174,745,094 27,066,367. 20 Total assets (Part X, line 16) 90,,738 58,315. 21 Total liabilities (Part X, line 26) =1,7 g, 654 ! 353. ,008,052. 환경 22 Net assets or fund balances Subtract line 21 from line 20 Part II | Signatyfe Block ULIV Under penalties of perjung, 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 pyegarer (other than officer) is based on all information of which preparer has any knowledge. while owan Signature of officer Sign CONTROLLER SUSAN RUSHING Here Type or print name and title PYIN Print/Type preparer's name P00447529 11/07/17 ROBERT A. GUNTHER Paid Firm's name FROST, Firm's EIN 71-0817652 PLLC Preparer Firm's address 425 WEST CAPITOL, SUITE 3300 Use Only Phone no. 501 - 376 - 9241

LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

LITTLE ROCK, AR 72201

X Yes No Form 990 (2016)

Form		91-1924876	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission. THE MISSION OF USAPEEC INTERNATIONAL POULTRY DEVELOPMENT	PROGRAM, I	NC.
	IS TO PROMOTE ECONOMIC DEVELOPMENT IN ECONOMICALLY DISTR	ESSED AREAS	
	OUTSIDE OF THE UNITED STATES, BY PROVIDING TECHNICAL, ED		
	OTHER ASSISTANCE, TO FOSTER INTERNATIONAL GOODWILL AND P		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990·EZ?	Yes	X No
_	If "Yes," describe these new services on Schedule O		X No
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	∟ Yes	LA∟ No
4	Describe the organization's program service accomplishments for each of its three largest program services, as i	measured by expenses	S .
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported	o, the total expended,	u
40	150 ACE 155 ACE		
48	PROMOTE ECONOMIC DEVELOPMENT IN ECONOMICALLY DISTRESSED		DE ' '
	OF THE USA BY PROVIDING TECHNICAL, EDUCATIONAL, AND OTHE		
	FOSTER THE DEVELOPMENT OF LOCAL POULTRY AND EGG INDUSTRI		DING
	GRANTS, DONATIONS, AND ASSISTANCE TO DOMESTIC AND FOREIG	N POULTRY	
	RELATED ORGANIZATIONS.		
			
	<u> </u>		
4b	(Code) (Expenses \$) (Revenue	9 \$)
-			
4c	(Code) (Expenses \$	e \$)
		_	
4d	Other program services (Describe in Schedule O.)		
_	(Expenses \$ Including grants of \$) (Revenue \$)	
40	Total program service expenses ▶ 478,465.		

Form **990** (2016)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			İ
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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			l
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			\ _V
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_^_
Þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	x	
46	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	1	x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	۳.	\vdash	
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	1	x
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	⊢"	 	
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	۳,	 	
15	complete Schedule G, Part III	19		x
			990	(2016)
				,,,

Form 990 (2016) · WORLD POULTRY FOUN
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		:	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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 employees? If "Yes," complete			
	Schedule J	23	X	
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 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
a	any tax-exempt bonds? Did the example ton set as an "on behalf of" values for bands outstanding at any time during the year?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
_	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	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			**
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
2	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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	;	х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38 Eorm		(2016)

Par	 ,				$\overline{}$			
	Check if Schedule O contains a response or note to any line in this Part V		—	¥	 			
		. 1 7		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a / 1b 0		. !	1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable				1			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming		х	l			
	(gambling) winnings to prize winners?	į	1c					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 0						
	filed for the calendar year ending with or within the year covered by this return			i				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				v			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_	3a	 	X			
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b	 	├			
4a	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 a	iccount)?	4a	 	X			
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced Financial Advanced Financial Advanced Financial Advanced Financial F	counts (FBAR).		-	,,			
	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	ction?	5b	igwdow	Х			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			.,,			
	any contributions that were not tax deductible as charitable contributions?		6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ons or gifts						
	were not tax deductible?		6b		ļ			
7	Organizations that may receive deductible contributions under section 170(c).				X			
а	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?							
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required						
	to file Form 8282?		7с		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?	7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		<u> </u>			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		<u> </u>			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the		-				
	sponsoring organization have excess business holdings at any time during the year?		8		ļ			
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a	L	↓			
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		↓			
10	Section 501(c)(7) organizations. Enter.	1						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a]					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter							
а	Gross income from members or shareholders	11a	1					
b	Gross income from other sources (Do not net amounts due or paid to other sources against				ļ			
	amounts due or received from them)	11b	1		1.			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a	ļ				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>					
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	<u> </u>	<u> </u>			
	Note. See the instructions for additional information the organization must report on Schedule O							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b]					
С	Fig. 11. The Authority of State of Stat	13c						
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b					
			Forn	990	(2016			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			LX.						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 9									
	If there are material differences in voting rights among members of the governing body, or if the governing	1								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b	1								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1								
-	officer, director, trustee, or key employee?	2		Х						
2	Did the organization delegate control over management duties customarily performed by or under the direct supervision	┝╧╴								
3		3		X						
	of officers, directors, or trustees, or key employees to a management company or other person?	-		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X						
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6_	X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		7,7							
	more members of the governing body?	7a	Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b	Х							
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b		X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	1								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?									
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b										
12a		12a	-74	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
٠	in Schedule O how this was done	12c								
13		13		Х						
	Did the organization have a written whistleblower policy?	14		X						
14	Did the organization have a written document retention and destruction policy?	 "	 							
15	Did the process for determining compensation of the following persons include a review and approval by independent		1							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			X						
	The organization's CEO, Executive Director, or top management official	15a	├	X						
þ	Other officers or key employees of the organization	15b	 	 ^						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v						
	taxable entity during the year?	16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			١.						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			_						
	exempt status with respect to such arrangements?	16b								
<u>Sec</u>	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶GA									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole							
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	icial							
	statements available to the public during the tax year									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	THE ORGANIZATION - (770) 413-0006									
	2300 W. PARK PLACE BLVD, NO. 100, STONE MOUNTAIN, GA 30087									
63200	6 11-11-16	Forn	1 990	(2016						

