

## 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

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	2009 calend	dar year, o	or tax year begii	nning		, 2009, a	and ending			, 20
A FO B CI Na Na Ini	neck If	applicable:	Please	C Name of organiz	ationARKANSAS CAT	TLEMENS AS	SOCIATION			DE	imployer identification no.
<b>⋥</b> ∧.	dress	change	use IRS label or	Doing Business	As					71	-0335278
Na Na	me ch	ange	print or	Number and str	eet (or P.O. box If mail is not	delivered to stree	et address)	Ro	om/suite	Εī	elephone number
ini	tial ret	urn	type. See	310 EXECU	TIVE COURT					(5	01)224-2114
Te	rminat	ed	Specific Instruc-	City or town, sta	ate or country, and ZIP + 4			<u> </u>			Gross receipts
☐ Ar	nended	i return	tions.	-	CK, AR 72205						
☐ Ar	plicati	on pending	F Name	and address of prin							
Ar								H	a) Isthisa affiliates	group return	for Yes 🔀 No
I Ta	x-exer	npt status:	X 501(c)(	5 ) <b>◀</b> (Insert no	o.) 4947(a)(1) or	527					
		▶ N/A						— н	If "No," a	ttach a list.	ided? Yes No (see instructions)
-			Corporatio	on Trust Ass	ociation Other		L Year of forma				omicile: AR
Pari		Summar			ociation other p		L rear or tonne			to or legal di	Difficile. AX
7	····		-	ganization's miss	sion or most significant a	activities:	IMPROVE B	ידבט אאא	PT.R TND	עפייפוו	········
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i <b>G</b> a	3		_	_	erning body (Part VI, lin						14
, S	4			_	ers of the governing boo	•					14
က္	5				e 2a)					5	4
FEB	6	Total number	e e e e e	estimate if	necessary)	• • • • • •	• • • • • •			6	·
	7a				e from Part VIII, column					7a	238,200
	b	Net unrelate	d bysines	s taxable income	from Form 990-T, line	34		· · · · · ·		7b	0
-SCANNED	ŀ	imi	W 18	1/01					Prior Year		Current Year
<b>Z</b> e:	8	Contribution	ns and gra	nts (Part VIII, line	:1h)				275	700	242,298
23	9	Program ser	vice to Agr	nue (Part VIII, line	∍ 2g)				294	,726	279,834
Ñ	10	Investment	INCOME (P	art-VIII-column (	e 2g).......... A), lines 3, 4, and 7d).					794	7,810
u e	11				nes 5, 6d, 8c, 9c, 10c, a						0
	12				(must equal Part VIII, o				579	,220	529,942
	13				IX, column (A), lines 1-					,	0
_	14				X, column (A), line 4) .						
E	15				ee benefits (Part IX, colu				170	,613	172,266
P e	l		-		column (A), line 11e) .				4,70	,,013	1/2,200
n				-	lumn (D), line 25)▶						<u>.</u>
s e	17				nes 11a-11d, 11f-24f)		0	— <del> </del>	410	440	412 054
S	18	-			it equal Part IX, column					,448	413,054
	19							``├─		0,061	585,320
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Net Assets	20	Total assets	/D_4 V 15	10)					dng of Curre		End of Year
or Fund			•	•	• • • • • • • • • • • •					,906	450,408
Bal-	21		-							,945	99,065
ances	22				line 21 from line 20	· · · · · · ·	• • • • • • •	• •	259	961	351,343
Par	<b>[#]</b>	Signatu									
		and belief, it	ities of perju t is true, cori	iry, i deciare that i h rect, and complete. I	ave examined this return, inc Declaration of preparer (othe	cluding accompan er than officer) is i	ying schedules ar based on ali infori	nd statements mation of whi	, and to the i	best of my k	nowledge wledne
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					ve director						
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Form 990 (2009)

	990 (2009) ARKANSAS CATTLEMENS ASSOCIATION	71-0335278	Page 2
Par	t III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:		
	IMPROVE BEEF CATTLE INDUSTRY		
		<del></del>	
	Did the comparation undertake any significant program position during the year which were not listed on		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	□ Vac	x No
	If "Yes," describe these new services on Schedule O.	les	V NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
J	services?	Yes	₩ No
	If "Yes," describe these changes on Schedule O.		EV
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expe	nses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 251,509 including grants of \$ ) (Reven	ue \$	)
	MEMBERSHIP SERVICES TO 8-10,000 MEMBERS IN ARKANSAS. EDUCATION OF MEMBER	S REGARDING	
	PRODUCTION OF CATTLE. PROMOTION/EDUCATION OF PUBLIC REGARDING BEEF CONSU	MPTION.	
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4b	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$	′
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4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$	)
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		· · · · · · · · · · · · · · · · · · ·	
			<del>- ·</del> ·
		<del></del>	
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ▶ 251,509		

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

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 21 Х 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the 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 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24a X c Did the organization maintain an escrow account other than a refunding escrow at any time during the year d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . . . . . . . . . . . . . Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a 25a 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 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 ...... X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28Ь X 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, 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . . . . . . . . . . . . . . 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Х 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. 37 X 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 X EEA

