

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

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

Open to Public Inspection

	For the	2009 calend	dar year, o	r tax year beginning		, 200	09, and endin	g				
В	Check if	applicable		С					D Employe	er Identifica	tion Number	
	$\overline{}$	ress change	Piease use IRS label	THE CATFISH IN	ISTITUTE			- 1	64-0	72977	1	
	\vdash		or print	P.O. BOX 1669				- 1	E Telephor			
	\vdash	ne change	or type. See_	MADISON, MS 39	130				662-	-977-9	559	
	Init	al return	specific Instruc-						002	-311-3	339	
	Ten	mination	tions.								0 101	044
	Am	ended return	<u> </u>						G Gross re		2,191,	
	App	lication pending	F Name a	and address of principal officer				H(a) Is this a	group return	n for affiliate	es? Yes	X No
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7	Tay-	exempt statu			t no)	4947(a)(1) or	527	IT NO,	attach a list	(see instruc	:uons)	
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g	15	Salaries, othe	er comper	nsation, employee behe	IITS-(PEART.IX).	column (A), line	S ₂ O 10)		131,3		172,	<u> </u>
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žį	22 1	Net assets or	fund bala	nces, Subtract line 21	from line 20			5	,945,0	85.	5,136,	702.
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	***************************************	·-			this return, incli	iding accompaniana	echedules and sta	tements and	to the best	of my know	riedge and belief.	ıtıs
		tue, correct,	and complete	declare that I have examined Declaration of preparer (other	r than officer) is	based on all informa-	tion of which prep	arer has any	knowledge	,		
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Pn		signature	Y	The many	Ki mer		1 4/2	010		N/A		
	rer's	Firm's name	JOE	L B CUNNINGHAM	, CPA							_
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On	ııy	employed), address, and	×	ZONI, MS 39038						(662)	247-241	6
N 4 -	. 44 15	ZIP + 4			- shave 2 /s =	· motruet:		j PT	- IOI II II I		X Yes	No
May	tne it	is aiscuss th	is return v	with the preparer shown	above: (see	e instructions)					v 162	110

	n 990 (2009) THE CATFISH INSTITUTE	64-0	29/11		Page 2
Pa	rt 服 Statement of Program Service Accomplishments				
1	Briefly describe the organization's mission. TO PROMOTE AND DEVELOP THE FARM-RAISED CATFISH INDUSTRY.			 -	
	-3				
2	Did the organization undertake any constraint areason consists during the year which were not listed on the	nrior			
2	Did the organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ?	prior	_ Y	es X	No
_	If 'Yes,' describe these new services on Schedule O.	_	п,	 ⊡	N1 -
3	, , , , , , , , , , , , , , , , , , ,	· · · ·	'	es X	No
4	If 'Yes,' describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and alle expenses, and revenue, if any, for each program service reported.	expenses. ocations to	Section 5 others, t	01(c)(3) he total	
4:	a (Code (Expenses \$ 2,741,472. including grants of \$) (Fig. 1)	evenue	\$)
7.	THE CATFISH INSTITUTE, INC. PLAYS AN INTERGAL PART IN THE ADVETIS		· —	MOTION	V OF
	FARM RAISED CATFISH. THROUGH ITS EFFORTS, ALL CATFISH FARMERS BEI		<i>-</i>		
	MARKETING AREA IN THE U.S.A. AND IN THE WORLD.			-	
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40	Other program services. (Describe in Schedule O.)				
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program contice expenses > 2.741.472				

64-0729771 Page 3 Part V Checklist of Required Schedules 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? 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 X **Section 501(c)(3) organizations** Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II* 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 X 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 6 provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Х 6 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' X 8 complete Schedule D. Part III 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? If X 10 'Yes,' complete Schedule D, Part V Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X 11 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 i. • 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 3 ::: * 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 16? If 'Yes,' complete Schedule D, Part IX Ξ 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 48? 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 No ÷

12AWas the organization included in consolidated, independent audited financial statement for the tax Yes X

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.

