**Form 990**

**Return of Organization Exempt From Income Tax**

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

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

### A For the 2007 calendar year, or tax year beginning __________, 2007, and ending __________.

#### B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return

#### C Please use IRS label or print or type. See specific instructions.
- [ ] UNITED POULTRY CONCERNS, INC.
- [ ] P. O. BOX 150
- [ ] MACHIPONGA, VA 23405

#### D Employer Identification Number
- [ ] 52-1705678

#### E Telephone number
- [ ] 757-678-7875

#### F Accounting method:
- [ ] Cash
- [ ] Accrual

#### G Web site: [UPC-ONLINE.ORG](http://UPC-ONLINE.ORG)

#### J Organization type (check only one) ...
- [ ] 501(c) 3
- [ ] (insert no.)
- [ ] 4947(a)(1) or
- [ ] 527

#### K Check here [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

#### L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 [ ] 475, 662.

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Contributions to donor advised funds</td>
<td>$456,215</td>
</tr>
<tr>
<td>1b</td>
<td>Direct public support (not included on line 1a)</td>
<td>6,534</td>
</tr>
<tr>
<td>1c</td>
<td>Indirect public support (not included on line 1a)</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td>Government contributions (grants) (not included on line 1a)</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td>Total (add lines 1a through 1d)</td>
<td>$462,749</td>
</tr>
<tr>
<td>2</td>
<td>Program service revenue including government fees and contracts</td>
<td>4,986</td>
</tr>
<tr>
<td>3</td>
<td>Membership dues and assessments</td>
<td>84</td>
</tr>
<tr>
<td>4</td>
<td>Interest on savings and temporary cash investments</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Dividends and interest from securities</td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>Gross rents</td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td>Less: rental expenses</td>
<td></td>
</tr>
<tr>
<td>6c</td>
<td>Net rental income (or loss). Subtract line 6b from line 6a</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other investment income (describe )</td>
<td></td>
</tr>
<tr>
<td>8a</td>
<td>Gross amount from sales of assets other than inventory</td>
<td></td>
</tr>
<tr>
<td>8b</td>
<td>Less: cost or other basis and sales expenses</td>
<td></td>
</tr>
<tr>
<td>8c</td>
<td>Gain or (loss) (attach schedule)</td>
<td></td>
</tr>
<tr>
<td>8d</td>
<td>Net gain or (loss). Combine line 8c, columns (A) and (B)</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Special events and activities (attach schedule). If any amount is from gaming, check here.</td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td>Gross revenue (not including $ of contributions reported on line 1b)</td>
<td></td>
</tr>
<tr>
<td>9b</td>
<td>Less: direct expenses other than fundraising expenses</td>
<td></td>
</tr>
<tr>
<td>9c</td>
<td>Net income or (loss) from special events. Subtract line 9b from line 9a</td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Gross sales of inventory, less returns and allowances</td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Less: cost of goods sold</td>
<td></td>
</tr>
<tr>
<td>10c</td>
<td>Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Other revenue (from Part VII, line 103)</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Program services (from line 44, column (B))</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Management and general (from line 44, column (C))</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Fundraising (from line 44, column (D))</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Payments to affiliates (attach schedule)</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Total expenses. Add lines 16 and 44, column (A)</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Excess or (deficit) for the year. Subtract line 17 from line 12</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Net assets or fund balances at beginning of year (from line 73, column (A))</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Other changes in net assets or fund balances (attach explanation)</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Net assets or fund balances at end of year. Combine lines 18, 19, and 20</td>
<td></td>
</tr>
</tbody>
</table>

**Note:**
- [ ] Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
- [ ] H and I are not applicable to section 527 organizations.
- [ ] H (a) Is this a group return for affiliates? ... [ ] Yes [ ] No
- [ ] H (b) If “Yes,” enter number of affiliates. ...
- [ ] H (c) Are all affiliates included? ...
- [ ] H (d) Is this a separate return filed by an organization covered by a group ruling? ...
- [ ] I Group Exemption Number ...
- [ ] M Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
Part II  Statement of Functional Expenses  

