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#### Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

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

▶The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service For the 2010 calendar year, or tax year beginning and ending D Employer identification number C. Name of organization Check if applicable WASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC. Doing Business As Address change 11-3673099 E Telephone number Number and street (or P O box if mail is not delivered to street address) Name change Initial return 859-336-7741 211 PROGRESS AVENUE City or town, state or country, and ZIP + 4 Terminated G Gross receipts \$ 40069 SPRINGFIELD Amended return Name and address of principal officer H(a) Is this a group return for affiliates? Yes X Application pending H(b) Are all affiliates included? Yes X No Lee Hood 506 N Doctor St, Springfield, KY 40069 If "No," attach a list (see instructions) 527 Tax-exempt status 5 ) **◄** (insert no ) 4947(a)(1) or Website: ▶ H(c) Group exemption number ▶ L Year of formation X Corporation Trust Association Other > M State of legal domicile K Form of organization 1995 KY Summary Part I Briefly describe the organization's mission or most significant activities: The organization's mission is to promote the beef cattle industry in Washington Co, KY. The organization holds monthly member meetings to provide valuable information related to the beef industry, manages grant funds for agricultural programs, and promotes the beef industry at various local events. Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) . 4 10 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . . . . . . 5 0 Total number of volunteers (estimate if necessary) . . . 35 6 Total unrelated business revenue from Part VIII, column (C), line 12. 0 7a ക Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h): 52,450 519,085 Program service revenue (Part VIII), line 2g)污಄层似污渍层 9 13,734 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 208 26 11 Other revenue (Part VIII, column (A)) lines 5, 6d, 8c, 9c, 10c and 11e). 6.413 2,586 Total revenue—add lines 8 through 1 (must equal Bart VIH, column 64), line 12) 12 59,071 535,431 13 Grants and similar amounts paid (Part IX; column (A), lines 15) 123,338 290,601 14 Benefits paid to or for members (Rart 1X column (A), line 4)... Salaries, other compensation, employee benefits (Part IX, column (A); lines 5–10). 2,332 15 2,833 Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 Total fundraising expenses (Part IX, column (D), line 25)▶ 107,230 121,787 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25). 233,401 18 414,720 Revenue less expenses Subtract line 18 from line 12. -174,330120,711 19 Assets or Balances End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) . . 82,640 203.351 21 Total liabilities (Part X, line 26) . . . . 203,351 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete personal property of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here HOOD **PRESIDENT** Type or pnnt name and title Preparer's signature Print/Type preparer's name Check Paid self-employed RICK L DOWNS Preparer's Firm's name ► RICK L DOWNS, CPA, PSC Firm's EIN ► 61-1349380 **Use Only** Firm's address ▶ 49 BONNIE BLVD, STE 3, SPRINGFIELD, KY 40069 (859) 336-7590 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) . . . | X | Yes

orm 9	990 (2010) WASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC 11	1-3673099	F	age 3
Part	IV Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		ļ	l
	complete Schedule A	$\cdot \cdot \mid \frac{1}{2}$	<del> </del>	X
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	-	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		1	
_	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			İ
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		1	
	Part III	· · <u>5</u>	X	├
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have		1	
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
_	complete Schedule D, Part I	· ·   6	-	X
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		
۰	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	· ·   <del>/</del>	<del> </del>	X
8	complete Schedule D, Part III	8		×
0	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	· ·   •	<del>                                     </del>	<del>  ^</del>
9	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9	1	x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	· ·   •		<del>  ^</del>
10	quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			*
• •	VII, VIII, IX, or X as applicable			3.5
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			X
	Schedule D, Part VI			
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	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	11c		X
d	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			X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Pa	rt X 11e		Х
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," com			
	Schedule D, Parts XI, XII, and XIII		<u> </u>	X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "\ and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is option			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		-	X
14a			<del> </del>	x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraisi		<del>                                     </del>	<del>  ^</del>
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and		1	x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1110	$\vdash$	<del>-^-</del>
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV			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 (see instructions)	. 17	<u>L</u> _	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	. 19	<u> </u>	X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	<u>L</u>	Х

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note**. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).