14a Did the organization maintain an office, employees, or agents outside of the United States?

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

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

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

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

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

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 13

14a

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Х

12 A

Form 990 (2009) THE CATFISH INSTITUTE

Part IV: S | Checklist of Required Schedules (continued) 64-0729771 Page 4

	•		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? <i>If 'Yes,' complete Schedule J</i>	23		X
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		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
25 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	25 a		
t	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		X
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		X
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	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	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		<u>X</u>
	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		<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		Х
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		<u> </u>
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		X
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_
AA		Form	990 (2	2009)

Page 5

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. 6 Information Returns. Enter -0- if not applicable. 1 a 0 1_b b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable $\frac{1}{2}$ c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X 10 (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 Х 2b 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 201 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by Х 34 this return? 3b b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? **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. 58 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5_b **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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 Х 6 a solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? 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 7 a provided to the payor? 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 7 c 7d 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€ benefit contract? **7**f 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? 7 a 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 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. 9, a Did the organization make any taxable distributions under section 4966? 91 **b** Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: 11 a a Gross income from other members or shareholders. ξ, b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Form 990 (2009)

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

12b

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.

_	Schedule O. See instructions.			
Sec	ction A. Governing Body and Management			
	1 . 1	105000	Yes	No
	a Enter the number of voting members of the governing body	18(Wei.
	b Enter the number of voting members that are independent	_ <u>18</u> }{		N
	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?			X
3	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?	on <u>3</u>		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	_	<u>X</u>
5	5 Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders? SEE SCHEDULE 0	. 6	Х	
7 8	a Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		<u>X</u>
t	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	, <u>S</u>		
	a The governing body?	8a	X	
	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		X
_	ction B. Policies (This Section B requests information about policies not required by the Int	ernal		
Reve	venue Code)		Yes	No
10ε	a Does the organization have local chapters, branches, or affiliates?	10 a	162	No_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?	i, 10 b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form?	11	X	
11/	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE	0		7.5
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		Χ
t	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12ь		
(c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	فنتمنتنة	X
15	5 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?			
8	a The organization's CEO, Executive Director, or top management official	15a	X	
k	b Other officers of key employees of the organization SEE SCHEDULE 0	15b	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		W	
16 a	ia Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxal entity during the year?		12.32	X
	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participat in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exemp status with respect to such arrangements?	ion ot 16b	* *<:	<u>.</u>
	ction C. Disclosures			
17	''	<u>-</u>		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) inspection. Indicate how you make these available. Check all that apply.	available 1	tor pub	olic
	Own website			
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest statements available to the public.			cial
	State the name, physical address, and telephone number of the person who possesses the books and records of the ROGER BARLOW MADISON MS 39130 601-977-9559	organizatio	on: 	
			- -	- -

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.'

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

- 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

(A)	(B)			(c)			(D)	(E)	(F)	
Name and Title	Average hours	Position (check all that apply)				hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC) The organization (W-2/1099-MISC) The organization (W-2/1099-MISC)		amount or over compensation from the organization and related organizations	
DICK STEVENS											
DIRECTOR	5	X						0.	0.	0.	
HARRY SIMMONS									,		
CHAIRMAN	10	X		X				0.	0.	<u> </u>	
BUTCH WILSON											
DIRECTOR] 5	Х		ŀ	Ì			0.	0.	0.	
TURNER ARANT											
TREASURER	5	Х	ŀ	Х				0.	0.	0.	
PAUL SMITH											
DIRECTOR	5	X						0.	0.	<u> </u>	
JIM TACKETT								-			
DIRECTOR	5	X						0.	0.	<u> </u>	
JOE OGLESBY											
DIRECTOR	5	Х						0.	0.	0.	
DAIVD_MARTIN											
DIRECTOR	5	X						0.	0.	0.	
LEYDEN PUGH											
DIRECTOR	5	Х						0.	0.	<u> </u>	
E.L. PARKER											
DIRECTOR	5	Х						0.	0.	0.	
JEFF BAXTER]										
DIRECTOR	5	Х						0.	0.	0.	
SOLON SCOTT, III]										
DIRECTOR	5	X						0.	0.	0.	
DAVID PEARCE]								_	_	
VICE PRESIDENT	5	Х		Х				0.	0.	0.	
DAVID HODGES					i					_	
DIRECTOR	5	X						0.	0.	0.	
SEYMOUR JOHNSON]								_		
DIRECTOR	5	X						0.	0.	0.	
DEAN WILSON	1								_		
DIRECTOR	5	X						_ 0.	0.	0.	
GEORGE SMELLEY]								_	_	
DIRECTOR	_5	X						_0.	0.	<u> </u>	
BAA		Т	EEA	0107L	. 11	/10/09				Form 990 (2009)	

