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-im 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-1150

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.								on										
								, 20	09									
B Check if applicable			Please		of organizati		0 11	· ·				D Emp	loyer id	lentifi	ication numb	oer		
=	ddress d	-	use IRS label or	Amor	cand	Dart	Coff	* Aso	N			42-1090				7		
=	Name change print or Number and street (or P.O. box, if mail is not delivered to street address) Room							Room/suit										
Initial return Terminated See Specific City or town, state or country, and ZIP + 4							41	7-1	468	-8/6	4							
	mended	return	Specific Instruc-							٠.		F Gro	up Exe	mpti	on			
	pplication	n pending	tions.	150012	live	StA	Mo	4561	9 - 98	80				nber 🕨				
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting M																	
	a completed Schedule A (Form 990 or 990-EZ). Other (speci																	
											x ► If the organization is not							
	/ebsit										- 1	•	ittach Schedule B (Form 990,					
		empt status (d							17(a)(1) or	<u> </u>	<u> </u>	90-EZ, or 99						
	heck		-							_		_			han \$25,000). A		
		90-EZ or Form											nete re	turn.				
	art I	S 5b, 6b, and 7										the instru	ction	s fo	r Part I \			
	1	Contributio			-				T dild De	1101100	63 (000	110 1113110	4	3 10		20		
	2	Program se							orte	• •			2	11	0/21			
	3	Membersh					ant iccs	and conti	acts .	• •			3	2				
	4	Investment	*.		03311101110	,		• • •					4	_ _	1874			
	5a	Gross amo			assets of	 ther than	invento	n,		5a	0	· · ·	nd sign		, , , ,			
	b	Less: cost								5b	<u> </u>							
	c	Gain or (los				-					ne 5a)		5c		- د -	_		
P F	6	Special event										here ▶ 🗍	i					
Revenue	а	Gross reve						of contri					40.35					
ě	_	reported o	•		''9 ♥ <u> </u>			01 00.11.1	50.10110	6a								
ш	ь	Less: direc		•			expensi	es	• •	6b	-							
	C	Net income	-	4		_	•				ine 6a)		6c					
	7a	Gross sale	•	•	•			-		7a	—a	<u>.</u>	* *					
	Ь	Less: cost			JOG 1010111	o and an	311411000		•	7b	6	<u> </u>	eget .b.					
	C	Gross prof	_		sales of in	ventory ((Subtrac	t line 7b f	rom line 7				7c		-0-	-		
	8	Other reve	- \	, -			(-, -)	8		-1-			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8									9		184 6	10				
	10	Grants and					_						10		<u> </u>			
	11						•		R	EC.E	EIVE	5 7	11		-1-			
Se	12	Salaries other compensation and employee benefits							12		-0 -							
Z.	13	Profession		-				¥	ters · MA	1V 1	F 201		13		60 77	70		
cpenses	14	Occupanc							(S) . MI.F	٠i ٻ	7 2011	۱. ا <u>۲۲</u> ۱. ۱	14		250			
Щ	15	Printing, p							<u> </u>	<u> </u>	<u>. ' . </u> .		15		3650			
	16	Other expe								3DE	N. U		16		65° 390	0		
	17	Total expe	enses.	Add lines	10 throu	gh 16 .					. 0, 0		17		165 175			
9	18	Excess or	(deficit)) for the y	ear (Subt	ract line	17 from	line 9) .					18		19 43.	5		
set	19	Net assets						rom line	27, colum	ın (A))	(must a	gree with	4		•••			
As	1	end-of-yea	ar figure	e reported	t on prior	year's re	turn) .						19		11628	<u>3</u>		
Net Assets	20	Other char	nges in	net asset	ts or fund	balance	s (attach	explanat	ion)				20					
	21	Net assets or fund balances at end of year. Combine lines 18 through 20								<u> ▶</u>	21		35710	8				
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990									ad of									
		(See the instructions for Part II.) (A) Beginning																
22		Land and buildings							·	11628	3_	22 23	1357	1/8				
23								·				<u> </u>						
24										24								
25		Total assets							25 —									
26		otal liabilitie			<u></u>	<u> </u>	(0)				_)			26				
								110280	<u> </u>	27		<u> </u>						
For	Privac	v Act and Pa	perwor	rk Reducti	on Act No	tice, see	the sepa	rate instru	ictions.		Cat. N	o. 10642I		Fo	m 990-E 2	८ (2009)		

