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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2009

Department of the Treasury

SCANNED JUN 1 7 2010

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

Open to Public Inspection

_		ue Service	!	The organization may					ισιω.	•		
	For the	2009 calen	dar year,	or tax year beginning		, 2009	o, and endir	ng		,		
В	Check if a	applicable		C Name of organization					D Employer	Identificat	ion Number	
	Addr	ess change	Please use IRS label	GREEN COUNTY	CATTLEMANS	ASSOCIAT	ION, IN	VC.	61-13	6936	4	
	Nam	e change	or print or type.	Number and street (or F	O box if mail is not o	lelivered to street a	addr) Room/s	uite	E Telephone	number		
		al return	Sée specific	P. O. BOX 371	•				(270)	932	-4281	
	H		Instruc-	City, town or country		State	ZIP code + 4		(2,0,		1201	
	\vdash	nination	tions.	1							170 70	2
	Ame	nded return		GREENSBURG		KY	42743		G Gross rece		170,79	$\overline{}$
	Аррі	ication pending		and address of principal office					a group return fo		₩"	\blacksquare
			KERRY	DAVIS 7920 HWY	88 GREEI	NSBURG K	Y 42743		affiliates include attach a list (se		ons) L Yes	s No
ī	Tax-e	exempt statu	ıs X 501	(c) (5) ((inse	ert no.) 49	947(a)(1) or	527		atacara not (or	,	01137	
J	_	site: N/		· · · · <u> · · · · · · · · · · · · · · · · </u>			<u> </u>	H(c) Group	exemption numb	oer ►		
ĸ		f organization	X Corpora	ation Trust Asse	ociation Other	1	Year of Forma				domicile K	
	rt I			IIIOII TIUSE ASSE	ciation Other	-	Teal of Lonna	1011 2000	J 111 5ta	e or regar	domiche It.	
Га		Summa				a administration of The	O EDUCA	ar and	DEEE E	A DMED	то	
				ganization's mission of							777	
9	<u>.</u>	RE WOKE	PROFIL	ABLE THROUGH	AWKIOOZ GO	AFKNWFUI.	PROGRAM	IP AND	GRANTS.			
ä	_	-	-			_ _						
Activities & Governance	_					 -						
Š				if the organization dis			oosed of mo	ore than 2	5% of its as			
9	3 N	lumber of vo	iting mem	bers of the governing	body (Part VI, III	ne 1a)			<u></u>	3 10		
8	4 N	lumber of in	depender	it voting members of t	he governing boo	ly (Part VI, lin	e 1b)		L	4 0		
₽	5 T	otal number	of emplo	yees (Part V, line 2a)					L	5 0		
훘	6 T	otal number	of volunt	eers (estimate if nece	ssary)					6 20		
۱۶	7 a T	otal gross u	nrelated b	ousiness revenue from	Part VIII, Icolum	ın (C), ıne 12				7a		<u> </u>
	bΛ	let unrelated	business	taxable income from	Form 990-T, line	34				7b		
		,						Р	rior Year		Current \	Year
	8 C	Contributions	and oran	its (Part VIII, line 1h)					219,77	1.		2,041.
a				ue (Part VIII, line 2g)	•		•		5,85			9,979.
-E				art VIII, column (A), Iir	nos 3 / and 7d)				78			73730
Revenue						and 11a)			21,74			3,972.
_				III, column (A), lines 5				 				5,992.
\dashv				nes 8 through 11 (mus			ine 12)		248,14			
				ounts paid (Part IX, co		-3)	•	<u> </u>	217,12),531.
	14 B	Benefits paid	to or for	members (Part IX, col	lumn (A), line 4)				4,91	1.	1	L,040.
	15 S	alaries, othe	er comper	nsation, employee ben	efits (Part IX, co	lumn (A), line:	s 5-10)					
Expenses	16a P	Professional	fundraisin	ng fees (Part IX, colum	n (A), line 11e)							
ĕ				-								
ă	DI	otal fundrais	sing expe	nses (Part X, column	()信告(2) 1-							
·				IX, column A. Lines			•		7,60),735.
	18 T	otal expense	es. Add li	nes 13 17 (must equa	Part IX, colomn	(A), line 25).			229,63	7.	142	2,306.
	19 F	Revenue less	expense	s \$ ptact tine 18 fre	m 11 mai 102 9				18,51	2.	13	3,686.
x 8				- MING -	&S S			Regir	ning of Yea	ar	End of Y	'ear
\$ 6	20 T	otal assets	/Part Y li	ne (6)	1₫			Dog.	258,13			,824.
B	20 I	otal liabilitia	(Fait A, II	, line 26) OGDE	I TII W	•		-	230,13	- -		.70211
Net Assets or Fund Balancos												
				inces. Subtract line 21	from line 20			<u> </u>	<u>258,13</u>	8.	2/1	L <u>,824.</u>
Pa	rt II	Signati	ure Bloc	<u>:K</u>								
		Under penaltie	s of perjury,	I declare that I have examine Declaration of preparer (oth	d this return, including	accompanying sch	nedules and sta	tements, and	to the best of m	y knowled	ge and belief.	, it is
		true, correct, a	A 2	Declaration of preparer (our	er triair trincer) is base	u on all illioilliatio	roi willoi piepi	aici ilas aliy i				
Sig	ın	> /		(St					5/1/	10		
He	re	Signature	of officer					Da	te			
		► M	nrk.	Bonta I	rice - Pres	cidont						
			rint name an		100 100	1100						
		ļ	-	$\overline{}$		 -	Date	100		Prepare	er's identifying	number
			(/	١		Date		neck if	(see in:	er's identifying structions)	,
Pai		Preparer's	_	$\lambda \lambda \lambda$	M				nployed 🟲 📗	J		
Pre		signature		m	40		<u>05/06/1</u>	.0				
	rer's	Firm's name (or SPR	ING M SQUIBES	CPA PSC							
Us On		yours if self employed),	▶ 749	GRASSY FLAT	RD			ΕI	N_ ►			
ΟΠ	y	address, and ZIP + 4		ENSBURG		KY 427	43-8915	PI	none no 🕨 (270)	932-64	02
h.4	, the ID	 		with the preparer show	vn ahove? (see "				\	<u>Ix</u>		No
							ctions	/	TEEADIO: 1	07/20/09		90 (2009)
RA	A For F	rivacy Act a	апо гаре	rwork Reduction Act I	volice, see the se	eparate instru	caons.	!	TEEA0101 (//12UIU S	1 01111 3	
							7)				P
							L	/				LF