Pa	nt 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
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a b Membership dues 1b 1 c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contribus included in ins 1a-1f: \$ h Total. Add lines 1a-1f	331,922.	2,121,160			
PROGRAM SERVICE REVENUE		Business Code				
	 3 Investment income (including dividends, information other similar amounts) 4 Income from investment of tax-exempt bon 5 Royalties 	•	70,684.	70,684.		
	(i) Real 6a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)	(ii) Personal				
	7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses	(ii) Other			business revenue excluded from tax under sections 512, 513, or 514	
	c Gain or (loss) d Net gain or (loss)	>			6 (556)) . 2 (3) 8 (2) 2 2 3 3 3 3 3 3 3 3	i walimita e. Sene aka ma
OTHER REVENUE	8a Gross income from fundraising events (not including \$	ts ▶				
	9a Gross income from gaming activities. See Part IV, line 19. b Less: direct expenses. b					
	c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventor Miscellaneous Revenue 11 a b	y Business Code		1 00% 3 % N		
	d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions	>	2,191,844.	70,684.		

Part X Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations mus	t complete column (A) be	ut 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				
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. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors, trustees, and key employees	140,000.	0.	140,000.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages.	35,000.		35,000.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits.	7,000.		7,000.	
10	Payroll taxes	10,979.		10,979.	
11	Fees for services (non-employees)				
ε	Management				
k	Legal				
•	: Accounting	10,911.		10,911.	
•	Lobbying				
•	Prof fundraising svcs. See Part IV, In 17				
f	Investment management fees				
ç	Other .				
12	Advertising and promotion				
13	Office expenses	4,384.		4,384.	
14	Information technology				
15	Royalties				
16	Occupancy	10,530.		10,530.	
17	Travel	6,232.	6,232.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings	4,338.		4,338.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,269.		6,269.	
23	Insurance	6,645.		6,645.	<u> </u>
24	covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25				
_	below.) ADVERTISING & PROMOTIONS	2,735,240.	2,735,240.	<u> </u>	
		12,875.	2,133,240.	12,875.	
	OCONSULTING FEES	5,088.		5,088.	
	MISCELLANEOUS	2,142.		2,142.	
	POSTAGE AND SHIPPING	1,310.		1,310.	
		1,284.		1,284.	
	All other expenses Total functional expenses Add lines 1 through 24f	3,000,227.	2,741,472.	258,755.	0.
25 26		3,000,221.	2,171,712.	250, 155.	
20	Joint costs. Check here ► ☐ if following 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)