<table>
<thead>
<tr>
<th>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</th>
<th>(A) Total</th>
<th>(B) Program services</th>
<th>(C) Management and general</th>
<th>(D) Fundraising</th>
</tr>
</thead>
<tbody>
<tr>
<td>22a  Grants paid from donor advised funds (attach sch)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(cash $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>non-cash $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If this amount includes foreign grants, check here □</td>
<td>22a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22b  Other grants and allocations (att sch)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(cash $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>non-cash $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If this amount includes foreign grants, check here □</td>
<td>22b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23  Specific assistance to individuals (attach schedule).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24  Benefits paid to or for members (attach schedule).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25a  Compensation of current officers, directors, key employees, etc. listed in Part V-A.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9,720.</td>
<td>7,776.</td>
<td>972.</td>
<td>972.</td>
</tr>
<tr>
<td>25b  Compensation of former officers, directors, key employees, etc. listed in Part V-B.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>25c  Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>26  Salaries and wages of employees not included on lines 25a, b, and c.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>14,299.</td>
<td>11,439.</td>
<td>1,430.</td>
<td>1,430.</td>
</tr>
<tr>
<td>27  Pension plan contributions not included on lines 25a, b, and c.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28  Employee benefits not included on lines 25a - 27.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29  Payroll taxes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1,825.</td>
<td>1,460.</td>
<td>182.</td>
<td>183.</td>
</tr>
<tr>
<td>30  Professional fundraising fees.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31  Accounting fees.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8,042.</td>
<td>6,273.</td>
<td>1,769.</td>
<td></td>
</tr>
<tr>
<td>32  Legal fees.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33  Supplies.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3,580.</td>
<td>3,043.</td>
<td>537.</td>
<td></td>
</tr>
<tr>
<td>34  Telephone.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2,296.</td>
<td>2,066.</td>
<td>115.</td>
<td>115.</td>
</tr>
<tr>
<td>35  Postage and shipping.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8,354.</td>
<td>6,766.</td>
<td>418.</td>
<td>1,170.</td>
</tr>
<tr>
<td>36  Occupancy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37  Equipment rental and maintenance.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38  Printing and publications.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>42,609.</td>
<td>36,644.</td>
<td>5,965.</td>
<td></td>
</tr>
<tr>
<td>39  Travel.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5,726.</td>
<td>5,154.</td>
<td>286.</td>
<td>286.</td>
</tr>
<tr>
<td>40  Conferences, conventions, and meetings.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3,564.</td>
<td>3,564.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41  Interest.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1,552.</td>
<td>1,397.</td>
<td>78.</td>
<td>77.</td>
</tr>
<tr>
<td>42  Depreciation, depletion, etc (attach schedule).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43  Other expenses not covered above (itemize):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a  SEE STATEMENT 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43a  42,528.</td>
<td>29,880.</td>
<td>3,037.</td>
<td>9,611.</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44  Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>147,567.</td>
<td>118,586.</td>
<td>8,998.</td>
<td>19,983.</td>
</tr>
</tbody>
</table>

Joint Costs. Check □ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? □ Yes X No

If ‘Yes,’ enter (i) the aggregate amount of these joint costs $ ; (ii) the amount allocated to Program services $ ; (iii) the amount allocated to Management and general $ ; and (iv) the amount allocated to Fundraising $ .
Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? See Statement 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