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Page 4

гаг	Cireckiist of Required Schedules (Continued)	T		
04	Did the appropriate report many than 05 000 of areats and other positions to appropriate and experience		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	1	<b></b>	<del>  ^</del>
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		<del></del>	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	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			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		$\vdash$
ZJa	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	254		
_	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		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27	X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	ľ	•	))  Y
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		-š	<u> </u>
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
D	Schedule L, Part IV	28b		х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		<del>  ^-</del>
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			١.,
22	If "Yes," complete Schedule N, Part II	32		X
33	204 7704 0 and 204 7704 20 K IN/an II annual de Cabadula D. Dant I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		^
•	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,		:	
	Part V, line 2			
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			.,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	37		X
JÜ	102 Note All Form 000 filers are required to complete Schodule O	38	х	
	19: Note: All Form 990 mers are required to complete ochedule O	LJO	_ ^	

Form 990 (2010) Part V

		ax Compliance

	Check it Schedule O contains a response to any question in this Part V	<u> </u>	<u> </u>	<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	,		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-	1	*
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
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 . 2a 0	<del> </del>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	١.		١.,
_	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:	,		
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			<del></del>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6-		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u>6a</u>		X
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD	ÚP.	<u> </u>
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	W.	8	
u	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	*	7,	ì
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .	7e		i ma blilla
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	_	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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	À	4	*
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		**	/ * *
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	r.	1 3	1 %
a	Initiation fees and capital contributions included on Part VIII, line 12	,		1.7
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	l i	<i>‡</i> .	·
11	Section 501(c)(12) organizations. Enter:		٠,	86,5
a	Gross income from members or shareholders	3	3	٠.
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		,	
120	against amounts due or received from them.)	40-		
12a b		12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			•
а	Is the organization licensed to issue qualified health plans in more than one state?	120		•
а	Note. See the instructions for additional information the organization must report on Schedule O.	13a		(
b	Enter the amount of reserves the organization is required to maintain by the states in which	* **	-	
	the organization is licensed to issue qualified health plans		*	
С	Enter the amount of reserves on hand			•
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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	W	

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.

Sect	on A. Governing Body and Management		V I	
	Established and state and		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b			1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_	· ·	
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			V
_	supervision of officers, directors or trustees, or key employees to a management company or other person?	3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	$\overline{}$	<del>- ^-</del>
6	Does the organization have members or stockholders?	6	X	<b></b>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			V
_	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<del>  ^-</del> -
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		ł	-%.
	the year by the following:		<del></del> -	
<b>a</b>	The governing body?	8a	X	<del></del>
b	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	—
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		LX_
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ae.)	<b>y</b> T	_ <del></del> _
	D. H. C. C. Annual and absorber bounds as a fellows.	40-	Yes	No
		10a		<u> </u>
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	406		l
		10b		$\vdash$
11 <b>a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	44-		V
	form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	s (	X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	ıza	_	<del>  ^-</del>
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	42h		l
_	rise to conflicts?	12b		$\vdash \vdash$
С	describe in Schedule O how this is done	120		
42	Does the organization have a written whistleblower policy?	12c 13		$\vdash$
13	, , ,	14		X
14	Does the organization have a written document retention and destruction policy?	14		<del>- ^-</del> -
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	*		;
_	, , , , , , , , , , , , , , , , , , ,	15a	<u> </u>	X
a	,	15b		x
D	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	130	78.	<del>  ^-</del> -
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		٠	*
16a	· · · · · · · · · · · · · · · · · · ·	16a		X
<b>h</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	104		3
b	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			( ** )
		16b		<i> </i>
Sect	ion C. Disclosure	1001		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s onl	v)	<del>-</del>	
	available for public inspection. Indicate how you make these available. Check all that apply.	,,		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interes	t		
	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: Cheryl Mattingly (859) 336-77			
	211 Progress Ave Springfield KV 40069			

Form 990 (2010)

WASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	
	Check if Schedule O contains a response to any question in this Part VII	. 🔲

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.