Page 11

BAA

Part X **Balance Sheet** (A) Beginning of year (B) End of year 1 56,897. Cash – non-interest-bearing. 5,911,946 2 5,052,265. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net . Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 7 7 Notes and loans receivable, net 8 Inventories for sale or use 400 400 9 Prepaid expenses and deferred charges 80,104 10 a 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 27,764. 33,284 10 b 52,340 10 c **b** Less: accumulated depreciation. 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 5,137,326. 5,945,630 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue. 20 20 Tax-exempt bond liabilities 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 624 545 25 Other liabilities. Complete Part X of Schedule D 545. 26 624. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ and complete lines ij và ola 27 through 29 and lines 33 and 34. 27 27 Unrestricted net assets 28 Temporarily restricted net assets. 29 Permanently restricted net assets Q R X and complete Organizations that do not follow SFAS 117, check here lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, and equipment fund 5,945,085 32 5,136,702. Retained earnings, endowment, accumulated income, or other funds $5,945,\overline{085}$. 5,136,702. 33 33 Total net assets or fund balances. 5,137,326. 5,945,630 34 34 Total liabilities and net assets/fund balances.

Form **990** (2009)

Fute As: 4 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.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	<u></u>
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c 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	Х	
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		2	
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?	За		Х
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		

BAA

Form 990 (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection Employer Identification number

THE CATFISH INSTITUTE

			64-0729771
Pai	Organizations Maintaining Dono	r Advised Funds or Other Similar Fu	inds 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		
2	Aggregate contributions to (during year)		
_ 3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
-			
5	Did the organization inform all donors and don funds are the organization's property, subject to		nor advised Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private benefits the conferring the	he benefit of the donor or donor advisor or for fit??	any other Yes No
Par	Conservation Easements Comple	ete if the organization answered 'Yes	to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by Preservation of land for public use (e.g., re Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization	ecreation or pleasure) Preservation Preservation	of an historically important land area of certified historic structure the form of a conservation easement on the
	last day of the tax year.		Held at the Find of the Veen
	This is a second		Held at the End of the Year
	Total number of conservation easements		2a
	Total acreage restricted by conservation easer		2b
	Number of conservation easements on a certifi	• •	2c
	Number of conservation easements included in	• • •	2d
3	Number of conservation easements modified,	transferred, released, extinguisned, or terminal	ted by the organization during the tax
4	year ► Number of states where property subject to co	nservation easement is located >	_
5	Does the organization have a written policy regard enforcement of the conservation easement	garding the periodic monitoring, inspection, har tit holds?	ndling of violations, Yes No
	Staff and volunteer hours devoted to monitorin during the year ▶		
7	Amount of expenses incurred in monitoring, induring the year ▶	specting, and enforcing conservation easemen	\$
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sec	ction Yes No
9	In Part XIV, describe how the organization repinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revenue and of the organization's financial statements that do	d expense statement, and balance sheet, and escribes the organization's accounting for
Par	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, owered 'Yes' to Form 990, Part IV, line	or Other Similar Assets e 8.
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publithe text of the footnote to its financial statement	ic exhibition, education, or research in furthera	ent and balance sheet works of art, historical nce of public service, provide, in Part XIV,
b	If the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items:	SFAS 116, to report in its revenue statement a ic exhibition, education, or research in furthera	nce of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	▶ \$ ▶ \$
	(ii) Assets included in Form 990, Part X.		* \$
2	If the organization received or held works of ar amounts required to be reported under SFAS	t, historical treasures, or other similar assets for 116 relating to these items:	or financial gain, provide the following
а	Revenues included in Form 990, Part VIII, line	1 .	* \$
b	Assets included in Form 990, Part X		►\$ ►\$