Part V Statements Regarding Other IRS Filings and Tax Compliance No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 3 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . . . . . . 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1c Х 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 . . . . . b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a 32 b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O........... X 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 Х 4a 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. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible? X If "Yes," did the organization include with every solicitation an express statement that such contributions or 66 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Х If "Yes," did the organization notify the donor of the value of the goods or services provided?.......... Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?....... 7f X For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h Х 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 Sponsoring organizations maintaining donor advised funds. 9a 10 Section 501(c)(7) organizations. Enter: Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . . . . Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources against Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . . . . . . . 12a 

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
Ъ	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		_ <u>X</u> _
3	Did the organization delegate control over management duties customarily performed by or under the direct		- 1	
	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	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?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7ь		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			í
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, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	nue Code )			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	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		i
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		Х
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	х	ı
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	<del></del>		
	describe in Schedule O how this is done	12c		X
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ĺ
а	The organization's CEO, Executive Director, or top management official	15a	Х	ĺ
	Other officers or key employees of the organization	15b	- 21	X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )	100		
16a				
	with a taxable entity during the year?	16-		v
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	16a		X
-	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			ĺ
	the organization's exempt status with respect to such arrangements?	466		Í
Sec	tion C. Disclosure	16b		
<u> </u>	List the states with which a copy of this Form 990 is required to be filed AR			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
. •	available for public inspection. Indicate how you make these available. Check all that apply.			
10				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
20	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ the association (501)224-2114			<u></u>
	210 executive court Little Rock, AR 72205			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees.
     See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons.

(A)	(B)			(0	7)			(D)	(E)	<b>(F)</b>
Name and Title	Average	Position (check all that apply)						Reportable compensation	Reportable	Estimated
,	hours per week	Itd nri dur ise vtc iet deo u r a o	t s i t t e	t C e	e	emp-oyee Compensated	Former	from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
TOMMY LALMAN										
PRESIDENT		}		X				0	O	0
CHRIS OAKLEY										
SECTY/TREAS				X				0	o	
MARCUS CREASY										
1ST_VP				X				0		
JIM STROOPE										
2ND VP				X				0		
ADAM MCCLUNG		Į		l	1	Į.		•		
EXEC DIRECTOR				L	X		L	0		
Claude Smith			ļ		1					
former exec director	40.00	ļ	<u> </u>	_		ļ	X	90,857		
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Page 8

Pa	rt VII Section A. Officers, Directors, Trustees,	Key Employ	yees,	and	Hig	hes	Com	pen	sated Employees	(continued)			
	(A)	(B)			(0				(D)	(E)		(F)	
	Name and Title	Average	Posit	ion (	checi	k all t	hat app	ly)	Reportable	Reportable	Es	timated	i
		hours per	l t d		Ó	K	Hce	F	compensation	compensation	an	nount of	f
		week	d u r			l v l	t o m	r	from the	from related organizations		other pensati	ion
			ı se ytc	li t	C	e	ĥрΊ еео		organization	(W-2/1099-MISC)		rom the	
			i e t d e o			m P	s n y t s e	Г	(W-2/1099-MISC)			anızatio	
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<u>1b</u> _	Total		<del></del>					<u> </u>	90,857		<u> </u>		
2	Total number of individuals (including but not limited	to those liste	ed abo	ve)	who	rec	eived	mor	e than \$100,000 in				
	reportable compensation from the organization									0			
											<del> </del>	Yes	No
3	Did the organization list any former officer, director o		-	-		_						:	
	employee on line 1a? If "Yes," complete Schedule J f										3	X	
4	For any individual listed on line 1a, is the sum of repo	•											
	the organization and related organizations greater that					•						•	
	ındividual										4	1	X
5	Did any person listed on line 1a receive or accrue co	mpensation	from a	iny ι	unrel	lated	dorga	nızat	tion for			Ī	
	services rendered to the organization? If "Yes," comp	lete Schedu	le J fo	r su	ch p	ersc	n		<u>.</u> <u>.</u>		5		Х
Se	ction B. Independent Contractors												
1	Complete this table for your five highest compensate	d independe	ent cor	ntrac	tors	tha	recei	ved	more than \$100,00	00 of			
	compensation from the organization	·											
_	(A)								(B)			(C)	
	Name and business addre	ss							Description o	f services		ensatio	on.
_													
_													
		<del></del>							<del> </del>	+			
_			<del></del> -						+				
<u></u>	Total number of independent contractors (including I	nut not limite	d to +1		- همدا	٠. ا	bass \	- جارور	rocowed			·····	
~	more than \$100,000 in compensation from the organ		:u 10 17	1056	113(6	au a	nove)	wr10	o received				
	more than a roo,ood in compensation from the organ	ization P											