- 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, if any. 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (check all that apply) Reportable Reportable Estimated Name and Title Average hours per compensation compensation amount of Individual ě Highest compensated employee Institutional trustee Officer from related week or director from other compensation (describe employee organizations (W-2/1099-MISC) hours for organization from the (W-2/1099-MISC) I trustee related organization organizations and related in Schedule organizations O) (1) Anthony Moore Х 0 Director (2) Tony Hamilton Director 1 0 (3) Pat Fowler Χ Director 1 0 (4) Kevin Rıley Х Director 1 0 (5) Dave Kessler Х Director 0 0 (6) Steve Devine 0 Director (7) Michael Campbell Director 1 0 (8) Lee Hood 4 Х President 491 ol (9) Chad Filiatreau Vice President 0 ol (10) Cheryl Mattingly Secretary 4 2,332 (11) (16)

Form 990 (2010)

P	Section A. Officers, Directors, To	rustees, Key Ei	mplo	yee	s, a	ına	High	est	Compensated	Employees (c	ontinu	ea)	
	、 (A) Name and title	(B) Average			hec	C) k all	that ap	ply)	(D) Reportable	(E) Reportable		(F) stimate	
		hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	con f org ar	mount of other other of other of other other of other	tion e ion ed
<u>(17)</u>													
(18)									_				
(19)												_	
(20)													
(21)													
(22)													
(23)													
(24)													
(25)												-	
(26)													
(27)													
(28)										***			
1b c d	Sub-total  Total from continuation sheets to Part VII,  Total (add lines 1b and 1c).	Section A						•	2,823 0 2,823	(	0		0
2	Total number of individuals (including but not	limited to those	listed	d ab	ove	) wl	ho red	ceiv	ed more than \$	100,000 in			
	reportable compensation from the organization	<u>n</u> ▶			0					<del></del>		Yes	No
3	Did the organization list any <b>former</b> officer, di employee on line 1a? <i>If</i> "Yes," <i>complete Sche</i>									d	3	- 103	X
4	For any individual listed on line 1a, is the sum the organization and related organizations great the sum of t	of reportable c	ompe	ensa	tion	n an	d oth	er c	compensation from		. @	en - 🦓 -	,
	individual			.".			ompie 		· · · · · ·		4		X
5	Did any person listed on line 1a receive or ac for services rendered to the organization? If "										5	<u>*</u>	<u></u> X
Sec	ion B. Independent Contractors	-											
1	Complete this table for your five highest components compensation from the organization.	pensated indepe	enden	t co	ntra	acto	rs tha	at re	eceived more th	an \$100,000 of			
	(A) Name and business add	fress							(B) Description of ser	vices	(C Compe		
													0
													0
										<del></del>			<u>0</u> 0
													0
2	Total number of independent contractors (including than \$100,000 in compensation from the	_	nited ►	to t	nos	e lis	sted a	bov	ve) who received	d	*	¥	٠