<table>
<thead>
<tr>
<th>Program Service Expenses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)</td>
<td></td>
</tr>
<tr>
<td>a UNITED POULTRY CONCERNS, INC IS CONCERNED ABOUT THE TREATMENT OF</td>
<td></td>
</tr>
<tr>
<td>DOMESTIC POULTRY IN FOOD PRODUCTION, SCIENCE, EDUCATION, ENTERTAINMENT, AND</td>
<td></td>
</tr>
<tr>
<td>HUMAN COMPANIONSHIP THEREBY STRIVING TO REDUCE THE NUMBER OF</td>
<td></td>
</tr>
<tr>
<td>DOMESTIC POULTRY USED IN FOOD PRODUCTION.</td>
<td></td>
</tr>
<tr>
<td>(Grants and allocations $) If this amount includes foreign grants, check here □</td>
<td>118,586.</td>
</tr>
<tr>
<td>b</td>
<td></td>
</tr>
<tr>
<td>(Grants and allocations $) If this amount includes foreign grants, check here □</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
</tr>
<tr>
<td>(Grants and allocations $) If this amount includes foreign grants, check here □</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
</tr>
<tr>
<td>(Grants and allocations $) If this amount includes foreign grants, check here □</td>
<td></td>
</tr>
<tr>
<td>e Other program services.</td>
<td></td>
</tr>
<tr>
<td>(Grants and allocations $) If this amount includes foreign grants, check here □</td>
<td></td>
</tr>
<tr>
<td>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</td>
<td>118,586.</td>
</tr>
</tbody>
</table>
### Part IV  Balance Sheets (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45 Cash — non-interest-bearing</td>
<td>10,030.45</td>
<td>63,959.</td>
</tr>
<tr>
<td>46 Savings and temporary cash investments</td>
<td>4,682.46</td>
<td>5,393.</td>
</tr>
<tr>
<td>47a Accounts receivable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: allowance for doubtful accounts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>48a Pledges receivable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: allowance for doubtful accounts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49 Grants receivable</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>50a Receivables from current and former officers, directors, trustees, and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>key employees (attach schedule)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Receivables from other disqualified persons (as defined under section</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>schedule)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51a Other notes and loans receivable (attach schedule)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: allowance for doubtful accounts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>52 Inventories for sale or use</td>
<td>8,400.52</td>
<td>12,950.</td>
</tr>
<tr>
<td>53 Prepaid expenses and deferred charges</td>
<td>53</td>
<td></td>
</tr>
<tr>
<td>54a Investments — publicly-traded securities</td>
<td>Cost FMV</td>
<td></td>
</tr>
<tr>
<td>b Investments — other securities (attach sch)</td>
<td>Cost FMV</td>
<td></td>
</tr>
<tr>
<td>55a Investments — land, buildings, &amp; equipment: basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: accumulated depreciation (attach schedule)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>56 Investments — other (attach schedule)</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>57a Land, buildings, and equipment: basis</td>
<td>129,822.</td>
<td></td>
</tr>
<tr>
<td>b Less: accumulated depreciation (attach schedule)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>58 Other assets, including program-related investments (describe</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td>see statement 5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>59 Total assets (must equal line 74). Add lines 45 through 58</td>
<td>159,056.59</td>
<td>466,420.</td>
</tr>
<tr>
<td>60 Accounts payable and accrued expenses</td>
<td>3,344.60</td>
<td>11,866.</td>
</tr>
<tr>
<td>61 Grants payable</td>
<td>61</td>
<td></td>
</tr>
<tr>
<td>62 Deferred revenue</td>
<td>62</td>
<td></td>
</tr>
<tr>
<td>63 Loans from officers, directors, trustees, and key employees (attach</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td>schedule)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64a Tax-exempt bond liabilities (attach schedule)</td>
<td>64a</td>
<td></td>
</tr>
<tr>
<td>b Mortgages and other notes payable (attach schedule)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65 Other liabilities (describe see statement 7)</td>
<td>65</td>
<td>1,481.</td>
</tr>
<tr>
<td>66 Total liabilities. Add lines 60 through 65</td>
<td>26,802.66</td>
<td>13,347.</td>
</tr>
<tr>
<td><strong>B. LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>67 Unrestricted</td>
<td>132,254.67</td>
<td>453,073.</td>
</tr>
<tr>
<td>68 Temporarily restricted</td>
<td>68</td>
<td></td>
</tr>
<tr>
<td>69 Permanently restricted</td>
<td>69</td>
<td></td>
</tr>
<tr>
<td><strong>C. ORGANIZATIONS THAT FOLLOW SFAS 117</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>through 69 and lines 73 and 74</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70 Capital stock, trust principal, or current funds</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>71 Paid-in or capital surplus, or land, building, and equipment fund</td>
<td>71</td>
<td></td>
</tr>
<tr>
<td>72 Retained earnings, endowment, accumulated income, or other funds</td>
<td>72</td>
<td></td>
</tr>
<tr>
<td><strong>D. ORGANIZATIONS THAT DO NOT FOLLOW SFAS 117</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>73 Total net assets or fund balances. Add lines 67 through 69 or lines</td>
<td>132,254.73</td>
<td>453,073.</td>
</tr>
<tr>
<td>74 Total liabilities and net assets/fund balances. Add lines 66 and 73</td>
<td>159,056.74</td>
<td>466,420.</td>
</tr>
</tbody>
</table>

---

Form 990 (2007)  UNITED POULTRY CONCERNS, INC.  52-1705678  Page 4  

TEEA0104L  08/02/07
### Part IV-A | Reconciliation of Revenue per Audited Financial Statements with Revenue per Return
(See the instructions.)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Total revenue, gains, and other support per audited financial statements</td>
<td>471,741</td>
</tr>
<tr>
<td>b. Amounts included on line a but not on Part I, line 12:</td>
<td></td>
</tr>
<tr>
<td>1. Net unrealized gains on investments</td>
<td>b1</td>
</tr>
<tr>
<td>2. Donated services and use of facilities</td>
<td>b2</td>
</tr>
<tr>
<td>3. Recoveries of prior year grants</td>
<td>b3</td>
</tr>
<tr>
<td>4. Other (specify):</td>
<td>b4</td>
</tr>
<tr>
<td>Add lines b1 through b4.</td>
<td>b</td>
</tr>
<tr>
<td>c. Subtract line b from line a.</td>
<td>c</td>
</tr>
<tr>
<td>d. Amounts included on Part I, line 12, but not on line a:</td>
<td></td>
</tr>
<tr>
<td>1. Investment expenses not included on Part I, line 6b.</td>
<td>d1</td>
</tr>
<tr>
<td>2. Other (specify):</td>
<td>d2</td>
</tr>
<tr>
<td>Add lines d1 and d2.</td>
<td>d</td>
</tr>
<tr>
<td>e. Total revenue (Part I, line 12). Add lines c and d.</td>
<td>e</td>
</tr>
</tbody>
</table>