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

Cat. No. 106421

Par						Expenses
Wha	t is the organization's primary exempt purpose?	To Plesoive + Prin	note Devetor	Cottle		uired for section
Desc	nd concise		:)(3) and 501(c)(4) nizations and section			
	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation for		(a)(1) trusts; optional
each	program title.				for ot	hers.)
28	Resulter Transfer and gram	str Dexter C	offle			
						
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ □	28a	1
29						
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	29a	
30						
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	30a	
31	Other program services (attach schedule)					
		includes foreign grants, che			31a	
32	Total program service expenses (add lines 28a				32	
Par	t IV List of Officers, Directors, Trustees, and Key	Employees. List each one ex	ven if not compensa	ated. (See the	instru	ctions for Part IV.
	45 No 4 - 44	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe	i pians & nsation	account and other allowances
K	oberta Wieringa	President				
		5 Anuk	٠			_
	ANdi Thomas	Vice Florident				
	·	2 AU Wh		_		
	AMI POWN Troughor	Secretory				
	The second second	3 Hx Wh		-		
_ਹ	AMES W SMITH	Treasprer			•	
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Form 99	0-EZ (2009)		F	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed	<u> </u>	Yes	No
	description of each activity	33		V
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		V
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	-	¥	,
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	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		V
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a - 0		- 18 - V	
b	Did the organization file Form 1120-POL for this year?	37b	77	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	2	V
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		a (\$	
39	Section 501(c)(7) organizations. Enter:	. 5	1. 1 1. 1 1. 1 1. 1	je, nika
a b	Initiation fees and capital contributions included on line 9	1.75		12/2
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1 y	* **	èн 'Ѯ'
704	section 4911 ▶; section 4912 ▶; section 4955 ▶	20 PF	2; ;	× 🏇
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	الريا	\$9 ,≿, \$7 , \$2	ideritali.
-	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	0.548	gg*1 - 50m	20 1 27
	organization managers or disqualified persons during the year under sections 4912,	1 "	李旭	1 1/4
	4955, and 4958	¥ -6'	7	1 B
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	ş	\$, 7.4 \$, \$\$	1. 1
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ► JAmes & JmiTH Telephone no. ► 4/7	1-82	8-F	166
_	Located at ►6907 W ALFALZA LN Braskling StA MO ZIP+4 > 656.	19 - 9	958	0
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ı	V	N
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	NO
	If "Yes," enter the name of the foreign country: ▶	42b	42 p	1000
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		n in	1835 1 1
	and Financial Accounts.	i i	÷ ,	· 🗽 🖠
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		-
	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			
				
4.6	Did the construction and the land of the l		Yes	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<u> </u>	
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44	وي ر -	<u>ر</u>
~~	"Yes," Form 990 must be completed instead of Form 990-EZ	45		
		1-10		<u> </u>

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none: 17(a)(1) nonexempt chari nd 51.	xempt charitab table trusts mus	le trusts only. Al t answer questio	ll sec ns 46	tion 3–49t)			
46	Did the organization engage in direct or indirect	political campaign activitie	es on behalf of or	in opposition to		Yes	No			
	candidates for public office? If "Yes," complete	Schedule C, Part I		[46		一			
47	Did the organization engage in lobbying activities	s? If "Yes," complete Sche	dule C, Part II .	[47		V			
48	Is the organization a school as described in section	the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								
49a	Did the organization make any transfers to an ex	Did the organization make any transfers to an exempt non-charitable related organization?								
	If "Yes," was the related organization a section 5	49b								
	Complete this table for the organization's five hi									
	employees) who each received more than \$100,									
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans &		Expen: Sount a				
	than \$100,000	devoted to position		deferred compensation	other	allowa	nces_			
				<u></u>						
	- A A									
-				 						
					i					
		·-								
f	Total number of other employees paid over \$100	0.000	<u> </u>	<u> </u>		-				
	\$100,000 of compensation from the organization (a) Name and address of each independent contractor	<u> </u>		pe of service	(c) Cor	npensa	ation			
	None									
										