		<u>61-1369364 </u>	Page 2
Par	t III Statement of Program Service Accomplishments	_	
1	Briefly describe the organization's mission.		
-	MO PRICAME MUE DEEP PARMED MO DE MODE DECETARDIE		
			
	THROUGH VARIOUS GOVERNMENT GRANTS AND PROGRAMS	-	
			
2	Did the organization undertake any significant program services during the year which were not listed on the p	rior	
	Form 990 or 990-EZ?	☐ Ye	s X No
	If 'Yes,' describe these new services on Schedule O.	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐ Ye	s X No
3			2 V 140
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by ex and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and alloc	penses Section 5	01(c)(3)
	expenses, and revenue, if any, for each program service reported	alions to others, ti	ie totai
	Chronical, and revenue, and, in each program control reporter		
			
4a	(Code:) (Expenses \$ 141,306. including grants of \$ 129,531.) (Rev	enue \$	129,531.)
	WORKING WITH GOVERNMENT PROGRAMS TO HELP LOCAL FARMERS RECEIVE GRA		
	TO IMPROVE FARMING OPERATIONS. WE ASSISTED 91 FARMERS WITH ONE		
	10 IMPROVE FARMING OPERATIONS. WE ASSISTED 31 FARMERS WITH ONE		
	PROGRAM; KY AGRICULTURAL RELEASE PROGRAM.		
			·
			
		. 	
		<u> </u>	
4b	(Code:) (Expenses \$1,000. including grants of \$) (Rev		
	THE ORGANIZATION GIVES TWO \$500 SCHOLARSHIPS TO GRADUATING		
	SENIORS FROM THE COUNTY'S HIGH SCHOOL.	. 	
			
			
			
40	: (Code) (Expenses \$ including grants of \$) (Rev	enue \$)
			
		 -	
		. – – – – – –	
		-	-
		·	
		.	
40	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses ► 142, 306.		

