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· мсагоинд 05/11/2010 Form **990** Form

Department of the Treasury Internal Revenue Service

SCANNED JUL 1 5 2010

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

OMB No 1545-0047 2009 Open to Public Inspection

<u>A</u>	For the 200	9 calendar ye	ar, or tax year beginning , and ending			
	Check if applica	USA IRS	C Name of organization		D Emplo	oyer identification number
\sqcup	Address chang	e label or	MISSOURIS CATTLEMEN FOUNDATION, Doing Business As	INC.	- 43-	1655573
\sqsubseteq	Name change	print or type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite		none number
\sqcup	Initial return	See	P.O. BOX 1040			3-592-0202
Ц	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4		G Gross rece	epts \$ 102,471
\sqcup	Amended retur		UNION MO 63084		_	
Ш	Application per	rung j	e and address of principal officer ORGE BARNITZ			a group return for es? Yes X No
			BOX 196			affiliates
			KE SPRING MO 65532		include If "No."	attach a list (see instructions)
	Tax-exempt	status X	501(c) (3) ◀ (insert no) 4947(a)(1) or 527			,
J	Website:		nocattlemanfoundation.org		H(c) Group	exemption number
	Type of organi			L Year of formation		M State of legal domicile
	Part I 1 Brie	Summai				
	F .	-	ne organization's mission or most significant activities: IDENT PREVENTION & EDUCATION			
nce	-					
erna						
Activities & Governance	2 Che	ck this box	fithe organization discontinued its operations or disposed of more than	25% of its net ass	ets	_
∞ ∞	3 Num	_	members of the governing body (Part VI, line 1a)		3	8
ities	4 Nun	•	endent voting members of the governing body (Part VI, line 1b) employees (Part V, line 2a)		5	<u>8</u> 1
Ę;	6 Tota	al number of v		6	100	
⋖	7a Tota	al gross unrel	7a			
	b Net	unrelated bu	siness taxable income from Form 990-T line 34		7b	0
		tabutana an	grants (Part VIII, line 1h)	Prior	Year 12,223	Current Year 31, 902
nue	8 Con		I grants (Part VIII, line 1h) revenue (Part VIII, line 2g)		828	403
Revenue	10 Inve	-	ne (Part VIII, column (A), lines 3, 4, and 7d)		6,711	7,749
ď	11 Oth	er revenue (F	52,538	30,160		
_	12 Tota	al revenue – a	add lines 8 through 11 (must equal Part VIII, column (A), line 12)		72,300	70,214
	1		ar amounts paid (Part IX, column (A), lines 1–3)		30,750	23,674
	1	· ·	or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5–10)		36,094	13,249
penses	16a Prof		raising fees (Part IX, column (A), line 11e)		30,031	15,245
Ded:	b Tota		expenses (Part IX, column (D), line 25) ▶			
Ж			Part IX, column (A), lines 11a-11d, 11f-24f)		3,919	8,010
		•	Add lines 13–17 (must equal Part IX, column (A), line 25)		70,763	44,933
<u> </u>	19 Rev	enue less ex	penses Subtract line 18 from line 12	Beginning of 0	1,537	25,281 End of Year
Net Assets or	20 Tota	al assets (Par	t X, line 16)		91,122	1,921,374
ASS	21 Tota	i liabilities (P	art X, line 26)		1,325	6,296
			d balances Subtract line 21 from line 20	1,8	89,797	1,915,078
	Part II	Signatu		· · · · · · · · · · · · · · · · · · ·		
		Under penal and belief, it	ties of perjury, I declare that I have examined this return, including accompanying schedul is true, correct, and complete. Declaration of preparer (other than officer) is based on all i	es and statements, a nformation of which p	nd to the best o preparer has any	f my knowledge / knowledge
Sig	an	$ \mathbf{k} X$	Mary Kup		1 7	alaly 20
He		Signatu	re of officer	· · · · · · · · · · · · · · · · · · ·	Date	-
			CARY RYAN			5-1440
		Type or	print name and title			
Pa	id	Preparer's	Date Date	Che self-		Preparer's identifying number (see instructions)
	eparer's	signature		/11/10 emp	loyed 🕨 💆	P00100551
	e Only	Firm's name	Coryonis Character Character Character	nc.	EIN D	43-0982980
	-	if self-employ address, and			Phone no	636-583-2506
Ma	y the IRS d	L	turn with the preparer shown above? (see instructions)			X Yes No
	Privacy A		rwork Reduction Act Notice, see the separate instructions.		<u> </u>	Form 990 (2009)
	-					A 150 1