		INSTITUTE		64-072		Page 2
Part III Organizations Mainta	ining Coll	ections of Art, His	torical Treasures,	or Other Similar As	sets (cont	inued)
3 Using the organization's acquisition items (check all that apply)						
a Public exhibition		d Loan	or exchange programs			
b Scholarly research		e Other	,	_		
c Preservation for future genera	ations					
4 Provide a description of the organ Part XIV.		ections and explain hov	v they further the organ	zation's exempt purpose	e in	
5 During the year, did the organiza assets to be sold to raise funds ra	tion solicit or ather than to	receive donations of ar be maintained as part of	t, historical treasures, of the organization's col	r other sımılar lection?	Yes	No_
Part V Escrow and Custodia 9, or reported an amo	I Arranger unt on For	nents Complete if m 990, Part X, line	organization answ e 21.	ered 'Yes' to Form	990, Part I	V, line
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodia	n, or other intermediary	for contributions or oth	er assets not	Yes	No
b If 'Yes,' explain the arrangement	ın Part XIV a	and complete the follows	ng table:			
					Amount	
c Beginning balance				1c		
d Additions during the year			•	1d		
e Distributions during the year				1e		
f Ending balance			• •	1f		
2a Did the organization include an ai	mount on For	m 990, Part X, line 21?			Yes	No
b If 'Yes,' explain the arrangement	ın Part XIV.					
Part V Endowment Funds Co		organization answe	red 'Yes' to Form '	990, Part IV, line 10	J. "	
	(a) Current			k (d) Three years back	(e) Four ye	ears back
1 a Beginning of year balance						
b Contributions						
				va danasa kasasana ka Nada ya kasa	a faoin aon aons Caoistach	41.1. 111 11.
 c Net Investment earnings, gains, and losses 						
d Grants or scholarships				Andrew Company of the	14 14 14 14 14 14 14 14 14 14 14 14 14 1	-
Other expenditures for facilities and programs						
f Administrative expenses					1 · X . 83 · S	· · · · · ·
g End of year balance						
2 Provide the estimated percentage	of the year	end balance held as:				
a Board designated or guasi-endow	•	8				
b Permanent endowment ►						
c Term endowment ►	·					
3a Are there endowment funds not in organization by:		sion of the organization	that are held and admir	nistered for the	Yes	i No
(i) unrelated organizations					3a(i)	 -
(ii) related organizations					3a(ii)	+
b If 'Yes' to 3a(ii), are the related o	raanizatione	listed as required on So	hadula P2		3b	
	-	•			35	
Part VI Investments—Land, B				Y line 10		
Description of investment		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book	Value
1a Land		(introduction)	545.5 (04101)	Beproducti		
b Buildings						
c Leasehold improvements						
• Leasened improvements		L	I	l		

e Other 37,063.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

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d Equipment

Schedule **D** (Form 990) 2009

25,065.

2,699.

27,764.

17,976.

34,364.

43,041

(a) Description of Liability (b) Amount

Federal Income Taxes

PAYROLL TAXES PAYABLE 624.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

624.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

BAA

Schedule D (Form 990) 2009 THE CATFISH INSTITUTE	64-	-0729771 P	age 4
Part XI Reconciliation of Change in Net Assets from Form 990 to	o Financial Statements		
1 Total revenue (Form 990, Part VIII,column (A), line 12)		2,191,8	344.
2 Total expenses (Form 990, Part IX, column (A), line 25)		3,000,2	227.
3 Excess or (deficit) for the year. Subtract line 2 from line 1		-808,3	
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 Excess or (deficit) for the year per audited financial statements. Combine lines	3 and 9	-808,3	383
Part XII Reconciliation of Revenue per Audited Financial Statem			
Total revenue, gains, and other support per audited financial statements		1 2,743,0	20
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIV). SEE PART XIV	2d 612,180.		
,	24 012,100.	Že 612,1	180
e Add lines 2a through 2d 3 Subtract line 2e from line 1	ŀ	3 2,130,8	
	1 1 8	<u> </u>	. 10
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investments expenses not included on Form 990, Part VIII, line 7b	4a 61,004.		
b Other (Describe in Part XIV). SEE PART XIV	46 01,004.	4c 61,0	104
c Add lines 4a and 4b	-	5 2,191,8	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statemen	te With Evnences per Petus		/ 1 1
	ts with Expenses per retur	1 3,093,2	251
1 Total expenses and losses per audited financial statements	<u> -</u>	5,055,2	<u></u>
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		
a Donated services and use of facilities	2b	\$7.1	
b Prior year adjustments	2c 2c	N 1	
c Other losses.	2d 145,780.	X 3	
d Other (Describe in Part XIV). SEE PART XIV	2d 145,700.	2e 145,7	7 2 A
e Add lines 2a through 2d 3 Subtract line 2e from line 1	-	3 2,947,4	
		2,541,3	* / 1
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investments expenses not included on Form 990, Part VIII, line 7b	4a 52,756.	쏡	
b Other (Describe in Part XIV). SEE PART XIV	4b 52, 756.	4c 52,7	156
c Add lines 4a and 4b	<u> </u>	4c 52, 7 5 3,000, 2	
5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	<u> </u>	3 3,000,2	-21
Part XIV Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; P line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d information.	art III, lines 1a and 4; Part IV, lin and 4b. Also complete this part t	nes 1b and 2b; Part V, o provide any addition:	al
- 		- 	
		· 	
		·	
BAA TEEA3304L 02/02/10		Schedule D (Form 990)	200