GREEN COUNTY CATTLEMANS ASSOCIATION, Page 3 61-1369364 **Checklist of Required Schedules** |Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors? Х 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 3 Х Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Х 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,' complete Schedule D, 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the 7 environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 complete Schedule D, Part III Х 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,' complete 9 Х Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V 10 Х Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, VIII, IX, of 11 Х X as applicable • 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 in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 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 the organization's liability for uncertain tax positions under FIN 487 If Yes, complete Schedule D. Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 X 12 A Was the organization included in consolidated, independent audited financial statement for the tax Yes No 12 A Х year? 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 Х X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **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 X 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 Х 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 Х 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 17 Х 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

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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

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

X

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X

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Form 990 (2009) GREEN COUNTY CATTLEMANS ASSOCIATION, INC.

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		Х
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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 :	a 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, and 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		x
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	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		
(Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
١	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 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, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
•	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u> </u>
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
•	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		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	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 L .	31		<u>X</u> _
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 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		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
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, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O.	38	х	
		_		

Form **990** (2009)

Part 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 US 91 Information Returns. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable ... 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c Х (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 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 3а b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q 3ь 4a 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)? 4a X **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 Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Х c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5 c Tax Shelter Transaction? 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 X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a X 7b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Х 7dl d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e Х benefit contract? 7 f X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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 required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a 9Ь b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10 a a Initiation fees and capital contributions included on Part VIII, line 12 . 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: 11 a a Gross income from other members or shareholders . b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2009)

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.

	Scriedule O. See Instructions.			
Sec	ction A. Governing Body and Management			
-			Yes	No
	a Enter the number of voting members of the governing body	-		
	b Enter the number of voting members that are independent	-		
	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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3_		<u>x</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5		5		х
6		6	х	
_	a Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		
Ł	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	a The governing body?	8a	х	
t	b Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director or 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	ction B. Policies (This Section B requests information about policies not required by the Interna-	al		
Reve	enue Code)			
			Yes	No
	a Does the organization have local chapters, branches, or affiliates?	10 a		X
t	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?	10Ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	L
11 /	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990.		r	
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		<u>X</u>
t	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12 c		
13	Does the organization have a written whistleblower policy?	13		Χ_
14	Does the organization have a written document retention and destruction policy?	14		<u>X</u>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			-
	a The organization's CEO, Executive Director, or top management official	15 a		X
k	b Other officers of key employees of the organization	15 b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions)			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	e 16a		
t	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt			
C	status with respect to such arrangements?	16b		
_	List the states with which a copy of this Form 990 is required to be filed			
18	inspection. Indicate how you make these available. Check all that apply.	avallaul	ie ioi į	public
	Own website Another's website X Upon request	a.). a.	_al &	احتمما
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest p statements available to the public.			iuciai
	State the name, physical address, and telephone number of the person who possesses the books and records of the or ORGANIZATION 106 SOUTH PUBLIC SQUARE GREENSBURG KY 42743 (ganızat 270)_9		4281
			-	

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 organizations'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 employees.'
- 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.

Check this box if the organization did no	ot compen	sate a	ny (curr	ent	officer	, dır	ector, or trustee		
(A)	(B)			•	c)			(D)	(E)	(F)
Name and Title	Average hours per week	Po advict at trustee	nstitutional trustee	Office	a key employee	A employee	S) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
			ă) št				
JEFF DAVIS										
PRESIDENT	1.00			Х				0.	0.	0.
MARK BONTA	Ì					ļ				
VICE PRESIDENT	1.00			Х				0.	0.	0.
TIM COFFEY										
DIRECTOR	1.00	Х						0.	0.	0.
KERRY DAVIS										
DIRECTOR	1.00	X						0.	0.	0.
RICKY ARNETT										
SECRETARY	1.00			Х				0.	0.	0.
ALAN FROGGETT										
DIRECTOR	1.00	Х						0.	0.	0.
TONY SKAGGS										
TREASURER	1.00			X				0.	0.	0.
EDDIE DURHAM						ĺ				
DIRECTOR	1.00	X						0.	0.	0.
TOMMY BAILEY										
DIRECTOR	1.00	X						0.	0.	0.
BRIAN SCOTT										
DIRECTOR	1.00	Х						0.	0.	0.
EDDIE DURHAM										
DIRECTOR	1.00	<u>X</u>					\Box	0.	0.	0.
LARRY_CLARK										
DIRECTOR	1.00	X					_	0.	0.	0.
							-			
						}				
			_							
		-	\dashv	-	\dashv					
						1				

