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Form 990-EZ

## **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)

2009

OMB No 1545-1150

Open to Public Inspection

Form 990-EZ (2009

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

The organization may have to use a copy of this return to satisfy state reporting requirements For the 2009 calendar year, or tax year beginning and ending Check if applicable D Employer identification number Please Name of organization Address change use IRS WASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC 11-3673099 label or Name change E Telephone number print or Number and street (or P O box, if mail is not delivered to street address) Room/suite Initial return type. Terminated See 211 PROGRESS AVENUE 859-336-7741 Specific City, town, or country ZIP + 4 Amended return F Group Exemption Instruc-Number Application pending tions SPRINGFIELD KY 40069 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach X Cash G Accounting Method: Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check ► X if the organization is not Website: ▶ required to attach Schedule B (Form 990. 990-EZ, or 990-PF). X 501(c) ( 5 ) ◀ (insert no ) 4947(a)(1) or Tax-exempt status (check only one)— 527 If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ 67,489 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received . . . . 51,000 2 Program service revenue including government fees and contracts 3 Membership dues and assessments . . . . . . . . . 3 1,450 4 Investment income 208 5a Gross amount from sale of assets other than inventory . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ 0 of contributions 14,591 reported on line 1) . . 8,418 Less direct expenses other than fundraising expenses . . . . 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6,173 6c Gross sales of inventory, less returns and allowances . . . 7a Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7с O 240 Other revenue (describe ► See Attached Statement Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. 9 59,071 10 Grants and similar amounts paid (attach schedule) 10 123,338 11 Benefits paid to or for members 11 MAY 1 4 2010 12 Salaries, other compensation, and employee benefits... 12 2.833 13 Professional fees and other payments to independent contractors 13 14 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping. 15 16 Other expenses (describe > See Attached Statement 16 107,230 17 Total expenses. Add lines 10 through 16 17 233,401 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . 18 -174,330 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 256.970 20 Other changes in net assets or fund balances (attach explanation). . . 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 82.640 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (A) Beginning of year (See the instructions for Part II.) (B) End of year Cash, savings, and investments 256,970 22 82,640 Land and buildings . . . 23 24 Other assets (describe ▶ 24 0 25 Total assets . . . 256.970 25 82,640 Total liabilities (describe ▶ ol 26 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) 256,970 82,640 27

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

(HTA)