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. Individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

(A)	(B)	organization compensation (C)						(D)	(E)	(F)	
Name and Title	Average	(do	not c	Pos heck	itior more	than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of	
	week		1		1000	J., a d 3	,	from	from related	other	
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	99	stee			nsate		(W-2/1099-MISC)	()	organization	
	organizations	trust	nal tru		oyee	E .				and related	
	below	wigna	institutional trustee	Officer	ld ma	Highest compensated employee	Former			organizations	
111	line)	르	E	曹	<u>\$</u>	₹£	횬				
(1) ERIC JOINER	3.00	x					ŀ	0.	0.	0.	
CHAIRMAN	8.00	_	H	X		-	_	0.	U •	U •	
(2) JIM SUMNER	8.00	x		х				0.	380,587.	51,818.	
PRESIDENT (3) MIKE WELCH	3.00	^	\vdash	^		┼-	-		300,307.	31,616.	
VICE CHAIRMAN	3.00	x		x				0.	0.	0.	
(4) MARK HICKMAN	3.00	<u> </u>		^	⊢	\vdash	\vdash	•	0.	0.	
SECRETARY / TREASURER	3.00	Х		x				0.	٥.	0.	
(5) NEIL CAREY	1.00			-	 	+-				•	
DIRECTOR		x		x		ĺ		0.	0.	0.	
(6) STEVE ANDERSON	1.00	Ť			Т	T				-	
DIRECTOR		x			t			0.	0.	0.	
(7) ADRIAAN WESTRATE	1.00										
DIRECTOR		X		1				0.	0.	0.	
(8) SUSAN RUSHING	8.00										
CONTROLLER				X		<u> </u>		0.	0.	0.	
(9) RANDALL ENNIS	8.00]		_			
CEO			Ļ	X	┖	_	<u> </u>	0.	0.	0.	
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632007 11-11-16		4	<u> —</u>		Ь			<u> </u>	<u> </u>	Form 990 (2016	

Form **990** (2016)

Part VII Section A. Officers, Directors, Trus	T	ploy	ees			ghe	st C			1		
(A)	(B)			ر) Pos	C) Ition			(D)	(E)		(F)	
Name and title	_	Average (do not box. to			more	than		Reportable compensation	Reportable compensation	,	Estima amour	
	week					or/trus		from	from related	'	othe	
	(list any	ģ						the	organizations	. (compen	
	hours for	a B				fed		organization	(W-2/1099-MIS	C)	from t	he
	related	stee	rustee			BSuad		(W-2/1099-MISC)			organiz	
	organizations below	FE	onalt		ploye	E 23	ł				and rel organiza	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	.110115
······································		트	느	0	<u> </u>	王吉	<u> </u>					
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4h Cub Asasi		<u>!</u>		Щ.	<u> </u>		₩	0.	380,58	37.	51	818.
1b Sub-total	II Section A							0.	300,30	0.		0.0
 Total from continuation sheets to Part V Total (add lines 1b and 1c) 	ii, Section A							0.	380,58	37.	51,	818.
Total number of individuals (including but i	not limited to th	ose	liste	ed a	bov	e) w	ho r	eceived more than \$100			· · ·	
compensation from the organization						-,		•				(
, , , , , , , , , , , , , , , , , , ,								 			Ye	s No
3 Did the organization list any former officer	, director, or tr	uste	e, ke	ey ei	mple	oyee	, or	highest compensated e	employee on	Γ		
line 1a? If "Yes," complete Schedule J for	such individual									L	3	X
4 For any individual listed on line 1a, is the s	um of reportab	le c	omp	ens	atio	n an	d ot	her compensation from	the organization			.
and related organizations greater than \$15										L	4 X	
5 Did any person listed on line 1a receive or							relat	ted organization or indiv	ridual for services	-		- - <u></u> -
rendered to the organization? If "Yes," con	nplete Schedu	le J	for s	uch	per	son					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co										pensat	tion from	
the organization Report compensation for	the calendary	/ear	end	ing v	with	or v	/ithi		year		(0)	
(A) Name and busines:	address							(B) Description of	services	Cor	(C) mpensat	ion
RICHARD FRITZ & ASSOC.							_	PROFESSIONAL				
	CO 802	በ 7						SERVICES	1		158,	400
2370 ASH STREET, DENVER, CO 80207 EXCEL POULTRY CONSULTANTS								PROFESSIONAL	,			100
							SERVICES			150,	000	
ZOSIS REACT BEEN BIRDET,	TIMITUDIC,				"	_		52117 2 0 2 0			,	
												
