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Short Form Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue ServiceUnder 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 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

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning		January 1	, 2009, and ending	December 31	, 20 09
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization Harrison County Beef Cattle Association, Inc.		D Employer identification number 61-1138169	
E Specific Instructions.		F Number and street (or P O box, if mail is not delivered to street address) 668 New Lair Road	G City or town, state or country, and ZIP + 4 Cynthiana, KY 41031-6020	H Room/suite 	I Telephone number 859-234-5510
J Group Exemption Number ►					

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method Cash Accrual
Other (specify) ►

I Website: ►J Tax-exempt status (check only one) — 501(c) (5) ► (insert no) 4947(a)(1) or 527

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ► 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.

L 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 ► **\$ 215692**

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

Revenue	<table border="0" style="width: 100%;"> <tr><td>1</td><td>Contributions, gifts, grants, and similar amounts received</td><td style="text-align: right;">1</td><td>175580</td></tr> <tr><td>2</td><td>Program service revenue including government fees and contracts</td><td style="text-align: right;">2</td><td>14858</td></tr> <tr><td>3</td><td>Membership dues and assessments</td><td style="text-align: right;">3</td><td>2135</td></tr> <tr><td>4</td><td>Investment income</td><td style="text-align: right;">4</td><td>12907</td></tr> <tr><td>5a</td><td>Gross amount from sale of assets other than inventory</td><td style="text-align: right;">5a</td><td>0</td></tr> <tr><td>b</td><td>Less: cost or other basis and sales expenses</td><td style="text-align: right;">5b</td><td>0</td></tr> <tr><td>c</td><td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td><td style="text-align: right;">5c</td><td>0</td></tr> <tr><td>6</td><td>Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/></td><td></td><td></td></tr> <tr><td>a</td><td>Gross revenue (not including \$ 0 of contributions reported on line 10)</td><td style="text-align: right;">6a</td><td>9223</td></tr> <tr><td>b</td><td>Less: direct expenses other than fundraising expenses</td><td style="text-align: right;">6b</td><td>8855</td></tr> <tr><td>c</td><td>Net income or (loss) from special events and activities (Subtract line 6b from line 6a)</td><td style="text-align: right;">6c</td><td>368</td></tr> <tr><td>7a</td><td>Gross sales of inventory, less returns and allowances</td><td style="text-align: right;">7a</td><td>0</td></tr> <tr><td>b</td><td>Less: cost of goods sold</td><td style="text-align: right;">7b</td><td>0</td></tr> <tr><td>c</td><td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td><td style="text-align: right;">7c</td><td>0</td></tr> <tr><td>8</td><td>Other revenue (describe ► <u>See attached</u>)</td><td style="text-align: right;">8</td><td>989</td></tr> <tr><td>9</td><td>Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►</td><td style="text-align: right;">9</td><td>206837</td></tr> </table>	1	Contributions, gifts, grants, and similar amounts received	1	175580	2	Program service revenue including government fees and contracts	2	14858	3	Membership dues and assessments	3	2135	4	Investment income	4	12907	5a	Gross amount from sale of assets other than inventory	5a	0	b	Less: cost or other basis and sales expenses	5b	0	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>			a	Gross revenue (not including \$ 0 of contributions reported on line 10)	6a	9223	b	Less: direct expenses other than fundraising expenses	6b	8855	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	368	7a	Gross sales of inventory, less returns and allowances	7a	0	b	Less: cost of goods sold	7b	0	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	8	Other revenue (describe ► <u>See attached</u>)	8	989	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	206837	Expenses	
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Net Assets	<table border="0" style="width: 100%;"> <tr><td>10</td><td>Grants and similar amounts paid (attach schedule)</td><td style="text-align: right;">10</td><td>503366</td></tr> <tr><td>11</td><td>Benefits paid to or for members</td><td style="text-align: right;">11</td><td>0</td></tr> <tr><td>12</td><td>Salaries, other compensation, and employee benefits</td><td style="text-align: right;">12</td><td>0</td></tr> <tr><td>13</td><td>Professional fees and other payments to independent contractors</td><td style="text-align: right;">13</td><td>22785</td></tr> <tr><td>14</td><td>Occupancy, rent, utilities, and maintenance</td><td style="text-align: right;">14</td><td>1366</td></tr> <tr><td>15</td><td>Printing, publications, postage, and shipping</td><td style="text-align: right;">15</td><td>363</td></tr> <tr><td>16</td><td>Other expenses (describe ► <u>See attached</u>)</td><td style="text-align: right;">16</td><td>43977</td></tr> <tr><td>17</td><td>Total expenses. Add lines 10 through 16 ►</td><td style="text-align: right;">17</td><td>571857</td></tr> <tr><td>18</td><td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td><td style="text-align: right;">18</td><td>(365020)</td></tr> <tr><td>19</td><td>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)</td><td style="text-align: right;">19</td><td>429893</td></tr> <tr><td>20</td><td>Other changes in net assets or fund balances (attach explanation)</td><td style="text-align: right;">20</td><td>0</td></tr> <tr><td>21</td><td>Net assets or fund balances at end of year. Combine lines 18 through 20 ►</td><td style="text-align: right;">21</td><td>64873</td></tr> </table>	10	Grants and similar amounts paid (attach schedule)	10	503366	11	Benefits paid to or for members	11	0	12	Salaries, other compensation, and employee benefits	12	0	13	Professional fees and other payments to independent contractors	13	22785	14	Occupancy, rent, utilities, and maintenance	14	1366	15	Printing, publications, postage, and shipping	15	363	16	Other expenses (describe ► <u>See attached</u>)	16	43977	17	Total expenses. Add lines 10 through 16 ►	17	571857	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(365020)	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	429893	20	Other changes in net assets or fund balances (attach explanation)	20	0	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	64873	Net Assets																	
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Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	391840	40269
23	Land and buildings	0	0
24	Other assets (describe ► <u>Machinery & Equipment</u>)	38053	24604
25	Total assets	429893	64873
26	Total liabilities (describe ► <u>NONE</u>)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	429893	64873