Form 990 (2009) MISSOURIS CATTLEMEN FOUNDATION, INC. 43-1655573

Pa	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
-	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
J	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	_		
4	Schedule C, Part II	4		x
_				
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	5		
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	ᡰᢇ		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	•		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	_		x
	complete Schedule D, Part I	6		_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		_~
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			l
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	1		
	VII, VIII, IX, or X as applicable	11	X	<u> </u>
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			•
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	n 990	(2009)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23_		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			7.7
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	056		x
00	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		
_,	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		į	
	III, IV, and V, line 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			7.5
	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	_	1	v
	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	_	.	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2009) MISSOURIS CATTLEMEN FOUNDATION, INC. 43-1655573

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a	6	_		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b				ľ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	table				
	gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				Ì	ŀ
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	1		:	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	•		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	у				
	this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auti					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	al		١.		3.7
	account)?			4a		Х
b	If "Yes," enter the name of the foreign country.					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bar	IK				
F-	and Financial Accounts			5a		х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	12		5b		X
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard			JE		
·	Prohibited Tax Shelter Transaction?	9		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			"		
-	organization solicit any contributions that were not tax deductible?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	ds				
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			-		
	required to file Form 8282?		1	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		4		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers	onal				
	benefit contract?	_		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	1		7.		
٥	required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			7h		
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			 		
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b]		
11	Section 501(c)(12) organizations. Enter			1		
а	Gross income from members or shareholders	11a		_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1		
	amounts due or received from them)	11b]		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	41?	•	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		1		

DAA

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

Sec	tion A. Governing Body and Management					,	
						Yes	No
1a	Enter the number of voting members of the governing body	1a	8				
b	Enter the number of voting members that are independent	1b	8		1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
	any other officer, director, trustee, or key employee?				2	<u> </u>	X
3	Did the organization delegate control over management duties customarily performed by or under the direct					1	l
	supervision of officers, directors or trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed	?			4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?				5	<u></u>	X
6	Does the organization have members or stockholders?				6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members						
	of the governing body?				7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?				7b	Ì	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
	the year by the following					l .	
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached						
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the International Control of the International	ernal					
	renue Code.)						
						Yes	No
10a	Does the organization have local chapters, branches, or affiliates?				10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with those of the organization?				10b		1
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the						
	form?				11	х	1
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a		X
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give						
	rise to conflicts?				12b		l
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe in Schedule O how this is done				12c		l
13	Does the organization have a written whistleblower policy?				13		Х
14	Does the organization have a written document retention and destruction policy?				14		X
15	Did the process for determining compensation of the following persons include a review and approval by				\vdash		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a		x
b	Other officers or key employees of the organization				15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				1.05		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
.00	with a taxable entity during the year?				16a		x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate				102		
b	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard						
	the organization's exempt status with respect to such arrangements?				16b		1
Sac	tion C. Disclosure				100	i	
	List the states with which a copy of this Form 990 is required to be filed None						
17	•	.A					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s onlessed the control of the	')					
	available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request						
40							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest						
00	policy, and financial statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	TIP					
<u></u>	organization ► GARY RYAN 2306 BLUFF CREEK DR		55'	5 572	- 50	2 - 0	າດາ