### Part IV-B | Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Total expenses and losses per audited financial statements</td>
<td>147,567</td>
</tr>
<tr>
<td>b. Amounts included on line a but not on Part I, line 17:</td>
<td></td>
</tr>
<tr>
<td>1. Donated services and use of facilities</td>
<td>b1</td>
</tr>
<tr>
<td>2. Prior year adjustments reported on Part I, line 20</td>
<td>b2</td>
</tr>
<tr>
<td>3. Losses reported on Part I, line 20</td>
<td>b3</td>
</tr>
<tr>
<td>4. Other (specify):</td>
<td>b4</td>
</tr>
<tr>
<td>Add lines b1 through b4.</td>
<td>b</td>
</tr>
<tr>
<td>c. Subtract line b from line a.</td>
<td>c</td>
</tr>
<tr>
<td>d. Amounts included on Part I, line 17, but not on line a:</td>
<td></td>
</tr>
<tr>
<td>1. Investment expenses not included on Part I, line 6b.</td>
<td>d1</td>
</tr>
<tr>
<td>2. Other (specify):</td>
<td>d2</td>
</tr>
<tr>
<td>Add lines d1 and d2.</td>
<td>d</td>
</tr>
<tr>
<td>e. Total expenses (Part I, line 17). Add lines c and d.</td>
<td>e</td>
</tr>
</tbody>
</table>

### Part V-A | Current Officers, Directors, Trustees, and Key Employees
(List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Title and address</th>
<th>(B) Title and average hours per week devoted to position</th>
<th>(C) Compensation (if not paid, enter -0-)</th>
<th>(D) Contributions to employee benefit plans and deferred compensation plans</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>DR. KAREN DAVIS</td>
<td>PRESIDENT</td>
<td>9,720.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>PO BOX 150</td>
<td>MACHIPONGO, VA 23405</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOAN HOLTGRAVER</td>
<td>TREASURER</td>
<td>0</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>9810 ROSENSTEEL</td>
<td>SILVER SPRING, MD 20910</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DR. GEORGE ALLAN CATE</td>
<td>VICE PRESIDENT</td>
<td>0</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>6200 WESTCHESTER</td>
<td>COLLEGE PARK, MD 20740</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part V-A

Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings.

75b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If ‘Yes,’ attach a statement that identifies the individuals and explains the relationship(s).

75c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of ‘related organization’. If ‘Yes,’ attach a statement that includes the information described in the instructions.

75d Does the organization have a written conflict of interest policy?

Part V-B

Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Loans and Advances</th>
<th>(C) Compensation (if not paid, enter -0-)</th>
<th>(D) Contributions to employee benefit plans and deferred compensation plans</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
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</tr>
</tbody>
</table>

Part VI

Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities?

77 Were any changes made in the organizing or governing documents but not reported to the IRS?

78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?

b If ‘Yes,’ has it filed a tax return on Form 990-T for this year?

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?

b If ‘Yes,’ enter the name of the organization and check whether it is exempt or nonexempt.

81a Enter direct and indirect political expenditures. (See line 81 instructions.)

b Did the organization file Form 1120-POL for this year?

BAA
**Part VI** | **Other Information (continued)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)</td>
<td>82b</td>
<td>N/A</td>
</tr>
<tr>
<td>83a Did the organization comply with the public inspection requirements for returns and exemption applications?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?</td>
<td>83b</td>
<td>X</td>
</tr>
<tr>
<td>84a Did the organization solicit any contributions or gifts that were not tax deductible?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td>84b</td>
<td>N/A</td>
</tr>
<tr>
<td>85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>b Did the organization make only in-house lobbying expenditures of $2,000 or less?</td>
<td>85b</td>
<td>N/A</td>
</tr>
<tr>
<td>86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>b Gross receipts, included on line 12, for public use of club facilities</td>
<td>86b</td>
<td>N/A</td>
</tr>
<tr>
<td>87 501(c)(12) organizations. Enter: a Gross income from members or shareholders</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td>87b</td>
<td>N/A</td>
</tr>
<tr>
<td>88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part IX.</td>
<td>88b</td>
<td>X</td>
</tr>
<tr>
<td>89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.</td>
<td>89b</td>
<td>X</td>
</tr>
<tr>
<td>c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>d Enter: Amount of tax on line 89c, above, reimbursed by the organization</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>90a List the states with which a copy of this return is filed</td>
<td></td>
<td>VA</td>
</tr>
<tr>
<td>b Number of employees employed in the pay period that includes March 12, 2007</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>91a The books are in care of</td>
<td>ACCLAIM BOOKKEEPING COMPANY</td>
<td>Telephone number</td>
</tr>
<tr>
<td>Located at</td>
<td>ROCKVILLE MD</td>
<td>ZIP + 4</td>
</tr>
<tr>
<td>b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If 'Yes,' enter the name of the foreign country</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
### Part VII: Analysis of Income-Producing Activities