Par	VIII	Statement of Revenue					
1		•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts ıts	1a	Federated campaigns 1a	<del></del>				
Contributions, gifts, grants and other similar amounts	b	Membership dues	5,245		ļ		
s, g	С	Fundraising events 1c	0				
gift ar a	d	Related organizations	0				
is, g	e	Government grants (contributions) 1e	513,690				
tior r si	f	All other contributions, gifts, grants, and					
tributio		similar amounts not included above 1f	150				
d II	g	Noncash contributions included in lines 1a-1f: \$	0				
Con	h	<b>Total.</b> Add lines 1a–1f		519,085			
			Business Code				*
Ju J	2a	Harvest Festival & Catering Events	722320	13,734			
Re	b			0			
ŝ	С			0			
ŠeZ	d			0			
Ē	е			0			
Program Service Revenue	f	All other program service revenue		0		]	
5	g	Total. Add lines 2a-2f	<b>&gt;</b>	13,734		* *	
	3	Investment income (including dividends, interest other similar amounts)	•	26 0			26
	5	Royalties	occeus	0			<u> </u>
	٦	(i) Real	(II) Personal	· · · · ·			
	6a	Gross Rents	(ii) i cisonai		` ^\	· · · · · · · · · · · · · · · · · · ·	ger 34
	b	Less rental expenses		* .	*		<b>.</b>
	C	Rental income or (loss)	0	1	* *	,	#12 34 4
	d	Net rental income or (loss)	<u>,                                     </u>	0			<u> </u>
	7a	Gross amount from sales of (i) Secunties	(II) Other		<del> </del>	,	ž 70a
	'a	assets other than inventory .	<del>  '</del>	*	2	, ×	* * * * * * * * * * * * * * * * * * * *
	Ь	Less: cost or other basis		1			, a.,
	"	and sales expenses (	0	; * * * * *	, <b>*</b> *	/ **	,",
	c	Gain or (loss)		1			;
		No. 1 Washington	<u> </u>	0		<u> </u>	
ne	d 8a	Gross income from fundraising			į į	* * *	\$ 1 4
Other Revenue	"	events (not including \$ 0					
è		of contributions reported on line 1c).		* v. 🛊		\$	, 473
7		See Part IV, line 18 a	İ			· .	,
ŧ	Ь	Less direct expenses b		1	^ 9		×
0		Net income or (loss) from fundraising events .	<b>•</b>	i	•		
		Gross income from gaming activities.		. ,,		. *	*.
	""	See Part IV, line 19 a	0	ľ	,		~~
	ь	Less direct expenses b					
	C	Net income or (loss) from gaming activities		0			
	I	Gross sales of inventory, less				<del> </del>	
		returns and allowances a	325				
	<sub>h</sub>	Less: cost of goods sold b		1			
		Net income or (loss) from sales of inventory		-356	-356		
	᠆	Miscellaneous Revenue	Business Code	-330	-330		
	112	Mosting Spanners	Dusiness code	2,505	2,505		
		Cools rental to members		2,303			
	C	ODLL 0-1- 0i	· ·	110		+	-
	۵	All other revenue		307		t	<del></del>
	e	Total. Add lines 11a–11d	<b></b>	2,942			
	12	Total revenue. See instructions		535.431		ō	26