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

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

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

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

(A) Name and Title	(B) Average	(B) (C) (D) Average Position (check all that apply) Reportable			(D) Reportable	(E) Reportable compensation	(F) Estimated amount of			
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Tom Broderick										
Chairman	5.00	X		X	L		L.	0	0	0
Noel Shull										
Vice-Chair	5.00	X		X				0	0	0
Kay Vandiver		1								
Secretary	5.00	X		X				0	0	0
Gary Ryan		ĺ								
Treasurer	5.00	X		х				0	0	0
George Barnitz										
Director	1.00	X						0	0	0
Dr. Larry Moore										
Director	1.00	X			<u> </u>	<u> </u>		0	0	0
Leroy Strubberg										
ExOfficioDir	1.00	X			_			0	0	0
Bob Richter					ŀ			_		
ExOfficioDir	1.00	X	ļ		<u> </u>	Ш		0	0	0
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Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and Title	(B)	Do.	ition (C)	hat a	onh/\	(D)	(E)		(F)		
	Name and Thie	Average hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)		Estima amoun other ompens from the organization and relating	t of r ation ne ition ited	
							ře <u>d</u>							_
													 -	
	<u> </u>						_					· -		
							_							
				·			<u> </u>							
											<u> </u>			
						-								
						_								
				_										
	<u>,-,</u>													
1b 2	Total Total number of individuals (inc	eludina but not lim	uted	to th	000	lictor	l abo	<u></u>	who received more than \$10	00.000 in	_			
	reportable compensation from t	-			036		1 000	ve)	who received more than \$10					
											-		Yes	No
3 4	Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line the organization and related organization.	complete Schedu 1a, is the sum of	le J repo	for so	uch i le co	ndivi ompe	dual nsat	ion a	and other compensation from		-	3		<u>x</u>
5	Individual Did any person listed on line 1a services rendered to the organi											5		x x
Sec	tion B. Independent Contracto		30111	nete	361	coun	5 0 10	n su	GI person	 		<u> </u>		
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization														
	(A) Name and business address Description of services							Com	(C) pensation	on				
								_						
										-				
	Total number of independent or	ontractors (includ	ına h	out ne	ot lim	uted	to th	ose.	listed above) who received					
DAA	more than \$100,000 in compen											0 Form	990	(2009)

Part VIII Statement of Revenue (B) Related or (C) Unrelated (D) Revenue Total revenue exempt function business excluded from tax under sections 512, 513, or 514 revenue revenue 1a Federated campaigns gifts, grants ilar amounts 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d Contributions, and other sim 1e e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 31,902 1f g Noncash contributions included in lines 1a-1f h_Total. Add lines 1a-1f 31,902 Program Service Revenue Busn. Code 258 258 2a FARM SAFETY PROGRAM 145 145 b LIBRARY FEES d f All other program service revenue 403 Total. Add lines 2a-2f Investment income (including dividends, interest, and 7,749 7,749 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross Rents 36,874 32,257 b Less rental exps 4,617 C Rental inc or (loss) 4,617 4,617 Net rental income or (loss) ▶ 7a Gross amount from (i) Securities (II) Other sales of assets other than inventor **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11,200 11,200 11a CONVENTION AUCTION 10,584 10,584 b ST. JOE-FUND RAISER GOLF TOURNAMENT 2,655 2,655 1,104 1,104 d All other revenue 25,543 \blacktriangleright Total. Add lines 11a-11d 0 33,695 Total Revenue. See instructions 70,214 4,617

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
<u>7b,</u>	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and		<u> </u>		
	organizations in the U.S. See Part IV, line 21	1,709	1,709		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	21,965	21,965		
3	Grants and other assistance to governments,			į	
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	12,320	4,928	7,392	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	<u></u>			
9	Other employee benefits				·
10	Payroll taxes	929	372	557	
11	Fees for services (non-employees):				
а	Management				<u>-</u>
b	Legal				
С	Accounting	2,935	1,174	1,761	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	2,680		2,680	
12	Advertising and promotion				
13	Office expenses	1,143	457	686	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	634	444	190	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	309	216	93	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	WEBSITE	299	209	90	
b	ANNUAL REGISTRATIOIN	10		10	
С					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	44,933	31,474	13,459	
26	Joint costs. Check here ▶ If following				
	SOP 98-2 Complete this line only if the	ŀ			
	organization reported in column (B) joint costs from a combined educational campaign and		}		
	fundraising solicitation				
DAA					Form 990 (2009)