Page 9

Part	4111	Statement of Revent	16						
						(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512,513, or 514
	1a	Federated campaigns		1a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				512,015,01014
	ь	Membership dues		1b	242,298				
Contri-	ء ا	Fundraising events		1c	242,230				
butions, gifts,	ď	Related organizations		1d					
grants	٦	=		H					
and	•	Government grants (contribut		1e					
other similar	f	All other contributions, gifts, g							
amounts		and similar amounts not included above 1f							
	g	Noncash contributions included in lines 1a-1f: \$							
	h	Total. Add lines 1a-1f	<u></u>		<u></u> <b>&gt;</b>	242,298			
					Business Code			, , , , , , , , , , , , , , , , , , ,	
	2a	CONVENTION & MID-YR	M		900099	29,775	29,775		
_	Ь	LICENSES & ADM FRES			900099	11,859	11,859		
Program Service	С	AR CATTLE BUSINESS M	 [A		511120	238,200		238,200	
Revenue	d					230,200		230,200	<u> </u>
	e								
		All other program service rever	3110						
					<del></del>				
						279,834			
	3	Investment income (including	dıvıdends, ır	nterest,	and				
		other similar amounts)				7,810		····	7,810
	4	Income from investment of tax							
	5	Royalties			· · · · · · <b>&gt;</b>				
			(i) Rea	<u> </u>	(ii) Personal				
	6a	Gross Rents							
	b	Less rental expenses							
	С	Rental income or (loss)			-				
	d	Net rental income or (loss) .	,			ĺ	Ī		
	_	Gross amount from sales of	(i) Securit		(ii) Other				
		assets other than inventory							
	h	Less cost or other basis							
	_	and sales expenses							
•	c	Gain or (loss)							
h	, A	Net gain or (loss)					ł		
e		Gross income from fundraising							
r	02	events (not including \$	ļ						
R			-4\	_					
е		of contributions reported on lin							
٧		See Part IV, line 18					I		
n		Less direct expenses					1		
u		Net income or (loss) from fund		nts .					
е	9a	Gross income from gaming act							
		See Part IV, line 19		. а			#		
	b	Less. direct expenses		. ь			-		
	С	Net income or (loss) from gam	ing activities						
		Gross sales of inventory, less		1					·····
		returns and allowances		. а					
	b	Less: cost of goods sold		1			•		
		Net income or (loss) from sales				i	Ī		
		Miscellaneous Revenue		<del>/</del>	Business Code				
	11a				Danies Cone	1	Ŧ		
	ь							<del></del>	<del></del>
	c							<del></del>	
		All other revenue	··						
		All other revenue		1				· · · · · · · · · · · · · · · · · · ·	
		Total. Add lines 11a-11d .							
	12	Total revenue. See instruction	s		<u></u> ▶	529,942	41,634	238,200	7,810

# Part IX Statement of Functional Expenses

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

Do	All other organizations must complete colu not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundralsing expenses
1	Grants and other assistance to governments and		CAPCINES	general expenses	expenses
	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			<del>""                                       </del>	
• 5					
•	Compensation of current officers, directors,				
	trustees, and key employees				
5	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	155,343		155,343	
3	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
)	Other employee benefits	4,221		4,221	
0	Payroll taxes	12,702		12,702	
1	Fees for services (non-employees).				
а	Management				
Ь	Legal				
c	Accounting	8,000		8,000	
d	Lobbying				<del>-</del>
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other			<del></del>	
2 2	Advertising and promotion	6,288	6,288		
- 3	Office expenses	24,524	0,288	24 524	<del></del>
4	Information technology	24,524		24,524	
<del>-</del> 5	Royalties				
5 6	· · · · · · · · · · · · · · · · · · ·	44 44 -			- · · · · · · · · · · · · · · · · · · ·
o 7	Occupancy	41,015		41,015	<del></del>
	Travel	60,227		60,227	<del></del>
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	43,310	39,669	3,641	
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	2,151	1,003	1,148	
3	Insurance	1,045		1,045	
4	Other expenses litemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	MAGAZINE PRINTING	150,997	150,997		
Ь	DUES & SUBSCRIPTONS	1,085		1,085	
c	BEEF PROMO & MEMBER SUPP	53,552	53,552	2,003	
ď	BOOKEEPING/COMPUTER	20,860	33,332	20,860	
e	TOTAL THO, COME OTHER	20,000		20,000	
f	All other expenses				
-	All other expenses				
5	Total functional expenses. Add lines 1 through 24f	585,320	251,509	333,811	
6	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				