Name and Title Average Fe hours Per week R Per week	Individual trustee	Institutional trustee		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
 2 Total number of individuals (including but not limited to those from the organization 3 Did the organization list any former officer, director or trusted on line 1a? If 'Yes,' complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable of the organization and related organizations greater than \$150 individual. 5 Did any person listed on line 1a receive or accrue compensate rendered to the organization? If 'Yes,' complete Schedule J for Section B. Independent Contractors 1 Complete this table for your five highest compensated independent. 	e lis							
 2 Total number of individuals (including but not limited to those from the organization 3 Did the organization list any former officer, director or trusted on line 1a? If 'Yes,' complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable of the organization and related organizations greater than \$150 individual. 5 Did any person listed on line 1a receive or accrue compensal rendered to the organization? If 'Yes,' complete Schedule J for Section B. Independent Contractors 1 Complete this table for your five highest compensated independent. 	e lis							
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 3 Did the organization list any former officer, director or trusted on line 1a? If 'Yes,' complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable of the organization and related organizations greater than \$150 individual. 5 Did any person listed on line 1a receive or accrue compensal rendered to the organization? If 'Yes,' complete Schedule J for Section B. Independent Contractors. 1 Complete this table for your five highest compensated independent. 	e lıs	4~4 ~			•	0.	0.	
 on line 1a? If 'Yes,' complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable of the organization and related organizations greater than \$150 individual Did any person listed on line 1a receive or accrue compensal rendered to the organization? If 'Yes,' complete Schedule J f Section B. Independent Contractors Complete this table for your five highest compensated independent 		ieu a	oove:) who	o red	ceived more than	\$100,000 in report	Yes N
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent independent compensated compensated independent compensated independent compensated compensate	com),00(ipens)? <i>If</i>	ation Yes'	and com	oth plete	er compensation s e Schedule J for s	from such	3 2
1 Complete this table for your five highest compensated independent	tion for s	trom such	any erso	unre n	ate	d organization for	services	5 2
compensation from the organization	ende	ent c	ntra	ctors	tha	t received more th	han \$100,000 of	
(A) Name and business address						Description (of Services	(C) Compensation
					- 1			
Total number of independent contractors (including but not li								

Pa	rt VIII Statement of Revenue	···			, · · · · ·
-		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a b Membership dues 1b 2,510. c Fundraising events 1c d Related organizations 1d				
TRIBUTIONS, D OTHER SIM	e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribus included in Ins 1a-1f.				
ᅙౖ폭	h Total. Add lines 1a-1f	132,041.	İ		
Ē	Business Code				
SE REVENI	2a GOVT FEES 900099	19,979.	19,979.	0.	0.
M SERVI	d				
RA.	f All other program service revenue				<u> </u>
õ.	g Total. Add lines 2a-2f	19,979.			
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds 	13,313.			
	5 Royalties				
	(i) Real (ii) Personal 6a Gross Rents 979. b Less: rental expenses				
	c Rental income or (loss) 979.				i i
	d Net rental income or (loss)	979.	979.	0.	0.
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses . c Gain or (loss)				1
	d Net gain or (loss)				
UE	8a Gross income from fundraising events (not including \$				r F
OTHER REVENU	of contributions reported on line 1c) See Part IV, line 18 a 17,630.				age and a second a
풀	b Less. direct expenses b 14,801.				
6	c Net income or (loss) from fundraising events	2,829.	2,829.	0.	0.
	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 a				
	b Less [·] cost of goods sold . b		-		
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code		tunus um a manu u		
	11a b				
	c MISC. INCOME 900099	164.	164.	0.	0.
	d All other revenue	1.54			
	e Total. Add lines 11a-11d	164.	22 051		
	12 Total revenue. See instructions .	155,992.	23,951.	0.	0.