Balance Sheet Part X (A) (B) Beginning of year End of year Cash-non-interest bearing 236,513 266,544 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 240 504 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L Notes and loans receivable, net 7 2,980 2,937 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 1,651,389 other basis. Complete Part VI of Schedule D 10a 1,651,389 10c 1,651,389 b Less: accumulated depreciation 10b Investments-publicly traded securities 11 11 12 Investments-other securities. See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 1,891,122 1,921,374 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 1,325 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Complete Part X of Schedule D 25 1,325 6,296 Total liabilities. Add lines 17 through 25 26 Net Assets or Fund Balances Organizations that follow SFAS 117, check here ▶ X complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 1,889,797 1,915,078 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,889,797 1,915,078 33 Total net assets or fund balances 1,891,122 1,921,374 Total liabilities and net assets/fund balances 34

Form **990** (2009)

Form	990 (2009) MISSOURIS CATTLEMEN FOUNDATION, INC. 43-1655573		Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		}	
	Schedule O	l		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	x	}
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

SCHEDULE A · (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MISSOURIS CATTLEMEN FOUNDATION, INC.

Employer identification number 43-1655573

			MIDDOOKI	D CA	TILEMEN FOUNDAI	TON, I	110.			43	<u>- 103</u>	2272		
P	art I	Reas	on for Public Cl	harity :	Status (All organization	s must c	omplete	e this p	oart.) S	See in:	structi	ons.		
he.	orga	nization is not	a private foundation l	because	it is (For lines 1 through 11, ch	neck only o	ne box.)							
1		A church, coi	nvention of churches.	, or asso	ciation of churches described in	section '	170(b)(1)(A)(i).						
2		A school des	cribed in section 170	D(b)(1)(A	A)(ii). (Attach Schedule E)									
3	П	A hospital or	a cooperative hospita	al service	e organization described in sec	tion 170(b)(1)(A)(iii).						
4	П				in conjunction with a hospital d	•		•	YAYiii).	Enter t	he hoso	utal's name		
	ш	city, and state		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		no noop	nan o riarrio,		
5		-		enefit of	f a college or university owned o	or operator	l by a gov	oromont	al unit di	occubo.	1 10			
J					= -	operatet	by a gov	emmem	ai unit u	escriber	1 111			
_			b)(1)(A)(iv). (Comple		•									
6	Н		-	_	vernmental unit described in se		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•						
7	Ш		on that normally rece section 170(b)(1)(A)		ubstantial part of its support fro	m a goverr	ımental ur	nit or fro	n the ge	neral p	pplic			
8					70(b)(1)(A)(vi). (Complete Part	11.3								
9	X													
9		_			more than 33 1/3 % of its supp									
		· ·		•	ot functions—subject to certain	•								
			=		d unrelated business taxable ind	•		11 tax) f	rom busi	nesses				
		•	-		, 1975. See section 509(a)(2).	` '	•							
10		An organizati	on organized and op-	erated e	xclusively to test for public safe	ty See se	ction 509((a)(4).						
11		An organizati	on organized and ope	erated ex	xclusively for the benefit of, to p	erform the	functions	of, or to	carry or	ut the				
		purposes of o	one or more publicly s	supporte	d organizations described in se	ction 509(a	ı)(1) or se	ction 50	9(a)(2)	See se o	tion			
		509(a)(3). Ch	eck the box that des	cribes th	e type of supporting organization	n and com	plete lines	s 11e thr	ough 11	h				
		а Туре	ı b 🔛 Ty	pe II	c Type III-Function	ally integra	ated	d	Тур	e III-Ot	her			
е		By checking t	his box, I certify that	the orga	nization is not controlled directl	y or indired	tly by one	or more	disqual	ıfied				
		persons other	r than foundation mai	nagers a	ind other than one or more publ	icly suppoi	ted organ	izations	describe	ed in se	ction			
		509(a)(1) or s	section 509(a)(2)											
f		If the organization	ation received a writte	en deteri	mination from the IRS that it is a	Type I, Ty	pe II, or T	Γγρe III s	upportir	ng				
			check this box					,,		J				
g		Since August	17, 2006, has the or	ganizatio	on accepted any gift or contribu	tion from a	nv of the							
9		following per		J	g g		,							
				ectly cor	ntrols, either alone or together v	uth person	s describe	ed in (ii)					Yes	No
			-		the supported organization?	•		, ,				11g(ı)		
			member of a person	•								11g(iı)		
		• •	•		escribed in (i) or (ii) above?								T	
		, ,	•		``, ``,							[11g(iii)	Д	L
<u>n</u>	None			about the	e supported organization(s).			4354		T 4-V				
(1)		e of supported anization	(ii) EIN		(III) Type of organization (described on lines 1–9		organization sted in your		rou notify nization in	organizat	s the ion in col	(vii) Am supp		
	- 3				above or IRC section		document?	∞l (i)	of your	(i) organi	zed in the	50,	,,,,	
					(see instructions))				port?	1	S ?			
		- ··· -				Yes	No	Yes	No	Yes	No			
										<u> </u>		-		
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						1								