Form	990-F7	/2000

١	MACHINICTON	COLINITY	CATTI	CAMENI	ASSOCIATION	INIO
١	WASHINGTON	COUNTY	CALIL	EMEN A	ASSOCIATION:	INC:

11-3673099

Page 2

	12.1	- /2		( ))) \		
Part III Statement of Program Service Ac						Expenses
What is the organization's primary exempt purpose?						ired for section
Describe what was achieved in carrying out the organ	ization's exem	pt purposes. Ir	a clear and conci	se		)(3) and 501(c)(4) zations and section
manner, describe the services provided, the number of						a)(1) trusts, optional
each program title.			o. 10.010.11.11.11.11.11.11.11.11.11.11.11.		for oth	
28 116 GRANTS TO LOCAL BEEF CATTLE PRODU	ICERS TO IM	PROVE FARM	ING			
ODEDATIONS			iivo			
OPERATIONS.						
		• • • • • • • • • • • • • • • • • • • •		<u></u>		
(Grants \$ 123,338 ) If this amou	int includes fo	reign grants, ch	neck here	. ▶	28a	(
29						
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				<del></del>		
(Grants \$ 0 ) If this amou	int includes for	reign grants, ch	neck here	<b>▶</b>	29a	(
30						
***************************************						
(Grants \$ n ) If this amou						
Grants 5 0 1 it mis amou	int includes to	reign grants cr	neck here	<u> </u>	30a	(
31 Other program services (attach schedule)						
(Grants \$ 0 ) If this amou	int includes for	reign grants, ch	neck here	. ▶ 🔲	31a	(
32 Total program service expenses. (add lines 28			• • • • •		32	
Part IV List of Officers, Directors, Trustees, a	and Key Emp	ioyees. List each				
(a) Name and address		and average per week	(c) Compensation (If not paid,	(d) Contribute employee benef		(e) Expense account and
(2) Hamo and address		to position	enter -0)	deferred compe		other allowances
J P Blandford	Title Pres	, , , , , , , , , , , , , , , , , , , ,				
**	-	4.00	_		_	
3276 Lincoln Park Rd Springfield KY 40069	Hr/WK	4 00	0		0	(
ee Hood	Title Vice P	res				
506 N Doctor St Springfield KY 40069	Hr/WK	2.00	0		0	(
Cheryl Mattingly	Title Secy/T	rea				
1846 Jimtown Rd Springfield KY 40069	]	4.00	2 022		^	,
	Hr/WK	4.00	2,833		0	
Anthony Thompson	_ Title Dir					
500 Settles Ln Springfield KY 40069	Hr/WK	1.00	0		0	(
Fony Hamilton	Title Dir					•
105 W Virginia Ave Springfield KY 40069	Hr/WK	1.00	0		0	(
	1	1.00				
Kevin Riley	Title Dir					
10406 Main St Mackville KY 40040	Hr/WK	1.00	0		0	(
David Teater	Title Dir					
7762 Hwy 555 Willisburg KY 40078	Hr/WK	1.00	0		o	C
Pat Fowler	Title Dir	1.00				
	1	4.00			اء	_
2663 Cane Run Rd Springfield KY 40069	Hr/WK	1.00	0		0	
George Graves	Title Dir					
339 Jackson Branch Springfield KY 40069	Hr/WK	1.00	0		0	C
lımmie Clark	Title Dir					
36 Hillsboro Ln Willisburg KY 40078	1	1.00	0		ام	,
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ı aı	Other information (Note the statement) equilibrium in the instruction for that vig		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes	34		_ X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	. 4	**	
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		ì.	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		_
b		35b		_ X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	300		
30	during the year? If "Yes," complete applicable parts of Schedule N	36		х
37 a			· .	4 (
b		37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		£.	·
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38ā		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	2		3.4
39	Section 501(c)(7) organizations. Enter:	Ĭ.	7 3	#SK
а	Initiation fees and capital contributions included on line 9	4		έ,
b	Gross receipts, included on line 9, for public use of club facilities	4 1		
40 a	( , , , , , , , , , , , , , , , , , , ,	3, 4		
	section 4911 ►; section 4912 ►; section 4955 ►	No. See		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior	401		
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	,	` *.	,
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	. *	1	*
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c	*		
ű	reimbursed by the organization	1	: &.	(2)
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			1
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed. ▶ NONE			
42 a	The organization's books are in care of ► Cheryl Mattingly Telephone no. ►	(859) 3	36-77	41
	Located at ► 211 Progress Ave City Springfield ST KY ZIP + 4 ► 400	069		
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		Yes	No
	account)?	42b		Χ
	If "Yes," enter the name of the foreign country. ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A	١		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	·	162	140
-v-v	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			<del>  ^</del>
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		X
			90-E2	(2009)

► X Yes

No

Form **990-EZ** (2009)