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).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	130,531.	-		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	1,040.			
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				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
ā	Management				
t	Legal			<u></u>	
C	: Accounting	125.	······		
C	Lobbying				
•	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees				
ç	Other	800.			
12	Advertising and promotion				
13	Office expenses	375.			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,088.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,348.			
	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25	<u> </u>			
_	below)	2 470			
	INSURANCE	2,470.			
	MISCELLANEOUS	1,746.			
	TAX & LICENSE	456. 327.			
	UTILITIES	321.			,
	All other expenses				
	·	142,306.			
	Total functional expenses. Add lines 1 through 24f . Joint costs. Check here ▶ If following	142,300.			
2 6	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

Part X

Balance Sheet

(A) Beginning of year (B) End of year 28,811. 1 21,165. Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 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 6 Notes and loans receivable, net 7 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a 10a Land, buildings, and equipment cost or other basis 265,834. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 15,175 229,327. 10 c 250,659. 11 11 Investments - publicly-traded securities 12 Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 Total assets Add lines 1 through 15 (must equal line 34) 258,138. 16 271,824. 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 25 Other liabilities. Complete Part X of Schedule D 0. Total liabilities. Add lines 17 through 25 26 0. N E T Organizations that follow SFAS 117, check here and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets. 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets R X and complete Organizations that do not follow SFAS 117, check here lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, and equipment fund . 32 271,824. 258,138. 32 Retained earnings, endowment, accumulated income, or other funds 258,138. 33 271,824. 33 Total net assets or fund balances. 271,824. 258,138. 34 Total liabilities and net assets/fund balances

BAA Form 990 (2009)

Form 990 (2009) GREEN COUNTY CATTLEMANS ASSOCIATION, INC.	61-1369364	Pa	ige 12
Part XI Financial Statements and Reporting			
	 	Yes	No
1 Accounting method used to prepare the Form 990 🗌 Cash 🛛 X Accrual 📗 Other			-
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a		Χ
b Were the organization's financial statements audited by an independent accountant?	2 t		Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for overs review, or compilation of its financial statements and selection of an independent accountant?	sight of the audit,		
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	aın		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year w consolidated basis, separate basis, or both	vere issued on a		
Separate basis Consolidated basis Both consolidated and separate basis			J
3a As a result of a federal award, was the organization required to undergo an audit or audits as set fort Audit Act and OMB Circular A-133?	th in the Single		Х

Form **990** (2009)

BAA

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.

TEEA0112 02/05/10

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, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions 2009

Open to Public Inspection

Name of the organization Employer Identification number GREEN COUNTY CATTLEMANS ASSOCIATION, INC. 61-1369364 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete If the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised No funds are the organization's property, subject to the organization's exclusive legal control Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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? Nο Part II 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 an historically important land area Preservation of land for public use (e.g., recreation or pleasure) 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 Year 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06. 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 easement it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements 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 Yes 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? 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 Part III 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 a Revenues included in Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X

Part III Organizations Mainta				· Other Similar Δss		age ∠ d)	
Using the organization's acquisititiems (check all that apply)				<u> </u>			
a Public exhibition		d Loan (or exchange programs				
b Scholarly research		e Other					
	b Scholarly research c Preservation for future generations e Other						
4 Provide a description of the orgal Part XIV		ns and explain hov	v they further the organ	ization's exempt purpo	se in		
5 During the year, did the organiza assets to be sold to raise funds r	ition solicit or receivather than to be m	ve donations of an	t, historical treasures, of	or other similar	☐ Yes ☐!	No	
Part IV Escrow and Custodia							
9, or reported an amo	unt on Form 99	0, Part X, line	21.	Ca 103 (01011113)	50, 1 art 14, mi		
1a Is the organization an agent, trus included on Form 990, Part X?				ner assets not			
					∐ Yes ☐ I	No	
b If 'Yes,' explain the arrangement	in Part XIV and co	mpiete the followi	ng table:		A		
. 5				1-	Amount		
c Beginning balance				1c			
d Additions during the year				1d		—	
e Distributions during the year		•		1e 1f		—	
f Ending balance .		0 Dark V I 013	• • •	[11]			
2a Did the organization include an a		D, Part X, line 217			∐ Yes ∐ l	No	
b If 'Yes,' explain the arrangement		zation oncurar	ad 'Vac' to Form OC	00 Port IV June 10			
Part V Endowment Funds Co		1			(2) 5	1	
1 - D	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years ba	ack	
1 a Beginning of year balance			<u> </u>				
b Contributions .		 					
 c Net Investment earnings, gains, and losses 							
d Grants or scholarships							
 Other expenditures for facilities and programs 							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage	e of the year end b	alance held as:					
a Board designated or quasi-endov	vment ►	8					
b Permanent endowment ►	*						
c Term endowment ►							
3a Are there endowment funds not organization by	in the possession o	f the organization	that are held and admi	nistered for the	Yes	No	
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		
b If 'Yes' to 3a(II), are the related of	organizations listed	as required on So	thedule R?		3b		
4 Describe in Part XIV the intended							
Part VI Investments-Land, B	uildings, and E	quipment. See	Form 990, Part X	, line 10.			
Description of investment	(a) C	ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value	е	
1 a Land			190,700.		190,7	00.	
b Buildings			61,014.	3,342.	57,6	72.	
c Leasehold improvements							
d Equipment			14,120.	11,833.	2,2	87.	
e Other							
Total. Add lines 1a through 1e (Column	n (d) must equal F	orm 990, Part X, c	olumn (B), line 10(c))		250,6	59.	
BAA					dule D (Form 990)	2009	