Sche	dule A (Form 990 or 990-EZ) 2009 MIS	SOURIS CA	TTLEMEN I	FOUNDATION	, INC. 43	-165557	3	Page 2
Pa	art II Support Schedule for Or	ganizations D	escribed in Se	ctions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	/i)	
	(Complete only if you che	cked the box	on line 5, 7, or	8 of Part I.)				
	tion A. Public Support							
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4					<u> </u>		
	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·		•	·		
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10			l	<u> </u>	<u> </u>	_	
12	Gross receipts from related activities, etc. (· ·		h 60h		_	2	
13	First five years. If the Form 990 is for the c	=	secona, tnira, touri	n, or ππn tax year a	is a section 501(c)	(3)		
500	organization, check this box and stop here tion C. Computation of Public Su		200					
	·			(0)			4	
14	Public support percentage for 2009 (line 6,		•	(1))				%
15	Public support percentage from 2008 Scher	·		2 and line 14 is 22	1/2 0/ or mars abo		5	<u>%</u>
16a	33 1/3 % support test—2009. If the organi			o, and line 14 is 55	1/3 % or more, cae	eck this box		▶ □
_	and stop here. The organization qualifies a		•	ns 160, and has 15	22 1/2 0/	a shoot this		
b	33 1/3 % support test—2008. If the organi				IS 33 1/3 % OF MOR	e, check this		▶ □
470	box and stop here. The organization qualifi	•	-		or 16h and line 14	in 100/ or		
17a	10%-facts-and-circumstances test—2009	-						
	more, and if the organization meets the "fact		•	-	•	v now me		▶ □
_	organization meets the "facts-and-circumsta					aa 15 ta 100/		
b	10%-facts-and-circumstances test—2008							
	more, and if the organization meets the "fact organization meets the "facts-and-circumstate"			-	•	v now the		▶ □
18	Private foundation. If the organization did		-		-	nstructions		•