Form 990-EZ	(2009) WASHIN	GTON COUNTY	CATTLEMEN ASSO	CIATION, INC		11	36730	99 i	age 4
Part VI	Section 501(c)(3) o	rganizations a	and section 4947(	a)(1) nonexem <sub>l</sub>	pt charitable	trusts only. All s	ection		
	501(c)(3) organizatı			empt charitable	trusts must a	nswer questions	46–49	b	
<del></del>	and complete the ta				<del></del>				
	the organization engage				half of or in opp	osition to		Yes	<u>No</u>
	didates for public office?	•				•	46		X
	the organization engage			•		_	47 48		X
	he organization a school the organization make a			•		E.,	49a		X
	rine organization make a res," was the related org	•	•	•	iization?.		49b		<u> </u>
	nplete this table for the o		<u> </u>		her than officer	s directors truste		kev	-
	ployees) who each receive							y	
		-	(b) Title and	l average (c	) Compensation	(d) Contributions to		Expens	e
(8	a) Name and address of each em than \$100,000	ployee paid more	hours pe devoted to			employee benefit plans & deferred compensation		count ar allowar	
Name Nor	ne Str		Title			<u> </u>			
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Name	Str		Title	ļ					
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Name City	Str ST	ZIP	Title	.00	اه	0			0
	al number of other emplo			.00	<u> </u>				
\$10	0,000 of compensation								
N Non			tractor paid more than \$100	0,000	(b) Type	of service	(c) Con	pensati	on
Name Nor	ie	Str	710						
City Name		ST Str	ZIP	·,,•,	<del>                                     </del>				
City		ST	ZIP						
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<b>d</b> lota	al number of other indepe	endent contracto	rs each receiving over	er \$100,000	P				
									-
	Under penalties of perjury, I o	declare that I have exa	amined this return, includin		dules and statement	s, and to the best of my	knowledo	ie	
	Under penalties of perjury, I can belief, it is true, correct.	declare that I have example to Deplara	amined this return, includin	g accompanying sched	dules and statement	s, and to the best of my	knowledg wledge	je	
Sign	Under penalties of perjury, I of and belief, it is true, correct, a	declare that I have exa	amined this return, includin ation of preparer (other that	g accompanying sched	dules and statement Il information of whice	s, and to the best of my	knowledg wledge	je	
-	Under penalties of perjury, I of and belief, it is true, correct.  Signature of officer	declare that I have exampled complete Deciars	ation of preparer (other that	g accompanying sched	Il information of white	s, and to the best of my th preparer has any kno	knowledg wledge	ge	
-	and belief, it is true, correct,	declare that I have example to popular	amined this return, including a strong of preparer (other that he had a strong of the	g accompanying sched	Il information of white	th preparer has any kno	knowledg wledge	ge	
-	and belief, it is true, correct,	and obmplete Decifira	ation of preparer (other that	g accompanying scheo n officer) is based on al	II information of whit	ch preparer has any kno	wledge O		
Sign Here Paid	and belief, it is true, correct  Signature of officer  Type or print name and to  Preparer's	and obmplete Decifira	ation of preparer (other that	g accompanying scheon officer) is based on all	Check if self-	Date  Preparer's identifier	wledge O		tructions)
Here	and belief, it is trué, correct.  Sighature of officer  Type or print name and to signature	And opposite Deopera	Prosident	g accompanying scheo n officer) is based on al	Check if self-employed	Preparer's identification P00295350	wiedge		tructions)
Here Paid	and belief, it is trué, correct.  Sighature of officer  Type or print name and true  Preparer's signature  Firm's name (or yours if self-employed).	A HOOL Ittle  Rick L Downs, C	Prosident	g accompanying scheon officer) is based on all Date 5/10/20	Check if self-employed	Date  Preparer's identifier	wiedge O ving numb	er (See ins	tructions)

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

Part | Line 8 (990-F7) - Other Revenue

Part I, Line 8 (990-EZ) - Other Revenue		240
Description		Amount
1 MEEETING SPONSORS	1	200
2 SCALES RENTED TO MEMBERS	2	40
3	3	
4	4	
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Par	t  , Line 10 (990-EZ) -	Part I, Line 10 (990-EZ) - Grants and Similar Ame	ounts Paid			!		•
	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	Clt,	State	Zip code	Foreign Country
1	Agricultural Activities	Various-less than 5000 each						
2								
3	Donations	Various-less than 5000 each	×					
4								
2								
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•	Date received						
	Method used to determine FMV						
0	Fair market						
	How book value determined						
0	Book value						
	Purpose of payment to affiliate						
	Description of the property Purpose of p						
	Relationship	None	950 None				
123,338	Amount of cash grant Relati	122,388	950				

Pa	rt I, Line 16 (990-EZ) - Other Expenses		107,230
1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	
5	Conferences, conventions, and meetings	5	3,062
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	1,500
9	Interest	9	
10	Supplies	10	416
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	Advertising and Promotion	13	484
14	Dues	14	595
	Annual Filing Fee	15	4
16	Insurance	16	1,169
17	Return of Grant Funds	17	100,000
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	<del></del>
24		24	
25		25	
26		26	
27		27	
28		28	

1 Contributions				. 1 _	
2 Noncash contributions				2 _	
3 Membership dues and assessments (contributions from the pub	lic)			. 3	
4 Government contributions (grants)	·			4	51,000
5 Commercial co-venture				. 5	
6 Special events contributions (Line 6 - Special Events) .				6 _	
7 Associated organization contributions			•	7 _	
8				8	
9				9	
10				10	
1 Total		· · · · · · · · · · · · · · · · · · ·		11	51,000
				· · · · · · · · · · · · · · · · · · ·	
Interest on savings and temporary cash investments	<del>.</del>			. 1_	208
Interest on savings and temporary cash investments     Dividends and interest from securities	<u> </u>	· .	• •	1 _ 2 _	208
1 Interest on savings and temporary cash investments .	· · ·	· · ·		1 _ 2 _ 3 _	208
2 Dividends and interest from securities	· · · · · · · · · · · · · · · · · · ·			1 _ 2 _ 3 _ 4 _	208