2 Total number of independent contractors	(including but i	not I	ımıte	ed to	the	ose I	ste	d above) who received i	more than			
\$100,000 of compensation from the organ	_					2						
										F	orm 99 0	(2016

	Check if Schedule O con	tains a response	or note to any line	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	Membership dues	1b					
S, C	: Fundraising events	1c					
	Related organizations	1d					
<u>ν΄.Ε</u> e	Government grants (contribu	tions) 1e					
ig Sign	All other contributions, gifts, gran	nts, and					
<u> </u>	similar amounts not included abo	ove 1f	8,899,257.				
들이 g	Noncash contributions included in line	s 1a-1f \$					
<u>8 р</u>	Total. Add lines 1a-1f		▶	8,899,257.			
			Business Code				
ဗ္ဗ 2 a	<u> </u>		ļ				
р 📴 💆) <u></u>						
o en c							
E je d	<u> </u>						
Program Service Revenue Revenue Revenue	·						
	All other program service rev	enue	ļ				
	Total. Add lines 2a-2f						
3	Investment income (including	g dividends, intere		272 606			272 606
	other similar amounts)			272,606.			272,606
4	Income from investment of ta	ax-exempt bond p	proceeds				
5	Royalties	() B	() D				
	0	(ı) Real	(ii) Personal				
- 1	Gross rents						
1	Less rental expenses Rental income or (loss)						
	Net rental income or (loss)	L	<u> </u>	-			
	Gross amount from sales of	(ı) Securities	(II) Other				
' "	assets other than inventory	465,923.	(ii) Oti ici				
	Less cost or other basis						
	and sales expenses	681,849.					
6	Gain or (loss)	<215,926.					
I	d Net gain or (loss)	<u> </u>	<u> </u>	<215,926.	·	-	<215,926
ء م	Gross income from fundraising	ng events (not					
evenue	including \$	of					
8	contributions reported on line	e 1c) See					
<u>~</u>	Part IV, line 18	а			!		
Other R	Less direct expenses	b					
٥ °	Net income or (loss) from fun	draising events	•				
9 a	a Gross income from gaming a	ctivities See					
	Part IV, line 19	а			1		1
	b Less direct expenses	b					1
	 Net income or (loss) from gain 	_					
10 a	a Gross sales of inventory, less	s returns					
	and allowances	a			! 1		
ı	b Less cost of goods sold	b			1		
<u> </u>	Net income or (loss) from sal		Business Code				
44 -	Miscellaneous Reven		Business Code				
11 a							
b					1		
9	d All other revenue						
j	e Total. Add lines 11a-11d						
12	Total revenue See instructions.			8,955,937.	0.	0.	56,680
632009 11-1				. ,	·		Form 990 (2016

Form 990 (2016) WORLD POULTRY

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	` 		mplete column (A)	1 77 1
	Check if Schedule O contains a respon			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		00.4-0		
	and domestic governments. See Part IV, line 21	20,170.	20,170.		
2	Grants and other assistance to domestic	į			
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	124 005	124 005		
	individuals See Part IV, lines 15 and 16	134,895.	134,895.	,	
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 accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				·
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management	11 562		11 562	
Ь	Legal	11,562. 7,150.		11,562. 7,150.	
	Accounting	7,150.		7,150.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	323,400.	323,400.		
40	column (A) amount, list line 11g expenses on Sch O.)	4,514.	323,400.	4,514.	
12	Advertising and promotion	7,043.		7,043.	
13	Office expenses Information technology	7,043.	-	7,0131	
14	Royalties				
15 16	Occupancy				
17	Travel	.19,299.		19,299.	
18	Payments of travel or entertainment expenses	.23/230			
	for any federal, state, or local public officials			-	
19	Conferences, conventions, and meetings	1,409.		1,409.	
20	Interest	-,			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,918.		4,918.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	08 500		<u></u>	
а	ADMINISTRATIVE EXPENSES	87,500.		87,500.	
b	DUES AND SUBSCRIPTIONS	1,800.		1,800.	
С					
d				-	
	All other expenses	(12 ((1	470 465	145 105	
25	Total functional expenses. Add lines 1 through 24e	623,660.	478,465.	145,195.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			l	