Schedule A (Form 990 or 990-EZ) 2009

Section A. Public Support

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Ca	lendar year (or fiscal year beginning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	12,927	18,008	13,627	12,223	31,902	88,687
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					67,563	67,563
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	12,927	18,008	13,627	12,223	99,465	156,250
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that	1					
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from]		1			
500	line 6.)					Д.	156,250
~~~~	tion B. Total Support lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	<del>-</del>	· · · · · · · · · · · · · · · · · · ·				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,927	18,008	13,627	6,711	99,465 36,874	156,250 62,240
b	Unrelated business taxable income (less section 511 taxes) from businesses						
_	acquired after June 30, 1975	6 500		6 000		26.074	
с 11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	6,597	5,227	6,831	6,711	36,874	62,240
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	63,735	81,978	39,219	53,366		238,298
13	Total support. (Add lines 9, 10c, 11,		T			- 1	
	and 12 )	83,259	105,213	59,677	72,300	136,339	456,788
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	econd, third, fourth,	or fifth tax year as	s a section 501(c)(3	·)	<b>&gt;</b> [
Sec	tion C. Computation of Public Su	pport Percentag	ge		<del></del>	· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2009 (line 8,	column (f) divided by	y line 13, column (f)	)		15	34.21 %
16	Public support percentage from 2008 Sche					16	32.79 %
<u>Sec</u>	tion D. Computation of Investmer	<u>nt Income Perce</u>	entage				
17	Investment income percentage for 2009 (lin	ie 10c, column (f) div	vided by line 13, col	umn (f))		17	14 %
18	Investment income percentage from 2008 S						6%_
19a	33 1/3 % support tests—2009. If the organ						► X
b	17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2008. If the organ	nization did not chec	k a box on line 14 c	or line 19a, and line	e 16 is more than 33	3 1/3 %, and	
	line 18 is not more than 33 1/3 %, check this			•		nization	<b>P</b>
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19b	, check this box an	d see instructions	<u> </u>	<u></u> ▶
					0.4.	dula A (Farma DOD)	000 EZ\ 0000

Schedule A (Form 990 or 990-EZ) 2009 MISSOURIS CA	TTLEMEN F	OUNDATION, INC.	43-1655573	Page 4
Part IV Supplemental Information. Complete the				
Part II, line 17a or 17b; and Part III, line	12. Provide ar	ny other additional infor	mation. See instructions.	
Part III, Line 12 - Other Income	e Detail			
Program Service Revenue	\$	3,208		
Net Rental Income	\$	23,169		
Net Special Event Income	\$	211,921		

# SCHEDULE D · (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization MISSOURIS CATTLEMEN FOUNDATION, INC. 43-1655573 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV. line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		CATTLEMEN FO			<u>- 10222/2</u>			Page 2
Pa	ort III Organizations Maintaining C	Collections of Art, Hi	storical Treasi	ures, or Oth	er Similar As	sets (	continued	<b>d</b> )
3	Using the organization's acquisition, accession, collection items (check all that apply):	and other records, check a	any of the following	that are a signif	ficant use of its			
а	Public exhibition	d Loan or	exchange program	ıs				
b	Scholarly research	e Other						
С	Preservation for future generations							
4	Provide a description of the organization's collect Part XIV	ctions and explain how the	further the organiz	ation's exempt	purpose in			
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be						Yes	No
Pa	art IV Escrow and Custodial Arran		<del></del>		ed "Yes" to F	orm 99		1 1.00
	IV, line 9, or reported an amo	-	_				-,	
1a	Is the organization an agent, trustee, custodian			assets not				
	included on Form 990, Part X?	<b>,</b>					Yes	No
ь	If "Yes," explain the arrangement in Part XIV and	d complete the following ta	ble:				٠٠٠ ل	
_							Amount	
С	Beginning balance				1c			
	Additions during the year				1d			
e	Distributions during the year				1e	-1		
f	Ending balance				1f	<del></del>		