d	Total number of other independent contractors e	each receiving over \$100,00	00▶							
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accompany of preparer (other than officer) is b	ying schedules and sta ased on all information	itements, and to the bes	t of my any kno	knowledge	edge e.			
Sign Here	8 Ignature of officer Tamas w Sm, TH Type or pnnt name and title	TREASUREY		5//// Date	1 201	ם'				
Paid	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nun	nber (Se	 e instruc	tions)			
Prepare	_ Firm s name (or		EII	v >						
Use On	yours if self-employed), address, and ZIP + 4			one no. ►						
May th	e IRS discuss this return with the preparer shown	above? See instructions		▶ _	Yes		Vo (2009)			

The Dexter Bulletin

Vol 49, No 1

Spring 2010

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We're growing!

Message from the President

The ADCA continues to grow and become even stronger as an association. Jim Smith reports the association is also doing well financially. We have just elected three new directors, Vance Matteson from Region 1,

Monica Dexter from Region 2 and Linda Rininger from Region 10. Welcome to all of you, and thank you for stepping up to take on these positions.

Hopefully, all of you

and your Dexters are doing well this winter. Calving season is just around the corner for many of us. With this also comes the subject of genotyping. There have been many questions regarding the genotyping of

This new requirement was implemented in 2009 with bull calves and with the typing of all herd sires by

all herd sires.

Dec. 31, 2009. In order to register any calf born in 2010, regardless of sex, the sire of the calf must

Take time to think about what this association means to you and what changes, if any, you would like to see.

> have his DNA genotyping done and on file with the registrar. If you have any questions regarding this requirement or the procedure to do the test, you should contact your

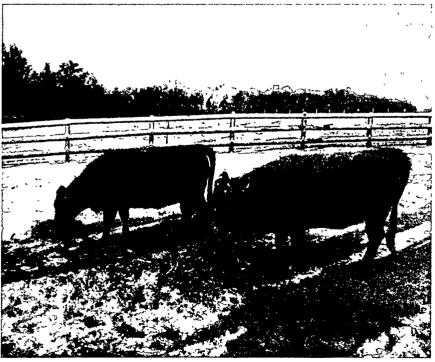
director.

Some of our members are gearing up for the Houston Livestock Show

> and Rodeo in March. Best of luck to all those who are planning on attending. Let the world know what great cattle

our Dexters are.

I know June sounds like a long way off, but the Annual General Meeting (AGM) in Athens, Tenn., will be here (continued on p. 5)



Clover and Caroline of Beavertree Farm, Cowpens, S.C., have had enough of winter and are ready for sunny weather.

Regional Directors

Region 1

Arkansas, Missouri, Illinois (Next election: 11/2012)

Region 2

Alaska, Idaho, Montana, Oregon, Washington (Next election: 11/2012)

Region 3

Arizona, California, Nevada, Hawaii (Next election: 11/2010)

Region 4

Colorado, New Mexico, Utah, Wyoming (Next election: 11/2010)

Region 6

Kansas, Nebraska, Oklahoma (Next election: 11/2010)

Region 7

Louisiana, Texas (Next election: 11/2010)

Region 8

South Carolina, North Carolina, Georgia, Alabama, Mississippi, Florida, Tennessee (Next election: 11/2010)

Region 9

Delaware, District of Columbia, Kentucky, Maryland, Pennsylvania, Virginia, West Virginia (Next election: 11/2011)

Region 10

Indiana, Michigan, Ohio (Next election: 11/2012)

Region 11

Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, Vermont (Next election: 11/2009)

Region 12

Iowa, North Dakota, South Dakota, Wisconsin, Minnesota (Next election: 11/2011)

Vance Mattson

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