•	Schedule D (Form 990) 2009 THE CATFISH INSTITUTE	64-0729771	Page 5
	Schedule D (Form 990) 2009 THE CATFISH INSTITUTE Part XIV Supplemental Information (continued)		
	Control of the contro		
	·		
			
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TEEA3305L 07/10/09

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Schedule **D** (Form 990) 2009

SCHEDULE D, PART XIV - SUPPLEMENTAL	L INFORMATION PAGE 6
THE CATFISH INSTITUTE	64-072977
SCHEDULE D, PART XII, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990	
DUES RECEIVABLE-END OF YEAR	TOTAL \$ 612,180. \$ 612,180.
SCHEDULE D, PART XII, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S	
ACCRUED INT REC-BEG OF YEAR DUES RECEIVABLE-BEG. OF YEAR	\$ 7,335. 53,669. \$ 61,004.
SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S	
ACCOUNTS PAYABLE-END OF YEAR	TOTAL \$ 145,780.
SCHEDULE D, PART XIII, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S	
ACCOUNTS PAYABLE - BEG. OF YEAR	TOTAL \$ 52,756. \$ 52,756.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

THE CATFISH INSTITUTE 64-0729771
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDE
THE ORGANIZATION'S MEMBERS CONSIST OF REPRESENTATIVES OF CATFISH FEED MILLS, WHO ARE
APPOINTED BY THE FEED MILLS. THE FEED MILLS PAY DUES TO THE ORGANIZATION. THE
ORGANIZATION EXISTS TO PROMOTE THE CATFISH INDUSTRY, WHICH BENEFITS NOT ONLY THE
FEED MILLS WHICH SELL FEED TO THE FARMERS BUT ALSO THE INDIVIDUAL FARMING OPERATIONS
AND THE PROCESSING PLANTS WHICH PROCESS THE CATFISH FOR CONSUMPTION.
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS
FORM 990 IS PRESENTED TO BOARD MEMBERS AT MONTHLY MEETING PRIOR TO FILING RETURN.
THE PURPOSE OF THIS PRESENTATION IS TO ALLOW BOARD MEMBERS TO REVIEW THE RETURN FOR
ACCURACY AND TO GIVE THEM THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE RETURN.
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE:
THE ORGANIZATION'S BOARD MEMBERS, EXCLUDING THE PRESIDENT, SET THE COMPENSATION OF
THE PRESIDENT WHO OVERSEES DAY TO DAY OPERATIONS AND THE SECRETARY/BOOKKEEPER. [THE
PRESIDENT DOES NOT VOTE ON HIS OWN COMPENSATION.]