#### Note: Enter gross amounts unless otherwise indicated.

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>93 a</td>
<td>Program service revenue:</td>
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<td>93 b</td>
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<tr>
<td>93 f</td>
<td>Medicare/Medicaid payments.</td>
<td></td>
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<tr>
<td>93 g</td>
<td>Fees &amp; contracts from government agencies</td>
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<tr>
<td>94</td>
<td>Membership dues and assessments</td>
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<tr>
<td>95</td>
<td>Interest on savings &amp; temporary cash invmts</td>
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<tr>
<td>96</td>
<td>Dividends &amp; interest from securities</td>
<td></td>
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<tr>
<td>97 a</td>
<td>Net rental income or (loss) from real estate:</td>
<td></td>
<td>14</td>
<td></td>
<td>4,986</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>97 b</td>
<td>debt-financed property</td>
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<tr>
<td>97 c</td>
<td>not debt-financed property</td>
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</tr>
<tr>
<td>98</td>
<td>Net rental income or (loss) from pers prop</td>
<td></td>
<td>15</td>
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<td>84</td>
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<td></td>
</tr>
<tr>
<td>99</td>
<td>Other investment income</td>
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<tr>
<td>100</td>
<td>Gain or (loss) from sales of assets other than inventory</td>
<td></td>
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</tr>
<tr>
<td>101</td>
<td>Net income or (loss) from special events</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>102</td>
<td>Gross profit or (loss) from sales of inventory</td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>103 a</td>
<td>Other revenue:</td>
<td></td>
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<td>103 d</td>
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<td>103 e</td>
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<td></td>
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</tr>
<tr>
<td>104</td>
<td>Subtotal (add columns (B), (D), and (E))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>105</td>
<td>Total (add line 104, columns (B), (D), and (E))</td>
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</tr>
</tbody>
</table>

#### Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

### Part VIII: Relationship of Activities to the Accomplishment of Exempt Purposes

#### Line No. 

Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

<table>
<thead>
<tr>
<th>Line No.</th>
<th>Description</th>
<th>Code</th>
<th>Percentage of ownership interest</th>
<th>Nature of activities</th>
<th>Total income</th>
<th>End-of-year assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>102</td>
<td>SALES OF EDUCATIONAL MATERIALS AND CLOTHING ASSOCIATED WITH UPC AND THEIR ACTIVITIES IN ORDER TO INCREASE PUBLIC AWARENESS AND PROMOTE IMPROVED QUALITY OF LIFE FOR POULTRY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IX: Information Regarding Taxable Subsidiaries and Disregarded Entities

#### Name, address, and EIN of corporation, partnership, or disregarded entity

<table>
<thead>
<tr>
<th>Name, address, and EIN of corporation, partnership, or disregarded entity</th>
<th>Percentage of ownership interest</th>
<th>Nature of activities</th>
<th>Total income</th>
<th>End-of-year assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part X: Information Regarding Transfers Associated with Personal Benefit Contracts

#### a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 

Yes [X] No

#### b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 

Yes [X] No

#### Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).
Part XI  Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

<table>
<thead>
<tr>
<th></th>
<th>Name, address, of each controlled entity</th>
<th>Employer Identification Number</th>
<th>Description of transfer</th>
<th>Amount of transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>b</td>
<td></td>
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<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Totals</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Yes  No

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity.

<table>
<thead>
<tr>
<th></th>
<th>Name, address, of each controlled entity</th>
<th>Employer Identification Number</th>
<th>Description of transfer</th>
<th>Amount of transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
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<tr>
<td>b</td>
<td></td>
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<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Totals</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Yes  No

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer  Date

DR. KAREN DAVIS, PRESIDENT  
Type or print name and title.

Paid Preparer's Signature

Preparer's name (or yours if self-employed), address, and ZIP + 4

ARKIN & COMPANY, CHARTERED

15020 SHADY GROVE ROAD, SUITE 460

ROCKVILLE, MD 20850

EIN  52-1544293

Phone no.  (301) 340-1550

Preparer's SSN or PTIN (See General Instruction A)

P00579014
## Part I: Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None'.)

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $50,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation</th>
<th>(d) Contributions to employee benefit plans and deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Total number of other employees paid over $50,000: 0

## Part II: Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $50,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
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<tr>
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</tr>
</tbody>
</table>

Total number of others receiving over $50,000 for professional services: 0

## Part II - B: Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $50,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Total number of other contractors receiving over $50,000 for other services: 0

---

Name of the organization: UNITED POULTRY CONCERNS, INC.