orm 990 (2	Balance Sheet	7	1-0335278	Page <b>1</b> 1
4113-27-1	Building Glicet	(A)	<del></del>	(B)
		Beginning of year		
1	Cash - non-interest-bearing	<del></del>	1	End of year
2	Savings and temporary cash investments		2	163,122
3	Pledges and grants receivable, net		3	241,566
4	Accounts receivable, net		4	05 405
5	Receivables from current and former officers, directors, trustees, key	25,515	<del>  *  </del>	25,497
	employees, and highest compensated employees. Complete Part II of		1 1	
	Schedule L		1 _ 1	
6	Receivables from other disqualified persons (as defined under section	•	5	
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		1 1	
<b>\</b>	Part II of Schedule L	ŀ	1 . 1	
5   7	Notes and loans receivable, net		6	
8 8	Inventories for sale or use		7	
s   9			8	
10a	Prepaid expenses and deferred charges	19,453	9	16,497
104	Land, buildings, and equipment cost or		1 1	
	other basis. Complete Part VI of Schedule D 10a 98,412	<b>⊣</b>	_	
b	Less accumulated depreciation 10b 94,686		10c	3,726
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		16	450,408
17	Accounts payable and accrued expenses		17	17,742
18	Grants payable		18	
. 19	Deferred revenue		19	81,323
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key			
	employees, highest compensated employees, and disqualified		1 1	
	persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	. 117,945	26	99,065
	Organizations that follow SFAS 117, check here ▶ 🔯 and			
F	complete lines 27 through 29, and lines 33 and 34.			
u 27	Unrestricted net assets	. 259,961	27	351,343
n d 28	Temporarily restricted net assets		28	
_   29	Permanently restricted net assets		29	
B	Organizations that do not follow SFAS 117, check here ▶ □			
ĩ	and complete lines 30 through 34.			
a 30	Capital stock or trust principal, or current funds	.	30	
n c 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
e 32	Retained earnings, endowment, accumulated income, or other funds		32	
S 33	Total net assets or fund balances		33	351,343
34	Total liabilities and net assets/fund balances	. 377,906	34	450,408

	•	•
Form	990	(2009)

#### ARKANSAS CATTLEMENS ASSOCIATION

71-0335278

Page **12** 

Par	Financial Statements and Reporting			
			Yes	No_
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other			
	If the organization changed its methods 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
ь	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			l
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		ŧ	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		l	ļ
	the Single Audit Act and OMB Circular A-133?	3a		X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		ļ	ļ
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3Ь	<u> </u>	<u> </u>

EEA

Form 990 (2009)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No. 1545-0047

Employer identification number

2009

Open to Public Inspection

ARKANSAS CATTLEMENS ASSOCIATION 71-0335278 Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule F) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II ) ĸ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated e 🔲 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . . . . . . . . Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your organization in col. the organization in col. (i) of your above or IRC section governing document? (i) organized in the support? (see instructions) US? Yes Yes No Yes Total

Schedule A (Form 990 or 990-EZ) 2009 ARKANSAS CATTLEMENS ASSOCIATION 71-0335278 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . . . Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge ..... Total. Add lines 1 through 3 . . . . . . 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . . Public support. Subtract line 5 from In 4 Section B. Total Support (e) 2009 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets

12	Gross receipts from related activities, etc. (see instructions)	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	▶ 🗌
Se	ction C. Computation of Public Support Percentage	
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	%

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . .

(Explain in Part IV).....

Total support. Add lines 7 through 10 .

11

15

b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the 

%

# Schedule A (Form 990 or 990-EZ) 2009 ARKANSAS CATTLEMENS ASSOCIATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)	1
--	---

Sec	ction A. Public Support				-		
Cale	endar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	324,875	308,839	293,730	275,700	242,298	1,445,442
2	Gross receipts from admissions, merchan- dise sold or services performed, or fac- lities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513	284,747	279,677	303,859	294,726	41,634	1,204,643
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	609,622	588,516	597,589	570,426	283,932	2,650,085
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
Ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						2,650,085
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009_	(f) Total
9	Amounts from line 6	609,622	588,516	597 <u>,</u> 589	570,426	283,932	2,650,085
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,364	12,449	15,749	8,794	7,810	51,166
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-					
c	Add lines 10a and 10b	6,364	12,449	15,749	8,794	7,810	51,166
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)		<u>                                     </u>				
13	Total support. (Add lines 9, 10c, 11, and 12.)						2,701,251
14	First five years. If the Form 990 is for the o organization, check this box and stop here						▶ □
Se	ction C. Computation of Public Su						
15	Public support percentage for 2009 (line 8,					15	98.11 %
16	Public support percentage from 2008 Schee			<del> <u>.</u></del>	<u> </u>	16	%
	ction D. Computation of Investme			(4)		· := · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2009 (lin		•			17	1.89 %
18	Investment income percentage from 2008 S	ichedule A, Part III	, line 17		• • • • • • • • •	18	1.64 %
19a	33 1/3% support tests - 2009. If the organi 17 is not more than 33 1/3%, check this box						▶ 🏻
ь	33 1/3% support tests - 2008. If the organi line 18 is not more than 33 1/3%, check this	box and stop he	<b>re.</b> The organization	on qualifies as a pu	iblicly supported o	rganization	
20	Private Foundation: If the organization did	not check a box of	on line 14, 19a, or	19b, check this bo	x and see instructi	ons	<u></u> ▶ □

#### SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

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

OMB No 1545-0047

2009

Open to Public inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

	section 50 ame of organiz	11(C)(4), (5), or (6) organizations:	: Complete Part III.			Employee ide	entification number
	•					• •	
_		CATTLEMENS ASSOCIATION		ion 501/a\ an i	2 2 2221	71-0335	
	art I-A		zation is exempt under sect			527 orga	anization.
1			s direct and indirect political campaign				
2	Political e	xpenatures				<b>&gt;</b> 3	
3	volunteer	nours	• • • • • • • • • • • • • • • • • • • •			• —	
P	art I-B	Complete if the organi	zation is exempt under sect	ion 501(c)(3).		<del></del>	
1			ed by the organization under section			▶ \$	
2		•	ed by organization managers under s				
3			5 tax, did it file Form 4720 for this yea				
4a	Was a co	rrection made?	· · · · · · · · · · · · · · · · · · ·				. 🗌 Yes 📋 No
ь	If "Yes," d	fescribe ın Part IV.					
P	art I-C	Complete if the organi	ization is exempt under sect	ion 501(c), exc	cept section	n 501(c)(3	3).
1	Enter the	amount directly expended by the	ne filing organization for section 527 e	xempt function			
	activities					<b>&gt; \$</b>	
2			n's funds contributed to other organiz				
	527 exem	npt function activities				. • \$	
3	Total exe	mpt function expenditures. Add	lines 1 and 2. Enter here and on Forr	n 1120-POL,			
	line 17b					. • \$	
4	Did the fil	ling organization file Form 1120	-POL for this year?				. 🗌 Yes 🔲 No
5	State the	names, addresses and employe	er identification number (EIN) of all se	ction 527 political c	organizations to	which payr	ments
	were mad	de. For each organization listed,	enter the amount paid from the organ	nization's funds Als	so enter the an	nount of pol	tical
	contributi	ions received that were prompth	y and directly delivered to a separate	political organizatio	on, such as a se	eparate segi	regated
	fund or a	political action committee (PAC	) If additional space is needed, provi	de information in P	art IV		
		(a) Name	(b) Address	(c) EIN	(d) Amount filing organ funds. If none	ization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
NO	ne			-			
						-	
	<del></del>				<del> </del>		<del> </del>
			,		1		1
				<del>                                     </del>	<del> </del>		<del> </del>
				1	1		
_					<u> </u>		<del> </del>

	edule C (Form 990 or 990-EZ) 2009 ARKANSAS CATT				71-03352	
P	art II-A Complete if the organization under section 501(h)).	is exempt ur	nder section 50°	1(c)(3) and filed	d Form 5768 (ele	ction
	Check ▶ ☐ if the filing organization belongs to	an affiliated group	),			<del></del>
В	Check ▶ ☐ If the filing organization checked be	• .		vla		
		ing Expenditures			(a) Filing	(b) Affillated
	(The term "expenditures" m	•			organization's totals	group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots	s lobbying)			
ŀ	Total lobbying expenditures to influence a legislation	tive body (direct id	obbying)			
•	Total lobbying expenditures (add lines 1a and 1b	)				·
C	Other exempt purpose expenditures					
•	Total exempt purpose expenditures (add lines 1c	and 1d)				
f	Lobbying nontaxable amount. Enter the amount to	from the following	table in both			
	columns.					
	If the amount on line 1e, column (a) or (b) is:		nontaxable amount	t is :	1	
	Not over \$500,000		nount on line 1e.		1	
	Over \$500,000 but not over \$1,000,000		15% of the excess of			
	Over \$1,000,000 but not over \$1,500,000		10% of the excess of		1	
	Over \$1,500,000 but not over \$17,000,000		5% of the excess ov	er \$1,500,000.	1	
	Over \$17,000,000  Grassroots nontaxable amount (enter 25% of line	\$1,000,000.			<u> </u>	·····
ŀ	<b>^</b>	•				<del></del>
;	Subtract line 1f from line 1c If zero or less, enter					
i	If there is an amount other than zero on either lin				L	
,	section 4911 tax for this year?		•	•	•	∏ Yes ☐ No
	(Some organizations that n	nade a section 50	eriod Under Section 1(h) election do not tions for lines 2a th	have to complete		
_	Lobbyi	ng Expenditures	During 4-Year Ave	raging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	( <b>b</b> ) 2007	(c) 2008	( <b>d</b> ) 2009	(e) Total
2a	Lobbying non-taxable amount					
	Lobbying ceiling amount (150% of line 2a, column (e))					
_	Total lobbying expenditures					
_	d Grassroots nontaxable amount					
_	e Grassroots ceiling amount (150% of line 2d, column (e))	***************************************				
1	Grassroots lobbying expenditures					