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) (D) Do not include amounts reported on lines 6b. Total expenses Program service Management and Fundraising 7b. 8b. 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21... 500 500 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . . . . 290,101 290,101 Grants and other assistance to governments. organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . . . . . . Compensation of current officers, directors, 2,332 2,332 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . Other salaries and wages . . . . . 7 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).... ol 9 Other employee benefits . . . . . . . ol Payroll taxes . . . . . . . 10 Fees for services (non-employees): а 0 Accounting . . . . . . . . . . . . . C d Professional fundraising services. See Part IV, line 17. . . 0 Investment management fees . . . . . . . . . 0 Other . . . . . . . 0 g 634 634 12 Advertising and promotion . . . Office expenses . . . . . . 1,112 13 1,112 Information technology . . . . . . . 0 14 0 Royalties . . . . . 15 Occupancy . 0 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . 3.313 19 Conferences, conventions, and meetings . . . . 3,313 20 0 Payments to affiliates . . . . 21 0 22 Depreciation, depletion, and amortization . . . . O 1,513 23 1,513 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If ŵ line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) Equipment rental & maintenance 2,336 2,336 1.890 1,890 Annual filing fee C 100,543 Return of grant funds 100,543 d 10,442 10.442 Festival, events & other program expenses All other expenses 407,869 Total functional expenses. Add lines 1 through 24f 414,720 25 6,851 Joint costs. Check here ▶ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Part X **Balance Sheet** (A) (B) Beginning of year End of year 80.399 1 Cash—non-interest-bearing . . . . . . . . . . . 201.085 2.241 2 2 2.266 3 Pledges and grants receivable, net . . . 0 3 4 Accounts receivable, net . . . . . . . . . 0 4 0 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . . 6 7 7 Inventories for sale or use . . . . . . . . . . . 8 9 Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D | 10a Less: accumulated depreciation . . . . . 10b O 10c b 0 0 11 Investments—publicly traded securities . 11 0 12 Investments—other securities See Part IV, line 11 . . . . . . . . . . . . 0 12 0 13 Investments—program-related See Part IV, line 11 . . . . . . . . . . . . ol 13 0 14 ol 14 0 15 Other assets. See Part IV. line 11 . . . . . . . . . ol 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 82.640 16 203,351 17 17 18 Grants payable . . . . . . 18 19 Deferred revenue. 19 20 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 22 23 Secured mortgages and notes payable to unrelated third parties . . . ol 23 24 Unsecured notes and loans payable to unrelated third parties . . . . O 24 0 25 Other liabilities. Complete Part X of Schedule D . ol 25 26 Total liabilities. Add lines 17 through 25. . . ol 26 Organizations that follow SFAS 117, check here ▶ and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. . . 27 28 Temporarily restricted net assets. 28 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117, check here ► X Net Assets or and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . 31 32 Retained earnings, endowment, accumulated income, or other funds 82.640l 32 203,351 33 82,640 33 203,351 Total liabilities and net assets/fund balances 82,640 203,351

Form 9	990 (2010) WASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC11	<u>-3673099</u>	Page 1	<u> 2</u>
Par	XI Reconciliation of Net Assets			_
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)		535,43	
2	Total expenses (must equal Part IX, column (A), line 25)		414,72	
3	Revenue less expenses. Subtract line 2 from line 1		120,71	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		82,64	0
5	Other changes in net assets or fund balances (explain in Schedule O)			_
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))		203,35	<u>11</u>
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
			Yes N	_
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		7.0	M
	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	Х	
b	Were the organization's financial statements audited by an independent accountant?	2b	X	<u>-</u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			_
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in	* 1	J 13 12 13	٦
	Schedule O.	* ,   3		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	. 1		
	issued on a separate basis, consolidated basis, or both:	.		12
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		**	
	the Single Audit Act and OMB Circular A-133?	.   3a	x	<u>,                                     </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		<u> </u>	_
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		
		Form \$	<b>990</b> (201	0)

#### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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

		s that have NOT filed Form 5700 (election			
	•	es," to Form 990, Part IV, line 5 (Prox	y Tax) or Form 990	-EZ, Part V, line 35a (Proxy	Tax), then
		rganizations Complete Part III.		Employe	n identification number
	e of organization	TT. 514511 4000014TION INC		Employe	r identification number
		ITLEMEN ASSOCIATION, INC he organization is exempt und	or costion E01/	o) or is a section 527 s	11-3673099
		the organization is exempt und			ngamzadon.
1 2	Political expenditures .				
3	Volunteer hours			· · · · · · · · · · · · · · · · · · ·	
3	Volunteer nours				
Pai	rt I-B Complete if t	he organization is exempt und	er section 501(		
1	Enter the amount of any	excise tax incurred by the organizat	ion under section	4955 ▶ \$	
2	Enter the amount of any	excise tax incurred by organization	managers under s	section 4955 <b>&gt;</b> \$	
3	If the organization incurre	ed a section 4955 tax, did it file Forn	n 4720 for this yea	ar?	Yes No
4a	Was a correction made?				. Yes No
b	If "Yes," describe in Part	IV.			
Pai	rt I-C Complete if t	he organization is exempt und	er section 501(	c), except section 501	c)(3).
1	Enter the amount directly	expended by the filing organization	for section 527 e	exempt function	
	activities			▶\$	
2		filing organization's funds contribute			
	for section 527 exempt for	unction activities		· · · · · · · <b>▶</b> \$	•••••
3		penditures. Add lines 1 and 2. Enter			
	line 17b			· · · · · · · · · · · · · · · · · · ·	0
4	Did the filing organization	n file Form 1120-POL for this year?			. Yes No
5		ses and employer identification num			
		ents. For each organization listed, e			
		ontributions received that were prom d fund or a political action committed			
	as a separate segregate	d fund of a political action committee		liai space is needed, provi	de information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate
					political organization If none, enter -0-
	<del></del>				
(1)				0	0
, <u> </u>					
(2)				0	0
(3)	<u> </u>				, , <u>-</u>
(3)	_				0
(4)					
				0	0
(5)				_	_
	<del></del>		<del> </del>	0	0
(6)				0	n