Part VII	Investments-Other Securities See	Form 990, Part X, line 1	2.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuate Cost or end-of-year mark	
Financial	derivatives	 		
	eld equity interests .			
Other		 	- · · · · · · · · · · · · · · ·	
		-		
				
		_		
			<u> </u>	·· - · · · · · · · · · · · · · · · · ·
Total (Colu	umn (b) must equal Form 990 Part X, col. (B) line 12.)			
	I Investments-Program Related (See	Form 990, Part X, line	13)	
	(a) Description of investment type	(b) Book value	(c) Method of valuati	on
		\ \frac{1}{2} \\ \fra	Cost or end-of-year mark	et value
		<u> </u>		
				·
-	(1) (15 000 D. 17 0-1 (D) (12)			
	mn (b) must equal Form 990, Part X, Col (B) line 13) Other Assets (See Form 990, Part X			
Part IX				(h) Poek velve
	(a) t	Description	-	(b) Book value
				
Total. (C	olumn (b) must equal Form 990, Part X, col.(B),	line 15)	>	-
Part X	Other Liabilities (See Form 990, Par			
	(a) Description of Liability	(b) Amount		
Federal In	ncome Taxes		i	
r caciai ii	icome raxes		-	
			-	
			-	
			-	
		-	-	
		 	-	
			-	
			-	
			_[
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25)			
2. FIN 48	Footnote. In Part XIV, provide the text of the fo ain tax positions under FIN 48.	otnote to the organization's f	inancial statements that reports the	organization's liability
for uncert	ain tax positions under FIN 48.		<u>.</u>	

Schedule D (Form 990) 2009 GREEN COUNTY CATTLEMANS ASSOCIATION, INC.

Page 3

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		-1369364	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year Subtract line 2 from line 1	ļ 	
4	Net unrealized gains (losses) on investments .		
5	Donated services and use of facilities .		
6	Investment expenses	-	
7	Prior period adjustments	-	
8	Other (Describe in Part XIV)	•	
9	Total adjustments (net) Add lines 4 through 8		
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 † XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	aturn	
1	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	- 	
	Net unrealized gains on investments		
	Donated services and use of facilities 2b	<u> </u>	
	Recoveries of prior year grants	1	
	d Other (Describe in Part XIV)	1	
	e Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investments expenses not included on Form 990, Part VIII, line 7b	1	
	O Other (Describe in Part XIV)	-	
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	
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:		
á	Donated services and use of facilities 2a		
ŀ	Prior year adjustments 2b	1	
	Other losses . 2c	1	
	d Other (Describe in Part XIV)	1	
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
á	Investments expenses not included on Form 990, Part VIII, line 7b . 4a]	
t	Other (Describe in Part XIV) . 4b		
•	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18).	5	
Pai	t XIV Supplemental Information		
	4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this parmation		
BAA	TEEA3304 02/02/10	Schedule D (Form	990) 2009

Schedule D (Form 990) 2009	GREEN COUNTY	CATTLEMANS ASSOCIATION ntinued)	, INC.	61-1369364	Page 5
Part XIV Supplementa	I Information (cor	ntınued)			
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BAA		TEEA3305 07/10/09		Schedule D (Form	990) 2009