Par	τχ	Balance Sheet			··· · · · · · · · · · · · · · · · · ·
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	32,813.	1	8,950,959
	2	Savings and temporary cash investments	401,345.	2	184,648
	3	Pledges and grants receivable, net		3	·-
	4	Accounts receivable, net		4	·
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
H33CF	7	Notes and loans receivable, net		7	
ξ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	796.	9	823
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b	•	10c	
	11	Investments - publicly traded securities	17,310,137.	11	17,929,937
	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)	17,745,091.	16	27,066,367
	17	Accounts payable and accrued expenses	90,738.	17	58,315
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S.	22	Loans and other payables to current and former officers, directors, trustees,			
Ĭ		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
3	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		İ	
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	90,738.	26	58,315
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.			
Net Assets or Fund Balances	27	Unrestricted net assets	17,654,353.	27	18,125,202
galg	28	Temporarily restricted net assets		28	8,882,850
2	29	Permanently restricted net assets		29	
2		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	· · · · · · · · · · · · · · · · · · ·	30	
155	31	Paid-in or capital surplus, or land, building, or equipment fund	<u> </u>	31	
Ę	32	Retained earnings, endowment, accumulated income, or other funds		32	0.0000000000000000000000000000000000000
Z	33	Total net assets or fund balances	17,654,353.	33	27,008,052
	34	Total liabilities and net assets/fund balances	17,745,091.	34	27,066,367

	990 (2016) WORLD POULTRY FOUNDATION, INC	<u>91-</u>	1924	876	Pag	e 12			
Par	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI					X			
			•	۸		- m			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	,955					
2	Total expenses (must equal Part IX, column (A), line 25)	2		,332	, 60				
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,654					
5	Net unrealized gains (losses) on investments	5		,021	.,4.	<u> </u>			
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9				<1.			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	27	,008	3,0	<u> 52.</u>			
Pai	rt XII Financial Statements and Reporting					r -			
	Check if Schedule O contains a response or note to any line in this Part XII					<u></u>			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				Yes	No			
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	U		2a		X			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			Za					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	j on a							
	separate basis, consolidated basis, or both				i				
	Separate basis Consolidated basis Both consolidated and separate basis			2b	X				
b	Were the organization's financial statements audited by an independent accountant?	o book		20					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e Dasis	'•		ĺ				
	consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis								
C	, ,	e audıt	,						
	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 Sch				1				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Au	idit	-					
	Act and OMB Circular A-133?			3a		<u>X</u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ıred au	dıt			i			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b					
				Form	9 90 ((2016)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

16 Open to Public

Inspection Name of the organization Employer identification number WORLD POULTRY FOUNDATION, INC 91-1924876 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

			·					
Γhe	organı	zation is not a private found	ation because it is (F	or lines 1 through 12, c	heck only	one box)		
1	\sqsubseteq	A church, convention of chi	urches, or association	n of churches described	in sectio	n 170(b)(1	I)(A)(i).	
2	\square	A school described in secti	ion 170(b)(1)(A)(ii). (A	Attach Schedule E (Form	1 990 or 99	90-EZ))		
3	\square	A hospital or a cooperative						
4	Ш	A medical research organization	ation operated in cor	ijunction with a hospital	described	l ın sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state						
5		An organization operated for	or the benefit of a coll	lege or university owned	d or operat	ed by a go	overnmental unit describ	ed in
		section 170(b)(1)(A)(iv). (C	omplete Part II)					
6		A federal, state, or local gov	vernment or governm	ental unit described in s	section 17	'0(b)(1)(A)	(v).	
7		An organization that norma	lly receives a substar	ntial part of its support f	rom a gove	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II)					
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	: II)			
9		An agricultural research org	anization described	n section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions)	Enter the	name, city	, and state of the college	e or
		university						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions - subjec	t to certain exceptions,	and (2) no	more tha	n 33 1/3% of its support	from gross investment
		income and unrelated busin						
		See section 509(a)(2). (Cor	mplete Part III)			·		
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See s	section 50	09(a)(4).	
12	X	An organization organized						purposes of one or
		more publicly supported or						
		lines 12a through 12d that	-					
а		Type I. A supporting orga						giving
		the supported organization	on(s) the power to rec	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	upporting
		organization You must o	_					
b	X	a ~			tion with it	s support	ed organization(s), by ha	ving
		control or management of	·					
		organization(s) You mus			•		•	•
	:	Type III functionally inte	-		in connec	tion with,	and functionally integrate	ed with,
		its supported organizatio						
		Type III non-functionally		•				zation(s)
		that is not functionally inf						
		requirement (see instruct						
e	X	_ ' '	•	•				
		functionally integrated, o					,, , ,, , ,,	
1	Ente	er the number of supported	• •	, , ,				1
		vide the following information	•	d organization(s)				
		i) Name of supported	(n) EIN	(III) Type of organization	(iv) is the orga in your governi	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1·10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
US	A P	OULTRY & EGG			1			
ΕX	POR	T COUNCIL, INC	58-1636513	10	Х		87,500.	
						L		
						}		
					<u> </u>	<u> </u>		
Tot	al						87,500.	0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf				<u> </u>		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				<u></u>		
5	The portion of total contributions	1					
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			ļ			
	amount shown on line 11,	1	1				
	column (f)			<u> </u>			
	Public support. Subtract line 5 from line 4	<u> </u>				1	
Se	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·	•	,	,		
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4				ļ		
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			ļ <u>.</u>			
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				<u> </u>		
10	Other income Do not include gain			1	İ		İ
	or loss from the sale of capital			Ì			
	assets (Explain in Part VI)			ļ	ļ		
11	Total support. Add lines 7 through 10	L]	ļ	
12	Gross receipts from related activities					12	
13	First five years. If the Form 990 is fo	•	's first, second, th	ırd, fourth, or fifth 1	tax year as a section	on 501(c)(3)	. —
ত্র	organization, check this box and storection C. Computation of Pub		rcentage				
	<u>-</u>			actions (f)		14	%
	Public support percentage for 2016 (• • • • • • • • • • • • • • • • • • • •	•	column (i))			
	Public support percentage from 2015 a 33 1/3% support test - 2016. If the			on line 13, and line	14 is 33 1/3% or i	15	%
104	stop here. The organization qualifies				: 14 13 33 17370 0/ 1	nore, check triis	DOX and ►
	33 1/3% support test - 2015. If the				d line 15 is 33 1/30	6 or more, check	this hov
	and stop here. The organization qua	-			a iiile 13 i3 00 1707	o or more, erreer	▶ □
17	a 10% -facts-and-circumstances tes	•			ne 13 16a or 16b	and line 14 is 10	% or more
174	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						>
ı	10% -facts-and-circumstances tes	-	•		_	17a. and line 15	ıs 10% or
'	more, and if the organization meets t		-				
	organization meets the "facts-and-cir						▶ □
18	Private foundation. If the organization		-				ons $lacksquare$
			•				90 or 990-EZ) 2016