Page 2

P	art II-A .Complete if the organization under section 501(h)).	n is exempt	under section 5	01(c)(3) and filed	Form 5768 (elec	ction
	Check ▶ if the filing organization be	longs to an a	iffiliated group.	-		
В	Check ▶ if the filing organization ch	•	• .	trol" provisions an	olv.	
_			-	are previous ap		(h) A(C)
	Limits on Lobb (The term "expenditures" m			11	(a) Filing organization's totals	(b) Affiliated group totals
_					0.80	
1a	Total lobbying expenditures to influence pu					0
b	Total lobbying expenditures to influence a	_			0	0
C	Total lobbying expenditures (add lines 1a a					0
đ	Other exempt purpose expenditures				0	0
e	Total exempt purpose expenditures (add lin		•			0
f	Lobbying nontaxable amount. Enter the an	nount from the	following table in	both		
1	columns.	1=		44	<u> </u>	0
	If the amount on line 1e, column (a) or (b) is:		ng nontaxable amou	int is:	1 N	44034
	Not over \$500,000		amount on line 1e.			
	Over \$500,000 but not over \$1,000,000		us 15% of the excessus 10% of the excess			
	Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000		us 5% of the excess			
	Over \$17,000,000 but not over \$17,000,000	\$1,000,000.		Over \$1,500,000.		
	Grassroots nontaxable amount (enter 25%					0
g	Subtract line 1g from line 1a If zero or less				0	0
h :	Subtract line 15 from line 1c If zero or less				0	0
!	If there is an amount other than zero on eit					
J			_			Yes No
	Section 4911 tax for tills year	· · · · · ·		<del> </del>		182 140
	(Some organizations that m	ade a section				9
	Lobbyin	g Expenditur	es During 4-Year	Averaging Period	Ŧ .	
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	( <b>d)</b> 2010	(e) Total
2a	Lobbying nontaxable amount	-			0	0
b	Lobbying ceiling amount . (150% of line 2a, column(e))					0
С	Total lobbying expenditures	· · · · · · · · · · · · · · · · · · ·			0	0
d	Grassroots nontaxable amount				0	0
е	Grassroots ceiling amount (150% of line 2d, column (e))	* ^		<b>₹</b> . <b>₹</b>	73.	0
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

	(election under section 501(h)).	(a	1)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			, ,
	referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
C	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?		_	
Т ~	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			<del></del>
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .  Other activities? If "Yes," describe in Part IV			
i	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			**
_	III-A Complete if the organization is exempt under section 501(c)(4), section 501(	c)(5)	or se	
	501(c)(6).	-,(-,,	0. 0.	500.011
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1 X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3 X
	Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes."	line 3	is ar	nswered
1	Dues, assessments and similar amounts from members	٠	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
а	Current year	. /	2a	
b	Carryover from last year	. [	2b	
C	Total	. [	2c	(
3	$Aggregate\ amount\ reported\ in\ section\ 6033(e) (1) (A)\ notices\ of\ nondeductible\ section\ 162(e)\ dues\ .$		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible	,		
_	lobbying and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
Part	* A			<del></del>
	elete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	and Pa	art II-E	3, line 1i.
uso,	complete this part for any additional information.			
				•••••
			<b></b>	