	Did the organization include an amount on Form	990. Part X. line 212					Yes	No
	If "Yes," explain the arrangement in Part XIV						[_] 163	□ NO
	art V Endowment Funds. Complet	e if organization ans	wered "Yes" to	Form 990.	Part IV. line	10.		
		(a) Current year	(b) Pnor year	(c) Two years I			(e) Four year	ars back
1a	Beginning of year balance		- <del></del>					
	Contributions							
С	Net investment earnings, gains,							
	and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g								
2	Provide the estimated percentage of the year en	d balance held as.			•			
а	Board designated or quasi-endowment	%						
b	Permanent endowment ▶ %							
С	Term endowment ▶ %							
3a	Are there endowment funds not in the possession	on of the organization that a	are held and admini	stered for the				
	organization by	· ·					Ye	s No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations lis	ted as required on Schedu	le R?				3b	
4	Describe in Part XIV the intended uses of the org	ganization's endowment fu	nds.					
Pa	rt VI Investments—Land, Building			Part X, line	10.			
	Description of investment	(a) Cost or other basis	(b) Cost or oth	ner (	(c) Accumulated		(d) Book valu	re
		(investment)	basis (other)	)	depreciation	_ [		
1a	Land		131	,130			131	,130
	Buildings							
	Leasehold improvements							
	Equipment			İ		1	_	
	Other	<del>-</del>						
	I. Add lines 1a through 1e (Column (d) must equa	Il Form 990, Part X, columi	n (B), line 10(c) )	•		<b>•</b>	131	,130

	orm 990) 2009 ·	MISSOURIS CAT			43-1655573	Page
Part VII		sOther Securities. S	<u>ee Form 990,</u>			
		ption of security or category		(b) Book value	(c) Method o	
		uding name of security)			Cost or end-of-ye	ear market value
Financial deriva						
Closely-held ed	luity interests					
Other	<b>-</b> - <b>-</b> -					
						<del></del>
					·	
						<del></del>
Total. (Column	(b) must equal F	form 990, Part X, col. (B) line	12.)			·
Part VIII		s—Program Related. S		Part X, line 13.		
	(a) Desc	cription of investment type		(b) Book value	(c) Method o	of valuation
					Cost or end-of-ye	ar market value
				-		
					<u> </u>	
	<del>.</del>					
			····			<del> </del>
						<del></del>
		<del></del>	·			<del></del>
Total (Column	(b) must equal E	form 990, Part X, col (B) line	13)		<u></u>	
Part IX		ts. See Form 990, Parl				
			(a) Description		<del></del>	(b) Book value
			<u> </u>		· · · · · · · · · · · · · · · · · · ·	
	-··			<del> </del>		
	<del> </del>					
Total (Column	(b) must squal E	form 990, Part X, col (B) line	15 \			
Part X		lities. See Form 990, F			<u> </u>	
1.		Description of liability	dit X, iiio 20.	(b) Amount		
Federal income				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		······································				
			_			
		orm 990, Part X, col (B) line 2				
		, provide the text of the footno	ote to the organiza	tion's financial statements t	hat reports the	
organization's li	ability for uncerta	nn tax positions under FIN 48				

Sche	dule D (Form 990) 2009 · MISSOURIS CATTLEMEN FOUNDATION	N, II	IC. 43-165557	3	Page <b>4</b>
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	<u>Audit</u>	ed Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8_	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemen	nts W	ith Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
а	Net unrealized gains on investments	2a			1
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			1
d	Other (Describe in Part XIV.)	2d			1
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			1
b	Other (Describe in Part XIV )	4b			
c	Add lines 4a and 4b			4c	
_ 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expenses per R	eturn	<u>                                       </u>
1	Total expenses and losses per audited financial statements			1	·
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		l	
С	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	,	t .	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
_ 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
	rt XIV Supplemental Information		<del></del>		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines				
and 2	2b; Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	2d and	l 4b. Also complete		