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Se	ction A. Public Support	now, picase com	piete r art ii j		_		
Cal	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
7:	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	o Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b					·	
_8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10:	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
,	b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
,	c Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	First five years. If the Form 990 is for	the organization!	e first second this	d fourth or fifth to	av vear as a sect	on 501(a)(3) area	ration
.~	check this box and stop here	and organization:	a mai, accond, itili	a, rourar, or man a	an year as a secti	on our (c)(o) organiz	.auon,
Se	ction C. Computation of Publi	c Support Pe	rcentage			-	
	Public support percentage for 2016 (li			column (fl)		15	%
	Public support percentage from 2015		•	(1)		16	<u>%</u>
_	ction D. Computation of Inves					1 12 1	
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2016. If the			on line 14, and line	e 15 is more than		
	more than 33 1/3%, check this box an						ightharpoons
1	o 33 1/3% support tests - 2015. If the	-				•	and
	line 18 is not more than 33 1/3%, chec	ck this box and s	top here. The orga	inization qualifies	as a publicly supp	oorted organization	▶□
20	Private foundation. If the organization	ı dıd not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	<u>▶</u>

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A

Section A	All Supporting Organizations
	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)
	and Bill you checked 12b of Part I, complete Sections A and C. If you checked 12b of Part I, complete

No Yes Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by Х class or purpose, describe the designation. If historic and continuing relationship, explain 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported X organization was described in section 509(a)(1) or (2) 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer Х (b) and (c) below За b Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the Х organization made the determination 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) X purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с 4a Was any supported organization not organized in the United States ("foreign supported organization")? If X "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes." explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action X was accomplished (such as by amendment to the organizing document) 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in X Part VI. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with X regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? X If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described X in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which X the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit X from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9с 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated X supporting organizations)? If "Yes," answer 10b below 10a b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

632024 09-21-16

determine whether the organization had excess business holdings)

632025 09-21-16

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E	
Sect	on A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	illy integra	ated Type III supporting or	ganization (see
-	instructions)			

Schedule A (Form 990 or 990-EZ) 2016

ı aı	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	is	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6	 		
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
a				
b	1			
	From 2013			
d	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
			· · · · · · ·	
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,			
	line 7 \$			
	Applied to underdistributions of prior years		 	
	Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	J			
	any. Subtract lines 3g and 4a from line 2 For result greater			
_	than zero, explain in Part VI See instructions			
p	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
<u>8</u>	Breakdown of line 7			
_ <u>a</u>	Evene from 2012	- · · · · · · · · · · · · · · · · · · ·		
	Excess from 2013			- <u></u>
_	Excess from 2014			
	Excess from 2015		·	
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	Form 990 or 990-EZ) 2016 WORLD POULTRY FOUNDATION, INC 91-1924676 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information
	(See instructions)
	
	
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

2016
Open to Public Inspection

Name of the organization **Employer identification number** WORLD POULTRY FOUNDATION, INC 91-1924876 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 」Yes Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Heid at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 4 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **▶** \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

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

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

632051 08-29-16

a Revenue included on Form 990, Part VIII, line 1
 b Assets included in Form 990, Part X