Form **4562**

Department of the Treasury Internal Revenue Service (99)

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 Identifying number

Name(s) shown on return

THE CATFISH INSTITUTE

DEPRECIATION SCHEDIUS ONLY

64-0729771 Business or activity to which this form relates

	TECTATION SCHEDO											
Pa	Election To Ex Note: If you have	xpense Certain any listed property.	Property Under Se complete Part V before	ction 179 you complete F	Part I							
1	Maximum amount. See t						1	\$250,000.				
2	Total cost of section 179		2									
3	Threshold cost of section	· · · · · · · · · · · · · · · · · · ·	•		s)		3	\$800,000.				
4		in limitation. Subtract line 3 from line 2. If zero or less, enter -0-										
5	Dollar limitation for tax ye separately, see instruction	5										
6		a) Description of property		(b) Cost (busine	ss use only)	(C) Elected co	st	\$1 \n\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
				, , , , ,								
7	Listed property. Enter the	sted property. Enter the amount from line 29										
8	Total elected cost of sect			c), lines 6 and 7	, —		8					
9	Tentative deduction, Ente	er the smaller of line	5 or line 8			•	9					
10	Carryover of disallowed of	deduction from line 1	3 of your 2008 Form 45	62			10					
11	Business income limitation	on. Enter the smaller	r of business income (no	ot less than zer	o) or line 5	5 (see instrs)	11					
	Section 179 expense dec						12					
	Carryover of disallowed of				▶ 13							
	Do not use Part II or Pai											
Pal	tal Special Depre	ciation Allowan	ce and Other Depr	eciation (Do	not includ	e listed property.	<u>) (See</u>	instructions.)				
14	Special depreciation allow tax year (see instructions	wance for qualified p	property (other than liste	ed property) plac	ced in serv	vice during the	14					
15	` `	•					15	-				
	Other depreciation (included)	****		•	•		16					
	MACRS Depre		oclude listed property) (See instructions	c)		,	L				
1.10	State Improve Dept.	BOILLION (BOTTOCI	Sectio		<u> </u>							
17	MACRS deductions for as	esets placed in servi			 -		17	792.				
18	If you are electing to ground asset accounts, check he	up any assets placed		-	e or more	general						
			in Service During 2009	Tax Year Using	the Gener	al Depreciation	Systen	1				
	(a)	(b) Month and	(C) Basis for depreciation	(d)	(e)			(g) Depreciation				
	Classification of property	year placed in service	(business/investment use only — see instructions)	Recovery period	Conven	tion Method		deduction				
19 a	3-year property	27.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	,									
	5-year property											
	7-year property				 							
	I 10-year property		749.	10	MO	S/L		12.				
	15-year property											
	20-year property	하다 하는 경기를 받는다.			 							
	25-year property	귀 크를 봤다		25 yrs	 	S/L						
	Residential rental			27.5 yrs	MM							
•	property .			27.5 yrs	MM							
	Nonresidential real			39 yrs	MM							
•	property .			33 YIS	MM							
		Access Discording	Sanda During 2000 To	Vaan II-i Al			Cueta					
20.0	Class life	hand and the state of the state	Service During 2009 Ta	ax rear Using ti	ne Alterna			:111				
				10		S/L						
	12-year			12 yrs	147.4	S/L						
	40-year			40 yrs	MM	S/L						
	Summary (See						- T	F 465				
21	Listed property. Enter am					<u> </u> -	21	5,465.				
22	Total. Add amounts from line 12 the appropriate lines of your return to the propriate lines of your return to the your return t	2, lines 14 through 17, line urn. Partnerships and S co	es 19 and 20 in column (g), ar proprations — see instructions	nd line 21 Enter her	re and on		22	6,269.				
~~												
23	For assets shown above the portion of the basis a	and placed in servic	e during the current yea		23		ŝ					

Form **4562** (2009)