this p	art to provide any additional information				
			. – – – – –		
			. <b></b>		
			<del></del>	- <b>-</b>	

Sch	edu	le D	(Fo	rm 9	90)	2009	9.	M.	<u>IS</u>	SO	UR.	IS	_C	AT'	rL.	EM.	EN	F	OU	ND.	AT:	IO	N,	IN(	C.	4	<u>3 - 1</u>	65	55'	73						Page	5
Sch P	art	XI	<u>V</u>	Sı	ıpp	lem	ent	tal	Info	rm	atio	on (	cor	ntin	uec	1)																	_				_
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

MISSOURIS CATTLEMEN FOUNDATION, INC.

OMB No 1545-0047

2009

Open to Public

Inspection

Employer Identification number

43-1655573

**≗** Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to non-cash assistance (g) Description of 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (d) Amount of cash grant (e) Amount of non-cash (book, FMV appraisa), assistance other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (c) IRC section if applicable General Information on Grants and Assistance (p) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? (a) Name and address of organization Enter total number of other organizations or government Part II Part

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule I (Form 990) 2009

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Schedule I (F	Schedule   (Form 990) 2009 MISSOURIS CATTLEMEN FOUNDATION, INC. 43-1655573  Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	ATTLEMEN FOUN to Individuals in the	DATION, INC. 4 e United States. Con	3-1655573 nplete if the organiza	tion answered "Yes" to Fo	Page 2 orm 990, Part IV, line 22.
	Use Part IV and Schedule I-1 (Form 990) if additional	(Form 990) if addition	onal space is needed.	J.		
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, F) Description of non-cash assistance FMV, appraisal, other)
SCHOLA	SCHOLARSHIPS	21	21,965			
						•
ı						
		-				
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to	provide the informati	on required in Part I,	line 2, and any other addi	itional information.

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990

tions on 2009

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Name of the organization

Employer identification number 43 – 1655573

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990
THE FORM 990 IS PRESENTED TO THE BOARD FOR REVIEW, AT THE MEETING
IMMEDIATELY FOLLOWING ITS' COMPLETION.

MISSOURIS CATTLEMEN FOUNDATION, INC.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation ALL OF THE ORGANIZATION'S DOCUMENTS ARE AVAILABLE, ON REQUEST, AT THE FOLLOWING ADDRESS:

2306 BLUFF CREEK DRIVE COLUMBIA, MO 65201-3552

		•	Special Event	Schedule		
Form 99	90	•	opeciai Event	3 Ochicadic		2009
		For calendar year 2009, or ta	x year beginning	, and en	ding	
lame	•		<u> </u>		Employer Id	entification Number
MTCCOIII	סדפ רישי	TTLEMEN FOUNDAT	TON THE		43-165	5573
WISSON	CIB CA.		(B)	(C)	Others	Total
Canan annount	_	(A) 37,042	12,198	7,543	2,628	59,411
Gross receipts Less contrib	_	<del> </del>	0			
Gross revenu	_	37,042	12,198	7,543	2,628	59,411
Less direct	_	26,458	998	4,888	1,524	33,868
Net income (k	_	10,584	11,200	2,655	1,104	25,543
	_			<del></del>		
Description [.]	(A)	ST. JOE-FUND	RAISER			
	(B)	CONVENTION AU	CTION			
	(C)	GOLF TOURNAME	INT			
	Others	CATTLEMEN'S F	UND RAISER			
	54,010	LICENSE PLATE				
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59,411

0 59,411 33,868 25,543

MCAFOUND MISSOURIS CATTLEMEN FOUNDATION, INC. 43-1655573 Federal Statements

5/11/2010

FYE: 12/31/2009

**Taxable Interest on Investments** 

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
	\$ 7,749				
Total	\$ 7,749				

5/11/2010 Fund Raising 2,680 2,680 Management & General Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee) Program Service MCAFOUND MISSOURIS CATTLEMEN FOUNDATION, INC. 43-1655573 2,680 2,680 Total Expenses Description FYE: 12/31/2009 Office Help 43-1655573 Total

5/11/2010

# MCAFOUND MISSOURIS CATTLEMEN FOUNDATION, INC. 43-1655573 Federal Statements

FYE: 12/31/2009

### **Special Events Direct Expenses**

Amount
\$
26,458
26,458
0.0
99
99
4,888
4,888
1 425
1,425
1,425
998
998
2,423
33,868

Direct expenses other than fundraising expenses reported on Form 990, page 1, line 9b.