legislation, include referendum, through the volunteers?  b Paid staff or mare Media advertiser Mailings to meme Publications, or publications	gement (include compensation in expenses reported on lines 1c through 1i)?  ents?  ers, legislators, or the public?  ganizations for lobbying purposes?  n legislators, their staffs, government officials, or a legislative body?  ations, seminars, conventions, speeches, lectures, or any other means?  "Yes," describe in Part IV  through 1i  n line 1 cause the organization to be not described in section 501(c)(3)?  amount of any tax incurred under section 4912  amount of any tax incurred by organization managers under section 4912	Yes	No	Amoun
legislation, include referendum, throe referendum, throe referendum, throe referendum, throe referendum, throe Paid staff or mark decided Mailings to meme Publications, or publ	ng any attempt to influence public opinion on a legislative matter or gh the use of:  gement (include compensation in expenses reported on lines 1c through 1i)?  ents?  ers, legislators, or the public?  ublished or broadcast statements?  ganizations for lobbying purposes?  n legislators, their staffs, government officials, or a legislative body?  attons, seminars, conventions, speeches, lectures, or any other means?  "Yes," describe in Part IV  through 1i  n line 1 cause the organization to be not described in section 501(c)(3)?  amount of any tax incurred under section 4912  amount of any tax incurred by organization managers under section 4912			
referendum, thro  a Volunteers?  b Paid staff or mar  c Media advertiser  d Mailings to mem  e Publications, or p  f Grants to other of  g Direct contact with  h Rallies, demonst  i Other activities?  j Total. Add lines  b If "Yes," enter the  c If "Yes," enter the  d If the filing organ	gement (include compensation in expenses reported on lines 1c through 1i)?  ents?  ers, legislators, or the public?  ublished or broadcast statements?  ganizations for lobbying purposes?  n legislators, their staffs, government officials, or a legislative body?  attons, seminars, conventions, speeches, lectures, or any other means?  "Yes," describe in Part IV  through 1i  n line 1 cause the organization to be not described in section 501(c)(3)?  amount of any tax incurred under section 4912  amount of any tax incurred by organization managers under section 4912			
b Paid staff or mar c Media advertiser d Mailings to mem e Publications, or p Grants to other of g Direct contact with h Rallies, demonst i Other activities? j Total. Add lines Did the activities b If "Yes," enter the c If "Yes," enter the d If the filing organ	gement (include compensation in expenses reported on lines 1c through 1i)?  ents?  ers, legislators, or the public?  ublished or broadcast statements?  ganizations for lobbying purposes?  n legislators, their staffs, government officials, or a legislative body?  ations, seminars, conventions, speeches, lectures, or any other means?  "Yes," describe in Part IV  through 1i  through 1i  through 1i  through 1i  amount of any tax incurred under section 4912  amount of any tax incurred by organization managers under section 4912			
c Media advertiser d Mailings to mem e Publications, or   f Grants to other of g Direct contact with h Rallies, demonst i Other activities? Total. Add lines Did the activities b If "Yes," enter the If "Yes," enter the	ents?			
d Mailings to mem e Publications, or p f Grants to other of g Direct contact wh h Rallies, demonst i Other activities? j Total. Add lines Did the activities b If "Yes," enter the d If the filing organ	ers, legislators, or the public?			
e Publications, or of Grants to other of Direct contact with Rallies, demonst i Other activities? Total. Add lines Did the activities if "Yes," enter the If "Yes," enter the If the filing organ	ublished or broadcast statements?  ganizations for lobbying purposes?  n legislators, their staffs, government officials, or a legislative body?  titions, seminars, conventions, speeches, lectures, or any other means?  "Yes," describe in Part IV  through 1i  n line 1 cause the organization to be not described in section 501(c)(3)?  amount of any tax incurred under section 4912  amount of any tax incurred by organization managers under section 4912			
f Grants to other of Direct contact with Rallies, demonst Other activities? Total. Add lines Did the activities If "Yes," enter the If the filing organ	ganizations for lobbying purposes?			
g Direct contact with Rallies, demonst Other activities? Total. Add lines Did the activities If "Yes," enter the If "Yes," enter the	n legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonst Other activities? Total. Add lines Did the activities If "Yes," enter the If "Yes," enter the	ations, seminars, conventions, speeches, lectures, or any other means?			
Other activities? Total. Add lines Did the activities If "Yes," enter the If "Yes," enter the	"Yes," describe in Part IV			•
Total. Add lines  Did the activities  If "Yes," enter the  If "Yes," enter the  If the filing organ	through 1i			
Did the activities if "Yes," enter the if "Yes," enter the if the filing organ	n line 1 cause the organization to be not described in section 501(c)(3)?			•
b If "Yes," enter the c If "Yes," enter the d If the filing organ	amount of any tax incurred under section 4912	ľ		
If "Yes," enter the	amount of any tax incurred by organization managers under section 4912	l .		
d If the filing organ				
art III-A Co	ration incurred a section 4912 tax, did it file Form 4720 for this year?			
	uplete if the organization is exempt under section 501(c)(4), section 501(c	)(5),	or se	ection
501	c)(6).			7
	11/000/			Yes
	v all (90% or more) dues received nondeductible by members?			1   1
-	on make only in-house lobbying expenditures of \$2,000 or less?			2 X
	on agree to carryover lobbying and political expenditures from the prior year?			3
			9 3 is	answered
<b>,</b>	ts and similar amounts from members	• •	1	
	ndeductible lobbying and political expenditures (do not include amounts of political			
-	ich the section 527(f) tax was paid).			
•			2a	
•	st year		2b	
			2c	
	t reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	• •	3	
	nt and the amount on line 2c exceeds the amount on line 3, what portion of the			
	organization agree to carryover to the reasonable estimate of nondeductible lobbying			
•	nditure next year?		4	
	of lobbying and political expenditures (see instructions)	٠.	5	
	emental Information			
		line 1i.	•	
so, complete this pa	for any additional information			
ilso, complete this pa	for any additional information			
Complete this part to j	ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, and Part II-B, I for any additional information	line 1i.	•	

### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

ARK	ANSAS CATTLEMENS ASSOCIATION	71-0335278
Par		
	the organization answered "Yes" to Form 990, Part IV, line 6	Accounts. Complete ii
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(-) / 2.1.2.2.1.2.1.2.2.1.2.2.2.2.2.2.2.2.2.2
	Aggregate contributions to (during year)	
	Aggregate grants from (during year)	
4	Aggregate value at end of year	
-	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes   No
	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	
	purpose conferring impermissible private benefit?	
Par		
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or pleasure)	lly important land area
	Protection of natural habitat Preservation of a certified h	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	conservation
	easement on the last day of the tax year.	
		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a) $\dots \dots \dots \dots$	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	janization during
	the tax year	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	g the year
_	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	year
_	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense sta	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements	that describes
Dai	the organization's accounting for conservation easements.  The organizations Maintaining Collections of Art, Historical Treasures, or Ot	har Similar Accots
F 61	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	ilei Siililai Assets.
	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balan	co shoot works of
, 4	art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items.	rice of public service,
ь	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance s	cheet works of art
_	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	•
	provide the following amounts relating to these items:	o. pablic service,
	(i) Revenues included in Form 990, Part VIII, line 1	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial ga	<del></del>
_	following amounts required to be reported under SFAS 116 relating to these items	,
a	Revenues included in Form 990, Part VIII, line 1	▶ \$
ь	Assets included in Form 990, Part X	<del> </del>
_		

	lule D (Form 990) 2009 ARKANSAS CATTLE				_	71-03352		Page	2
Par	t III Organizations Maintaining						ets (co	ntinued)	_
3	Using the organization's acquisition, accession,	and other records,	check any of the	following that a	re a sign	ificant use of its			
	collection items (check all that apply).								
а	Public exhibition		or exchange pr						
Ь	Scholarly research	e 🗌 Othe	r						
C	Preservation for future generations								_
4	Provide a description of the organization's colle	ctions and explain h	ow they further t	the organization'	s exemp	t purpose in			
	Part XIV								
5	During the year, did the organization solicit or re	eceive donations of	art, historical trea	asures, or other :	simılar				
	assets to be sold to raise funds rather than to b	e maintained as par	t of the organiza	tion's collection?	·		. 🗌 Y	es 🔲	No
Par	TIV Escrow and Custodial Arra	ngements. Com	plete if organiza	tion answered "	es" to F	orm 990,			_
	Part IV, line 9, or reported an amour	nt on Form 990, Part	X, line 21.						
1a	Is the organization an agent, trustee, custodian	or other intermediar	y for contribution	ns or other asset	s not				_
	included on Form 990, Part X?		·	. <b></b> .			. ∏ Y	es 🗌	No
b	If "Yes," explain the arrangement in Part XIV an							_	
	_	·	_			Amo	unt	-	_
c	Beginning balance	. <b></b>	. <b></b> .	. <b></b>	. 1c			•	
d	Additions during the year	. <b></b>			. 1d	-			
e	Distributions during the year				. 1e				_
f	Ending balance			. <b></b> .	. 1f				
2a	Did the organization include an amount on Form	m 990, Part X, line 2	1?				.   Y	es 🗍	Nο
	If "Yes," explain the arrangement in Part XIV								
	Endowment Funds. Complete	if the organization as	nswered "Yes" to	Form 990, Part	IV. line	10.	<del></del>		
		(a) Current year	(b) Prior year	(c) Two year		(d) Three years back	(e) Four	years bac	
1a	Beginning of year balance				***********		<u> </u>		····
b	Contributions					······································	<del> </del>	·····	
С	Net investment earnings, gains, and losses .				<del>!-:</del>	<del>''                                    </del>	† <del></del>	************	****
d	Grants or scholarships					***************************************	<b>†</b>		
e	Other expenditures for facilities				<del></del>	<del>!!. !! .'!!</del>	<del>• •••••••</del>	**********	
	and programs				I		1		
f	Administrative expenses			<del>''''' ''' ''''</del>		<del>#'        </del>	<del> </del>	*************	****
g	End of year balance					······································	<del> </del>	***************************************	
2	Provide the estimated percentage of the year e	nd balance held as.		<u> </u>	ŧ	<u> </u>	<u> </u>		
а	Board designated or quasi-endowment ▶	%							
ь	Permanent endowment ▶ %								
С	Term endowment ▶ %								
3a	Are there endowment funds not in the possess	on of the organization	on that are held a	and administere	d for the				
	organization by.						1	Yes N	lo
	(i) unrelated organizations		. <b></b> .				3a(i)	100	_
	(ii) related organizations						3a(ii)		
ь	If "Yes" to 3a(ii), are the related organizations In						3b	-	_
4	Describe in Part XIV the intended uses of the o								_
Pai	t VI Investments - Land, Buildi			rm 990. Part X. I	ne 10				
·	Description of investment	(a) Cost or oti		Cost or other		Accumulated	(d) Boo		
	best profit in content	(investm	1 ''	basis (other)		epreciation	(a) Boo	ik value	
1a	Land	<del></del>		. , ,					_
b	Buildings					<del></del>			
С	Leasehold improvements					-			
d	Equipment								
e	OtherSTMD			98,412		94,686		3,7	26
	I. Add lines 1a through 1e. (Column (d) must ed		K column (B) lir			21,000		3,1	

organization's liability for uncertain tax positions under FIN 48.