Employer identification number: 52-1705678

---

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.
Part III Statements About Activities (See instructions.)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>X</td>
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<tr>
<td>2c</td>
<td>X</td>
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<td>2d</td>
<td>X</td>
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<tr>
<td>2e</td>
<td>X</td>
<td></td>
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<tr>
<td>3a</td>
<td>X</td>
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<td>3b</td>
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<td>3c</td>
<td>X</td>
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<td>3d</td>
<td>X</td>
<td></td>
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<td>4a</td>
<td>X</td>
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<tr>
<td>4b</td>
<td>N/A</td>
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<tr>
<td>4c</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>4d</td>
<td></td>
<td>N/A</td>
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<tr>
<td>4e</td>
<td></td>
<td>N/A</td>
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<tr>
<td>4f</td>
<td></td>
<td>0</td>
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<tr>
<td>4g</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

SEE FORM 990, PART V
Part IV  Reason for Non-Private Foundation Status  (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

5  ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6  ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7  ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8  ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9  ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)

11a ✔ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

12 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶

☐ Type I  ☐ Type II  ☐ Type III-Functionally Integrated  ☐ Type III-Other

Provide the following information about the supported organizations. (See instructions.)

<table>
<thead>
<tr>
<th>(a) Name(s) of supported organization(s)</th>
<th>(b) Employer identification number (EIN)</th>
<th>(c) Type of organization (described in lines 5 through 12 above or IRC section)</th>
<th>(d) Is the supported organization listed in the supporting organization’s governing documents?</th>
<th>(e) Amount of support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
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</tr>
</tbody>
</table>

Total ▶ 0.

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

BAA  Schedule A  (Form 990 or 990-EZ) 2007
<table>
<thead>
<tr>
<th>Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar year (or fiscal year beginning in)</td>
</tr>
<tr>
<td>15</td>
</tr>
<tr>
<td>16</td>
</tr>
<tr>
<td>17</td>
</tr>
<tr>
<td>18</td>
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<tr>
<td>19</td>
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<td>20</td>
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<td>21</td>
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<td>22</td>
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<tr>
<td>23</td>
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<tr>
<td>25</td>
</tr>
<tr>
<td>26</td>
</tr>
<tr>
<td>a</td>
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<tr>
<td>b</td>
</tr>
<tr>
<td>c</td>
</tr>
<tr>
<td>d</td>
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<tr>
<td>e</td>
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<tr>
<td>f</td>
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<td>f</td>
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<tr>
<td>g</td>
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<tr>
<td>27</td>
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<tr>
<td>a</td>
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<tr>
<td>b</td>
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<tr>
<td>c</td>
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<tr>
<td>d</td>
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<tr>
<td>e</td>
</tr>
<tr>
<td>f</td>
</tr>
<tr>
<td>g</td>
</tr>
<tr>
<td>h</td>
</tr>
</tbody>
</table>

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?  

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?  

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?  

32 Does the organization maintain the following:  
   a Records indicating the racial composition of the student body, faculty, and administrative staff?  
   b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  
   c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  
   d Copies of all material used by the organization or on its behalf to solicit contributions?  

33 Does the organization discriminate by race in any way with respect to:  
   a Students' rights or privileges?  
   b Admissions policies?  
   c Employment of faculty or administrative staff?  
   d Scholarships or other financial assistance?  
   e Educational policies?  
   f Use of facilities?  
   g Athletic programs?  
   h Other extracurricular activities?  

34a Does the organization receive any financial aid or assistance from a governmental agency?  

34b Has the organization's right to such aid ever been revoked or suspended?  

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination?  

---

Yes  No  

---

29  

30  

31  

32  

33  

33a  

33b  

33c  

33d  

33e  

33f  

33g  

33h  

34a  

34b  

35
### Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5/68)

Check ſ a if the organization belongs to an affiliated group. Check ſ b if you checked 'a' and 'limited control' provisions apply.

#### Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred.)

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(a) Affiliated group totals</th>
<th>(b) To be completed for all electing organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>36</td>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Total lobbying expenditures (add lines 36 and 37)</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Other exempt purpose expenditures</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Total exempt purpose expenditures (add lines 38 and 39)</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>Lobbying nontaxable amount. Enter the amount from the following table —</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the amount on line 40 is —</td>
<td>The lobbying nontaxable amount is —</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not over $500,000,000</td>
<td>20% of the amount on line 40</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>Over $500,000 but not over $1,000,000</td>
<td>$100,000 plus 15% of the excess over $500,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Over $1,000,000 but not over $1,500,000</td>
<td>$175,000 plus 10% of the excess over $1,000,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Over $1,500,000 but not over $17,000,000</td>
<td>$225,000 plus 5% of the excess over $1,500,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Over $17,000,000</td>
<td>$1,000,000</td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>Grassroots nontaxable amount (enter 25% of line 41)</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38</td>
<td>44</td>
<td></td>
</tr>
</tbody>
</table>