Sche	dule D (Form 990) 2016 WORLD PC	OULTRY FOU	NDATI	ON,	INC			91-19	24876	Pa	age 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical T	reasures, c	or Oth	er Simil	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the	e following tha	t are a	significant	use of its	collection	item	s
	(check all that apply)										
а	Public exhibition		յ Լլւ	oan or ex	change progra	ams					
b	Scholarly research	•	: LC	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and expla	in how the	ey further	the organizati	on's exe	empt purp	ose in Par	t XIII		
5	During the year, did the organization solicit or	r receive donations	of art, his	torical tre	asures, or oth	er sımıla	r assets	_	_	_	٦
	to be sold to raise funds rather than to be ma								┘ Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	organızatı	on answered '	"Yes" o	n Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for c	ontributio	ns or other as	sets no	t included		٦.,		٦.,,
	on Form 990, Part X?							L.	J Yes	L	J No
b	If "Yes," explain the arrangement in Part XIII a	and complete the to	ollowing ta	able:				r	A		
	Decrease balance						10		Amount		
	Beginning balance						1c				
	Additions during the year						1d	 		_	
e	Distributions during the year						1e 1f				
20	Ending balance Did the organization include an amount on Fo	orm 000 Part V June	21 for a	ecrow or	custodial acco	vunt liah			Yes		No
	If "Yes," explain the arrangement in Part XIII						-		_ 103		j '''
Par											
		(a) Current year		or year	(c) Two year			years back	(e) Four	vears	back
1a	Beginning of year balance		\		1 7		X-7	*			
	Contributions	_	<u> </u>								
	Net investment earnings, gains, and losses		<u> </u>		1					-	
	Grants or scholarships										
	Other expenditures for facilities									-	
•	and programs										
f	Administrative expenses		1			-					
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balan	ce (line 1g	g, column	(a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organi	zation tha	t are held	and administe	ered for	the organ	ızatıon	_		
	by									Yes	No
	(i) unrelated organizations								3a(i)		<u> </u>
	(II) related organizations								3a(iı)		<u> </u>
b	If "Yes" on line 3a(ii), are the related organization	itions listed as requ	iired on S	chedule R	17				3b		<u> </u>
4	Describe in Part XIII the intended uses of the		lowment f	unds							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere							т			
	Description of property	(a) Cost or			st or other		Accumulat		(d) Bool	< valu	е
		basis (invest	inent)	Dasi	s (other)	1 00	epreciatio	<u>' </u>			
1a	Land					<u> </u>				-	
b	Buildings										
c	Leasehold improvements										
d	, ,					 	_		-		
	Other I. Add lines 1a through 1e (Column (d) must e	outal Form COO. Co.	t Y coh:-	an (R) line	100)	J					0.
iota	i. Add lines ta through te (Column (a) must e	quai roini 330, Pai	A, COIUII	(<i>0),</i> III16	700)			Schodul	e D (Forn	2000	
								Jonean		. 550	, 10

Column (b) must equal Form 990, Part X, col (B) line 25)
 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. X
 Schedule D (Form 990) 2016

(5) (6) (7) (8)

DATE. THE FOUNDATION WILL REFLECT ONLY THE PORTION OF THE TAX BENEFIT THAT

Schedule D (Form 990) 2016

632054 08-29-16

Schedule D (Form-990) 2016 WORLD POULTRY FOUNDATION, INC	91-1924876 Page 5
Part XIII Supplemental Information (continued)	
WILL BE SUSTAINED UPON RESOLUTION OF THE POSITION AND APPLIC	CABLE INTEREST
ON THE PORTION OF THE TAX BENEFIT NOT RECOGNIZED. BASED UPO	N MANAGEMENT'S
ASSESSMENT, THERE ARE NO UNCERTAIN TAX POSITIONS EXPECTED TO	O HAVE A
MATERIAL IMPACT ON THE FOUNDATION'S FINANCIAL STATEMENTS.	
	·
	

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

1h Open to Public Inspection

OMB No 1545-0047

Name of the organization **Employer identification number** WORLD POULTRY FOUNDATION, 91-1924876 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, ີ Yes ເXື No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the **United States** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed) (c) Number of (d) Activities conducted in the region (a) Region (b) Number of (e) If activity listed in (d) (f) Total employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region independent gram services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in the region in the region in the region 0 0. 3 a Sub-total b Total from continuation 0 0. sheets to Part I c Totals (add lines 3a ٥ 0.