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for 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

	columns	(a) through (c)	of Section A	A, all of Se	ction B,	and Sec	ction C i	f app	olicat	ole						
	` Sectio	n A – Deprecia	tion and Oth	er Informa	tion (Ca			ınstru	uction	ns for lim	its for	passen	ger auto			
24	Do you have evident	ce to support the bu	isiness/investm	ent use claim	ed?		X Yes	╧	No	24b If 'Ye	s,' is the	evidence	written?		Yes	No
Ту	(a) rpe of property (list vehicles first)	(b) Date placed in service	(C) Business/ investment use percentage	(d Cost other	or	(busine	(e) or depreca ess/investr use only)	ation nent		(f) Recovery period	Me	(g) thod/ rention	Depi	(h) eciation luction	EI sect	(i) ected ion 179 cost
25	Special deprecused more than	ation allowance 50% in a qual	e for qualified	d listed pro s use (see	perty pla instructi	aced in :	service (durın	ig the	tax yea	r and	25			※	}\}
26	Property used i	more than 50%	ın a qualified	d business	use:								,			
VE	HICLE	9/13/07	100.0							10.0	S/L		ļ	<u>5,465</u>	· 	
				<u> </u>	_	<u> </u>					├					
				<u> </u>		<u> </u>			<u>L</u>							
27	Property used 5	00% or less in a	a qualified bu	isiness use T): 				т.				Γ		F	
						 			\vdash		 		 		-{ ○ \	
			1		<u>.</u>	- 			 		 					
28	Add amounts in	column (h) lin	nes 25 throug	nh 27 Ente	r here a	nd on lu	ne 21. p	age	1			28		5,465		
	Add amounts in		_	-			,	3-					 	29	 ""	. 1011, 2
	·				B – Info		n on Use	e of \	Vehic	:les	-		-			
Com to ye	iplete this section our employees, f	n for vehicles us irst answer the	sed by a sole questions in	e proprieto Section C	r, partne to see if	r, or oth you me	er 'mor	e tha xcep	an 5% tion t	6 owner, to compl	or rela	ated pe	rson. If yon for the	ou provi ose veh	ded vel	nicles
~	T. A. I. b				(a)		(b)		(c)		(d)		(e)		(f)	
30		investment mile (do not include es)		Veh	icle 1	Veh	icle 2	cle 2		Vehicle 3		cle 4	Vehicle 5		Vehicle 6	
31	Total commuting m	ules driven during t	he year													
32	Total other pers miles driven	Total other personal (noncommuting) miles driven														
33	Total miles driven during the year. Add lines 30 through 32															
				Yes	No	Yes	No	Y	es	No	Yes	No	Yes	No	Yes	No
34	during off-duty	hours?			ļ											
35	Was the vehicle than 5% owner	e used primarily or related pers	by a more on?					<u> </u>						_		
36 	is another vehi personal use?	cle available for	r					<u>.</u>								
		Section	C – Questic	ons for Em	ployers	Who Pro	ovide Ve	ehicle	es fo	r Use by	Their E	Employ	ees			
Ans 5%	wer these question owners or related	ons to determin d persons (see	e if you mee instructions).	t an excep	tion to c	ompletır	ng Secti	on B	for v	vehicles	used by	y emplo	yees wh	no are no	t more	than
37	7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?									No						
38		n a written polic e the instruction	y statement	that prohites used by	oits perso corpora	onal use	of vehi	cles,	exce	ept comr	nuting, ore owr	by you ners	ır			
39	Do you treat all	use of vehicles	by employe	es as pers	onal use	?										
40	Do you provide vehicles, and re	more than five	vehicles to y	our emplo	yees, ob	otain info	ormation	fror	n you	ur emplo	yees a	bout the	e use of	the		
41	Do you meet the	e requirements	concerning	qualified at												
Pa	A VI Amorti															
(a) Description of costs		Date at	(b) Date amortization begins		(c) Amortizable amount		(d) Code section		e	(e) Amortization penod or percentage		(f) Amortization for this year				
42	Amortization of	costs that begi	ns during yo	ur 2009 tax	year (s	ee instr	uctions)	:	<u> </u>							
			<u> </u>	+			 -		+-			+				
43	Amortization of	f costs that beg	an before vo	our 2009 ta	x vear								43			··
44		ounts in column	-		-	ere to r	eport						44			
			.,			01Z0812L 0					-			Fo	rm 456	2 (2009)