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

### Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

---

**Part VI-B** Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.
51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:
   (i) Cash ................................................................. 51a (i)  X
   (ii) Other assets .................................................. 51a (ii)  X

b Other transactions:
   (i) Sales or exchanges of assets with a noncharitable exempt organization ............................................... b (i)  X
   (ii) Purchases of assets from a noncharitable exempt organization ....................................................... b (ii)  X
   (iii) Rental of facilities, equipment, or other assets ................................................................. b (iii)  X
   (iv) Reimbursement arrangements ............................................ b (iv)  X
   (v) Loans or loan guarantees ........................................... b (v)  X
   (vi) Performance of services or membership or fundraising solicitations .................................................... b (vi)  X

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees ........................................... c  X

If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

<table>
<thead>
<tr>
<th>(a) Line no.</th>
<th>(b) Amount involved</th>
<th>(c) Name of noncharitable exempt organization</th>
<th>(d) Description of transfers, transactions, and sharing arrangements</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tr>
</tbody>
</table>

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? .........................................................  □ Yes  X  No

b If 'Yes,' complete the following schedule:

<table>
<thead>
<tr>
<th>(a) Name of organization</th>
<th>(b) Type of organization</th>
<th>(c) Description of relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
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<td></td>
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<tr>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of organization</td>
<td>UNITED POULTRY CONCERNS, INC.</td>
<td></td>
</tr>
<tr>
<td>------------------------------</td>
<td>------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Employer identification number</td>
<td>52-1705678</td>
<td></td>
</tr>
</tbody>
</table>

**Organization type (check one):**

**Filers of:**

- Form 990 or 990-EZ
  - Section: 501(c)(3) exempt private foundation
  - 4947(a)(1) nonexempt charitable trust not treated as a private foundation

- Form 990-PF
  - 501(c)(3) exempt private foundation
  - 4947(a)(1) nonexempt charitable trust treated as a private foundation
  - 501(c)(3) taxable private foundation

**Check if your organization is covered by the General Rule or a Special Rule.** *(Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule — see instructions.)*

**General Rule** —

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules** —

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
## Part I Contributors (See Specific Instructions.)

<table>
<thead>
<tr>
<th>Number</th>
<th>Name, address, and ZIP + 4</th>
<th>Aggregate contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MARINO CHARITABLE TRUST</td>
<td>$10,000</td>
<td>Person X, Payroll</td>
</tr>
<tr>
<td></td>
<td>360 WOODLAND ST #5</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HOLLISTON, MA 01746</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>RHODA CHRISTOPHER</td>
<td>$15,500</td>
<td>Person X, Payroll</td>
</tr>
<tr>
<td></td>
<td>PO BOX 261</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>KANUB, UT 84741</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>THE NANCY O'BRIEN TRUST</td>
<td>$24,151</td>
<td>Person X, Payroll</td>
</tr>
<tr>
<td></td>
<td>11723 CAMDEN AVE.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>OMAHA , NE 68164</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>HAROLD B. LARSON CHARITABLE TR</td>
<td>$30,000</td>
<td>Person X, Payroll</td>
</tr>
<tr>
<td></td>
<td>P.O. BOX 40430</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>RENO, NV 89504</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>EST. OF DIETRICH VON HAUGWITZ</td>
<td>$269,355</td>
<td>Person X, Payroll</td>
</tr>
<tr>
<td></td>
<td>104 CHESTNUT LANE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHAPEL HILL, NC 27514</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Complete Part II if there is a noncash contribution.)
**Part II**

**Noncash Property** *(See Specific Instructions.)*

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>No. from Part I</td>
<td>Description of noncash property given</td>
<td>FMV (or estimate) (see instructions)</td>
<td>Date received</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>
### Part III

**Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year.**

(Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc, contributions of $1,000 or less for the year. (Enter this information once — see instructions.)

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee’s name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) No. from Part I

<table>
<thead>
<tr>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee’s name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) No. from Part I

<table>
<thead>
<tr>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee’s name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

(a) No. from Part I

<table>
<thead>
<tr>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee’s name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

Name of organization: UNITED POULTRY CONCERNS, INC.

Employer identification number: 52-1705678
### STATEMENT 1
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROSS PROFIT (LOSS) FROM SALES OF INVENTORY</td>
<td>$ 7,843</td>
</tr>
<tr>
<td>LESS RETURNS &amp; ALLOWANCES</td>
<td></td>
</tr>
<tr>
<td>NET SALES</td>
<td>$ 7,843</td>
</tr>
<tr>
<td>LESS COST OF GOODS SOLD</td>
<td>$ 3,921</td>
</tr>
<tr>
<td>GROSS PROFIT FROM SALES OF INVENTORY</td>
<td>$ 3,922</td>
</tr>
</tbody>
</table>

### STATEMENT 2
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>UNRECORD AUDIT ENTRY FOR ACCOUNTS PAYABLE</td>
<td>$ -3,355</td>
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<tr>
<td>TOTAL</td>
<td>$ -3,355</td>
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### STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES

<table>
<thead>
<tr>
<th>Category</th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL</td>
<td>PROGRAM SERVICES</td>
<td>MANAGEMENT &amp; GENERAL</td>
<td>FUNDRAISING</td>
<td></td>
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<tr>
<td>ADVERTISING &amp; MEDIA</td>
<td>8,076.</td>
<td></td>
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<td></td>
<td>8,076.</td>
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<tr>
<td>AUTO EXPENSES</td>
<td>37.</td>
<td>29.</td>
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<tr>
<td>BANK FEES</td>
<td>1,118.</td>
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<td>1,118.</td>
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<tr>
<td>CASUAL LABOR</td>
<td>35.</td>
<td>28.</td>
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<td>DUES &amp; SUBSCRIPTIONS</td>
<td>1,286.</td>
<td>1,158.</td>
<td>64.</td>
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<td>EDUCATION EXPENSES</td>
<td>50.</td>
<td>45.</td>
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<tr>
<td>INSURANCE</td>
<td>979.</td>
<td>881.</td>
<td>49.</td>
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<tr>
<td>MEALS &amp; ENTERTAINMENT</td>
<td>178.</td>
<td>160.</td>
<td>9.</td>
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<tr>
<td>MISCELLANEOUS</td>
<td>82.</td>
<td>66.</td>
<td>8.</td>
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<tr>
<td>OFFICE SUPPLIES</td>
<td>1,060.</td>
<td>901.</td>
<td>159.</td>
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<tr>
<td>OTHER TAXES &amp; LICENSES</td>
<td>225.</td>
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<td></td>
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<td>225.</td>
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<tr>
<td>REPAIRS &amp; MAINTENANCE</td>
<td>6,674.</td>
<td>6,007.</td>
<td>333.</td>
<td>334.</td>
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<td>SANITARY CARE</td>
<td>2,930.</td>
<td>2,638.</td>
<td>146.</td>
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<td>SERVICES</td>
<td>12,414.</td>
<td>11,172.</td>
<td>621.</td>
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<td>TAXES (R/E)</td>
<td>709.</td>
<td>638.</td>
<td>36.</td>
<td>35.</td>
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<tr>
<td>UTILITIES</td>
<td>5,180.</td>
<td>4,662.</td>
<td>259.</td>
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<tr>
<td>VETERINARIAN FEES</td>
<td>1,495.</td>
<td>1,495.</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$ 42,528.</strong></td>
<td><strong>$ 29,880.</strong></td>
<td><strong>$ 3,037.</strong></td>
<td><strong>$ 9,611.</strong></td>
<td></td>
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</tbody>
</table>

### STATEMENT 4
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

IMPROVE THE TREATMENT OF DOMESTIC FOWL
**STMT 5**
FORM 990, PART IV, LINE 54A
INVESTMENTS - PUBLICLY TRADED SECURITIES

<table>
<thead>
<tr>
<th>OTHER PUBLICLY TRADED SECURITIES</th>
<th>VALUATION METHOD</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHORT-TERM CDS</td>
<td>MARKET VALUE</td>
<td>$273,135.</td>
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<tr>
<td>SALOMON BROTHERS VALUE FUND</td>
<td>MARKET VALUE</td>
<td>$439.</td>
</tr>
<tr>
<td>UBS FINANCIAL MUTUAL FUNDS</td>
<td>MARKET VALUE</td>
<td>$12,182.</td>
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<tr>
<td><strong>TOTAL</strong></td>
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<td><strong>$285,756</strong></td>
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PUBLICLY TRADED SECURITIES $285,756.

**STMT 6**
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>BASIS</th>
<th>ACCUM. DEPRECIATION</th>
<th>BOOK VALUE</th>
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</thead>
<tbody>
<tr>
<td>MACHINERY AND EQUIPMENT</td>
<td>$15,062.</td>
<td>$12,637.</td>
<td>$2,425.</td>
</tr>
<tr>
<td>BUILDINGS</td>
<td>61,707.</td>
<td>14,964.</td>
<td>46,743.</td>
</tr>
<tr>
<td>IMPROVEMENTS</td>
<td>22,199.</td>
<td>3,745.</td>
<td>18,454.</td>
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<tr>
<td>LAND</td>
<td>30,000.</td>
<td>30,000.</td>
<td>30,000.</td>
</tr>
<tr>
<td>MISCELLANEOUS</td>
<td>854.</td>
<td>114.</td>
<td>740.</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$129,822.</strong></td>
<td><strong>$31,460.</strong></td>
<td><strong>$98,362.</strong></td>
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</table>

**STMT 7**
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

<table>
<thead>
<tr>
<th>PAYROLL TAX PAYABLE</th>
<th>$1,481.</th>
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</thead>
<tbody>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$1,481.</strong></td>
</tr>
</tbody>
</table>