632071 09-21-16

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

Schedule F (Form 990) 2016

WORLD POULTRY FOUNDATION, INC. Schedule F (Form 990) 2016

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

(i) Method of valuation (book, FMV, appraisal, other)		·	, ,			,		
(h) Description of noncash assistance								
(g) Amount of noncash assistance	0.	0.	0.	0.	0.	0.		xempt by
(f) Manner of cash disbursement	2,195. CHECK/WIRE	CHECK/WIRE	47,552,CHECK/WIRE	8,172,CHECK/WIRE	661. CHECK/WIRE	CHECK/WIRE		recognized as tax-e
(e) Amount of cash grant	2,195.	956'9	47,552.	8,172.	661.	.638,859.		foreign country,
(d) Purpose of grant	POULTRY DEVELOPMENT PROGRAM	POULTRY DEVELOPMENT PROGRAM	POULTRY DEVELOPMENT PROGRAM	POULTRY DEVELOPMENT PROGRAM	POULTRY DEVELOPMENT PROGRAM	POULTRY DEVELOPMENT PROGRAM		Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by
(c) Region	EAST ASIA AND THE	EAST ASIA AND THE	SUB-SAHARAN AFRICA	CENTRAL AMERICA/CARIBBEAN	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA		ns listed above that are
(b) IRS code section and EIN (if applicable)								recipient organizatio
1 (a) Name of organization								2 Enter total number of

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2016

3 Enter total number of other organizations or entities

91-1924876

Page 3

WORLD POULTRY FOUNDATION, INC

Schedule F (Form 990) 2016 WORLD POUL1

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

1	1]]		 	<u> </u>		1		Įφ
(h) Method of valuation (book, FMV, appraisal, other)										Schedule F (Form 990) 2016
(g) Description of noncash assistance										Sched
(f) Amount of noncash assistance										
(e) Manner of cash disbursement										
(d) Amount of cash grant										
(c) Number of recipients										
(b) Region										
(a) Type of grant or assistance										

	JIEF (FORM 990) 2016 WORLD FOOLIRI FOUNDATION, INC	31-1324070	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	X No
		Schedule E (Form	990) 2016

schedule r	Form 990) 2016 WORLD POULTRY FOUNDATION, INC	91-1924876	Page 5
Part V	Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounts	na method: amounts of	
	investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method	d), and Part III, column (c	:)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional inform	ation See instructions	
			
			
		·	
			
			
			
			
			

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

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection OMB No 1545-0047 2016

ame of the organization	V FOITNDAT	ONT NOTTAC					Employer identification number 91-1924876
Part General Information on Grants and Assistance	sistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	stantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	istance, and the selec	tion Yes X No
critera used to award the grants or assistance? One content in Dat 10 the communication's procedures for monitoring the use of grant funds in the United States.	o os for monite	aring the use of grant	funds in the United	d States			
声	stic Organiz	ations and Domestic	Governments. C	omplete if the orga	anization answered "Y	and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	t IV, line 21, for any
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (f applicable) cash grant	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LOBAL EDUCATION FUND .o. BOX 548 OULDER, CO 80306			2,170.	0.			IPPE EXPO, MOTIX MAFF VISIT-JAPAN, URUGUAY MEETINGS
NIVERSITY OF GEORGIA - UGA FEED PP - 405 COLLEGE STATION RD - THENS, GA 30602			18,000.	0.		:	MOBILE WEB APPLICATION
	:						
	:						
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table HA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 	wernment or	ganizations listed in the table ons for Form 990.	e line 1 table				Schedule I (Form 990) (2016)

91-1924876

Schedule i (Form 990) (2016) WORL/D POUL/TRY FOUNDATION, INC

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

n (f) Description of noncash assistance ther)							
(book, FMV, appraisal, other)			dditional information.				
(d) Amount of non- cash assistance			(b), and any other a		'		
(c) Amount of cash grant			ine 2, Part III, columi				
(b) Number of recipients			equired in Part I, I				į
(a) Type of grant or assistance			Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.				

SCHEDULE J. (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990.
➤ Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WORLD POULTRY FOUNDATION, INC

Employer identification number 91-1924876

Schedule J (Form 990) 2016

Pa	Iff I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			ļ
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			·
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			-
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
				·
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to] '
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
	Receive a severance payment or change-of-control payment?	4a	X	
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	^	Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	 	Α.
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			ļ
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of			
а	The organization?	- 5a		X
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of.			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III	1		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	l	I

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

WORLD POULTRY FOUNDATION, INC Schedule J (Form 990) 2016

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on fow (ii) Do not list any individuals that aren't listed on Form 990, Part VII Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of V	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	16
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(G)-(i)(B)	in column (B) reported as deferred on prior Form 990
(1) JIM SUMNER PRESIDENT	€€	268,285.	112,302.	0	28,518.	23,300.	432,405.	0.0
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Schedule J (Form 990) 2016 WORLD POULTRY FOUNDATION, INC	91-1924876 Page 3	က
Part III Supplemental Information Provide the information explanation or descriptions required for Part I lines 1a 1b 3 4a 4b 4c 5a 5b 6a 6b 7, and 8, and for Part II Also complete this part for any additional information	ı	1
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	Schedule J (Form 990) 2016	19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 16 Open to Public Inspection

Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number WORLD POULTRY FOUNDATION, INC 91-1924876 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROVIDING TECHNICAL, EDUCATIONAL AND OTHER ASSISTANCE, TO FOSTER INTERNATIONAL GOODWILL AND PROMOTE INTERNATIONAL TRADE THROUGH SUCH CHARITABLE ASSISTANCE. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INTERNATIONAL TRADE THROUGH SUCH CHARITABLE ASSISTANCE. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS OR STOCKHOLDERS. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OR STOCKHOLDERS MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY. FORM 990, PART VI, SECTION A, LINE 7B: DECISONS OF THE GOVERNING BODY MAY BE SUBJECT TO THE APPROVAL BY MEMBERS OR STOCKHOLDERS. FORM 990, PART VI, SECTION A, LINE 8B: NOT APPLICABLE. FORM 990, PART VI, SECTION B, LINE 11B: OFFICERS OF THE ORGANIZATION REVIEW THE FORM 990 FOR ACCURACY AND

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

Schedule O (Form 990 or 990-EZ) (2016)

COMPLETENESS.