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? **County Beef Cattle Association**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expense

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 County Beef Cattle Association

11. *What is the name of the author of the book?*

(Grants \$ 175580) If this amount includes foreign grants, check here ▶

28a N/A

29

(Grants \$) If this amount includes foreign grants, check here ►

29a

30

(Grants \$) If this amount includes foreign grants, check here ►

30a

31 Other program services (attach schedule)

32 Total program service expenses (add lines 28a through 31a) ►

IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the following page for definitions.)

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Richard Wolsing 99 Stratton Pike Cynthiana, KY 41031	President - 5	0	0	0
Mike Malone 723 KY HWY 1771 Cynthiana, KY 41031	Vice-President - 5	0	0	0
Joyce Ann Mullen 2388 Grays Run Pike Cynthiana, KY 41031	Secretary - 5	0	0	0
Jeff Doyle 2600 Headquarters Road Cynthiana, KY 41031	Treasurer - 5	0	0	0
	</td			

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	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	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
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		
a 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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	✓
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	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A	40b	
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 Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c 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 ► N/A	40c	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► N/A	40d	
e 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	
41 List the states with which a copy of this return is filed. ► None		
42a The organization's books are in care of ► Linda Stubbs	Telephone no. ► 859-234-5510	
Located at ► 198 Jill Lane Cynthiana, KY	ZIP + 4 ► 41031	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	✓
If "Yes," enter the name of the foreign country ► N/A		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► N/A	42c	✓
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		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

- | | | | |
|-----|---|-----|----|
| 46 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | Yes | No |
| 46 | | ✓ | |
| 47 | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | Yes | No |
| 47 | | ✓ | |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | Yes | No |
| 48 | | ✓ | |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | Yes | No |
| 49a | | ✓ | |
| b | If "Yes," was the related organization a section 527 organization? | Yes | No |
| 49b | | ✓ | |
| 50 | Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." | | |

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ► **NONE**

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 . . . ► **NONE**

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	Signature of officer Richard Wolsing - President	Date 3-15-10	Type or print name and title Richard Wolsing	
Paid Preparer's Use Only	Preparer's signature C. A. Blair	Date 3/8/10	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions) 404-27-9187
	Firm's name (or yours if self-employed), address, and ZIP + 4 Colby A. Blair 825 Gunpowder Drive Lexington, KY 40509		EIN <input type="checkbox"/>	Phone no 859-576-2428

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

Harrison County Beef Cattle Association, Inc. - 61-1138169 - IRS Form 990-EZ

Line 8 - Other Revenue

Reimbursements	\$55
Miscellaneous	\$854
Cattle Products	\$80
Total to Line 8	\$989

Line 10 - Grants

Hay, Straw & Commodity	\$180,341
Water Enhancement	\$45,554
Cattle Genetics Improvement	\$57,512
Agricultural Diversification	\$20,664
Cattle Handling	\$48,462
Fencing Improvement	\$38,697
Forage Improvement	\$47,984
Goat and Sheep Diversification	\$1,386
2009 Interest Earned	\$7,196
KARE	\$55,571
Total to Line 10	\$503,366

Line 16 - Other Expenses

Cattle Genetics Grant Returned to Frankfort	\$14,511
Fencing Improvement Grant Returned to Frankfort	\$1,318
Interest 2008 Returned to Frankfort	\$7,886
KARE Grant Returned to Frankfort	\$2,135
Depreciation	\$13,449
Donations	\$2,350
Beef Scholarship	\$250
HCBCA Board Expense	\$389
Sunshine Fund	\$30
Other Member Expenses	\$112
Bank Charge	\$39
BQA Dues to State	\$415
Educational Class Expense	\$100
Hay Samples	\$20
HCBCA Membership Dues to State	\$640
State Convention	\$250
State Filing Fee	\$4
Miscellaneous	\$80
Total to Line 16	\$43,977