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization						Employer identification number	tion number
GREEN COUNTY CATTLEMANS ASSOCIATION,	SSOCIATION, INC	c.				61-1369364	•
Part I General Information on Grants and Assistance	rants and Assist	ance					
 Does the organization maintain records to substantiate the amount the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the 	rds to substantiate the he grants or assistant s procedures for moni	e amount of the graice? Se? toring the use of gr	of the grants or assistance, the grantees' eligibility for the grants or assistance, and use of grant funds in the United States	rantees' eligibility for the States	le grants or assistanc	e, and	X Yes No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 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	ince to Governme y recipient that r (Form 990) if addi	ints and Organi eceived more th tional space is i	I Organizations in the United States. Complete if the organization answered 'Yes' to F more than \$5,000. Check this box if no one recipient received more than \$5,000. Use bace is needed	ed States. Complet this box if no one r	e if the organizat ecipient received	ion answered 'Ye more than \$5,00	s' to Form). Use
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and government organizations3 Enter total number of other organizations	(3) and government o	rganizations			•	A A	

Schedule I (Form 990) 2009

TEEA3901 02/10/10

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

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 61-1369364 APPLICATIONS HAVE DEADLINES AND ARE REVIEWED AND FILLED ON A FIRST COME BASIS. _INDIVIDUALS EXCEEDING THE \$600 THRESHOLD FOR REPORTING REQUIREMENTS.___ REIMBURSEMENT FOR VARIOUS PROGRAMS. PROPER 1099 FORMS ARE SENT TO ALL. (e) Method of valuation (book, FMV, appraisal, other) - FARMERS MUST APPLY FOR THE PROGRAM, ATTEND TRAINING AND EDUCATION IF APPLICABLE, PROVIDE WRITTEN DOCUMENTATION OF MONEY SPENT TO RECEIVE (d) Amount of non-cash assistance GREEN COUNTY CATTLEMANS ASSOCIATION, INC. 1,000 129,531 (c) Amount of cash grant 91 (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 SCHOLARSHIPS Pt_I_Line_2_ KARE PROGRAM Pt_I_Line_2 Pt_I_Line_2 Pt_I_Line_2 Pt_I_Line_2 Part III

BAA

Schedule I (Form 990) 2009

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No 1545-0172

2009

Attachment Sequence No 67

Name(s) shown on return

GREEN COUNTY CATTLEMANS ASSOCIATION, INC.

ldentifying number

61-1369364 Business or activity to which this form relates Form 990 / Form 990EZ **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I Maximum amount. See the instructions for a higher limit for certain businesses. \$250,000. 2 2 Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation (see instructions) 3 \$800,000. Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 (b) Cost (business use only) (C) Elected cost (a) Description of property Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 R q 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ▶ 13 Note: Do not use Part II or Part III below for listed property Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Part II Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property) (See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 2,731 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B -Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (C) Basis for depreciation (a) Classification of property (b) Month and (d) (e) **(f)** (g) Depreciation year placed (business/investment use Recovery period deduction only - see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property 24,680. 20.0 yrs HY S/L f 20-year property 25 yrs S/L g 25-year property 27.5 yrs MM S/L h Residential rental property 27.5 yrs MM S/L 39 yrs MM S/L i Nonresidential real property MM S/L Section C — Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20 a Class life S/L S/L 12 yrs b 12-year MM S/L c 40-year 40 yrs

Part IV | Summary (See instructions.)

21 Listed property. Enter amount from line 28

Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

23

3,348.

21

22

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Page 2

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for Part V entertainment, recreation, or amusement) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete *only* 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) Yes No 24b If 'Yes,' is the evidence written? 24 a Do you have evidence to support the business/investment use claimed? Yes No (c) Business/ investment (i) Basis for depreciation (business/investment Elected section 179 Type of property (list vehicles first) Date placed Cost or Method/ Depreciation deduction Recovery in service other basis period Convention use only) cost percentage Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use (see instructions) Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) 30 Total business/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 Yes No Yes No Yes No Yes No Yes No Yes No Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). Yes No 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use? 39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?. Do you meet the requirements concerning qualified automobile demonstration use? (See instructions). Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles | Amortization (d) **(f)** (a) (b) (c) (e) Amortizable Code Amortization Date amortization Description of costs amount for this year percentage 42 Amortization of costs that begins during your 2009 tax year (see instructions): 43 43 Amortization of costs that began before your 2009 tax year. 44

Total. Add amounts in column (f) See the instructions for where to report