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization WORLD POULTRY FOUNDATION, INC	Employer identification number 91-1924876
FORM 990, PART VI, SECTION C, LINE 19:	
NO DOCUMENTS AVAILABLE TO THE PUBLIC.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
VARIOUS CONSULTANT FEES:	
PROGRAM SERVICE EXPENSES	323,400.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	323,400.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	323,400.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ROUNDING	-1.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection 2016

Employer identification number 91-1924876(g) Section 512(b)(13) ٥ × controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling End-of-year assets (e status (if section Public charity 501(c)(3)) Total income Exempt Code section 501(C)(6) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or Legal domicile (state or foreign country) foreign country) **BEORGIA** WORLD POULTRY FOUNDATION, INC Primary activity Primary activity TRADE ASSOCIATION For Paperwork Reduction Act Notice, see the Instructions for Form 990. 58-1636513, 2300 W. PARK PLACE BLVD, SUITE USA POULTRY & EGG EXPORT COUNCIL, INC. Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 100, STONE MOUNTAIN, GA 30087 Name of the organization Part Part

Schedule R (Form 990) 2016

Page 2

Schedule R (Form 990) 2016 WORLD POULTRY FOUNDATION, INC

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

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Name, address, and EIN	Primary activity	domicile	Direct controlling	Predomina		Share of total	_	_	Disproportionate	Code V.UBI		Percentage
of related organization		(state or foreign		excluded fro	(related, unrelated, excluded from tax under	income	end-of-year assets		Suoi	amount in box 20 of Schedule		partner? ownership
		country)		sections	512-514)			_	Yes No	K-1 (Form 106	5) Yes No	
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Part IV Identification of herated or gainzations treated as a corporation or trust during the tax year	rporation or trust during	g the tax y	year		e Olganization	allsweign		330, 781		occause it ita	5	Ore related
(a)			(a)	(0)	Đ		(e)	ε	<u> </u>	(6)	ε	E
Name address and El		Prim	Primary activity	edal domicita	Direct controlling		of entity	Share of total	_		Percentage	
of related organization				(state or foreign	entity		(C corp, S corp,	income		end-of-year	ownership	controlled entity?
				country)		5	1000	ì		docto	ĺ	Yes No
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632162 09-06-16				43						Sched	ule R (For	Schedule R (Form 990) 2016

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	:			Yes
1 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?	ns with one or more re	elated organizations listed	in Parts II-IV?	⊢-
a Receipt of (i) interest, (ii) annuttes, (iii) royalties, or (iv) rent from a controlled entity b. Gift group for control control to a factor of properties (c).	>			ta t
d Loans or loan guarantees to or for related organization(s)				X X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				×
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				
i Exchange of assets with related organization(s)				i=
j Lease of facilities, equipment, or other assets to related organization(s)				1j X
k Lease of facilities, equipment, or other assets from related organization(s)				*
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			1 X
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			-+
	ion(s)			X X
 Sharing of paid employees with related organization(s) 				4 01
P Reimbursement paid to related organization(s) for expenses				X dt
 Reimbursement paid by related organization(s) for expenses 				19 X
r Other transfer of cash or property to related organization(s)				# # #
If the answer to any of the above is "Yes," see the instructions for	who must complete the	ns line, including covered	information on who must complete this line, including covered relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	olved
(1) USA POULTRY & EGG EXPORT COUNCIL, INC.	×	87,500.	LSOS	
(2) USA POULTRY & EGG EXPORT COUNCIL, INC.	0	432,405.	.cosT	
(6)				
(4)				
(5)				
(9)				
632 163 09-06-16	44		Schedule R	Schedule R (Form 990) 2016

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 or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

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Name, address, and EIN of entrty	Primary activity	흜	redominant income pa (related, unrelated, 5 excluded from tax under	501(c)(3) for orgs 2	-	Share of end-of-year	bispropor- tionate allocations?	amount in box 20 managing ownership of Schedule K-1 partner?	General managir partner	or Percentage
		country)	sections 512-514)	Yes No	income	assets	Yes No	(Form 1065)	Yes No	
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Schedule R	(Form 990) 2016	WORLD	POULTRY	FOUNDATION,	INC	91-1924876	Page 5
Part VII	(Form 990) 2016 Supplemental In	formation	_			 	
1214		iorination.		01.11.00			
	Provide additional info	ormation for resp	onses to questi	ons on Schedule R See	instructions	 	
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