Part VII	Investments - Other Securities	S. See Form 990, Part X, line 12		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mari	
Financial deri	vatives			· · · · · · · · · · · · · · · · · · ·
Closely-held	equity interests			
Other				
				<del></del>
Total (Column	(b) must equal Form 990, Part X, col. (B) line 12)	<b>&gt;</b>		
Part VIII	Investments - Program Relate	d. See Form 990, Part X, line 13.		
	(a) Description of investment type	(b) Book value	(c) Method of valua	tion
		(b) Book value	Cost or end-of-year man	
	(b) must equal Form 990, Part X, col (B) line 13)	<b>&gt;</b>		
Part IX	Other Assets. See Form 990, Part X,	line 15.		· · · · · · · · · · · · · · · · · · ·
		(a) Description		(b) Book value
	nn (b) must equal Form 990, Part X, col(B)l	<u>ıne 15.)                                    </u>	· · · · · · · · · · · · · · · · · · ·	
Part X	Other Liabilities. See Form 990, Part	X, line 25.		
1.	(a) Description of liability	(b) Amount		
Federal incon	ne taxes			
	<del></del>			
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25)	<b>•</b>		
2. FIN 48 Foo	otnote In Part XIV, provide the text of the foo	otnote to the organization's financial sta	atements that reports the	***************************************

	tule D (Form 990) 2009 ARKANSAS CATTLEMENS ASSOCIATION	71-0335278	Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Par	T XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV )		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
Ь	Other (Describe in Part XIV.)		
c	Add lines 4a and 4b		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
Pa	Reconciliation of Expenses per Audited Financial Statements With Expense		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
а	Donated services and use of facilities		
ь	Prior year adjustments	_	
C	Other losses	_	
d	Other (Describe in Part XIV )		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV )		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	rt XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines		
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete	•	
this	part to provide any additional information		<del></del>
			<del></del>
		<del></del>	<del></del>
			· · · ·

#### **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions. OMB No. 1545-0047

2009

Open to Public Inspection

Employer Identification number

		71-0335278		
Pa	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Fo			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	•		
	First-class or charter travel Housing allowance or residence for per			
	Travel for companions Payments for business use of personal			
	Tax indemnification and gross-up payments Health or social club dues or initiation for	t t		
	Discretionary spending account Personal services (e.g., maid, chauffeur	r, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	Ī		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which if any of the fallowing the agreement in the same to the fallowing the			
,	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation	n committee		
		Committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization	[		
а	Receive a severance payment or change-of-control payment?	4a	]	1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	E .		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	Į.		
_	compensation contingent on the revenues of:	ŧ		
а	The organization?	5a		1
	Any related organization?		<del>                                     </del>	<del>                                     </del>
	If "Yes" to line 5a or 5b, describe in Part III		<del> </del>	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	•		
	compensation contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.		<b> </b>	<del> </del>
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	Ì	Ì	
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was		T	
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	•	1	[

71-0335278

ARKANSAS CATTLEMENS ASSOCIATION

Schedule J (Form 990) 2009

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(ii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-M	-MISC compensation	(C) Retirement and	oldevetook (C)	(E) Total of columns	(E) Componention
(A) Name	(i) Base	(ii) Bonus & incentive compensation	(iii) Other reportable	other deferred	benefits	(a)-(j)(a)	reported in prior
			compensation	compensation			Form 990-EZ
	(i) 65,000		25,857			90,857	:
Claude Smith	(ii)						
	(1)						
	(II)						
	(i)						
	(II)						
	(!)		-				
	(1)						
	(1)						
	(II)						
	(3)						
	(II)						
	(1)						
	(II)						
	(!)						
	(ii)						
	(1)						
	(ii)						
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	(i)						
	(ii)						
	(E)						
	Œ						
	(i)						
	(II)						
	(3)						
	(ii)						
	(!)						
)	(ii)						
	(E)						
)	(ii)						
							Schedule J (Form 990) 2009

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Inspection Employer identification number

ARKANSAS CATTLEMENS ASSOCIATION	71-0335278
01. Form 990 governing body review (Part VI, line 11)	
The board has previously allowed the executive director to handle	filing of the 990
without their review. This policy is being changed.	
02. CEO, executive director, top management comp (Part VI, line 15	a)
Executive director compensation is determined by the board after r	ecommendations of the
personnel committee.	
03. Governing documents, etc, available to public (Part VI, line 1	9)
Copies of the 990 and the audit are available to the public upon r	equest.
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