WAS	HINGTON COUNTY CATTLEMEN ASSOCIATION, INC	11-3673099
Schedule C (F	orm 990 or 990-EZ) 2010	Page 4
Part IV	Supplemental Information (continued)	
		••••••
		•••••
		•
		••••••••••••••••••
		••••••
		•
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# SCHEDULE (Form 990)

Department of the Treasury

Name of the organization Internal Revenue Service

General Information on Grants and Assistance

Part I

WASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC

OMB No 1545-0047	2010	

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

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

▶ Attach to Form 990.

|--|

Employer identification number

11-3673099

ž (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance . (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 0  $\overline{\phantom{a}}$ 0 0 0 (e) Amount of non-cash assistance n (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? (c) IRC section can be duplicated if additional space is needed if applicable Enter total number of other organizations (p) EIN 1 (a) Name and address of organization or government Part II  $\Xi$ 3 € 6 € ල : €; €; 6

€

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

Schedule I (Form 990) (2010)

WASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC.

Schedule I (Form 990) (2010)

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part II can be diminated if additional space is needed Part III

Part III can be duplicated if additional space is needed	al space is needed.				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Agricultural Program - Ag Diversity	4	3,024	0		•
2 Agricultural Program - CHAPS	5	1,000	0		
3 Agricultural Program - Facilities	38	29,030	0		
4 Agricultural Program - Ag Structure	<i>L</i>	4,908	0		
5 Agricultural Program - Fencing	28	16,082	0		
6 Agricultural Program - Forages	128	190,222	0		
7 Agricultural Program - Genetics	21	16,648	0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line Part I Line 2 To be eligible for the agricultural program grant funds an application must be completed which contains t	ete this part to prov m grant funds an ap	ride the information required in Part I, line 2, and any oth plication must be completed which contains the location and	equired in Part I, line	<ul> <li>2, and any other additional information.</li> <li>the location and</li> </ul>	onal information.
serial number for the farm being operated; the applicant must attend 2 m	ant must attend 2 m	iandatory meetings providing information about the program; and	oviding information ab	out the program; and	
original receipts for the applicants expenditures must be submitted. The		Board then reviews the applications and awards the grant	e applications and aw	ards the grant	
funds.					

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<b>Continuation</b>
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Name of the organization						Fage -	Fage 1 of 1
WASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC	ASSOCIATION,	NC NC				11-3673099	
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	and Other As	sistance to Gove	ernments and Org	ganizations in th	e United States		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(13)	:		0	0			
(14)			0	0			
(15)			0	0			
(16)			0	0			
(17)			0	0			
(18)			0	0			
(19)			0	0			
(20)			0	0			
(21)			0	0		7 7 1.000	
(22)			0	0			
(23)			0	0			
(24)			0	0			
(25)			0	0			
(26)			0	0			
(27)			0	0			
(28)			0	0			
(29)			0	0			

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	Continuati	Continuation Sheet for Schedule I (Form 990)	schedule I (F	orm 990)	Page 1 of 1
Name of the organization WASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC	ON. INC				umber
Part III Continuation of Grants and Other Assistance to Individuals in the United States	Assistance to Ir	dividuals in the Un	ited States		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
8 Agricultural Program - On Farm Enhancement	3	2,540	0		,
9 Agricultural Program - Technology	1	006	0		
10 Agricultural Program - Switchgrass	3	2,847	0		
11 Agricultural Program - Leadership	12	4,900	0		
12 Agricultural Program - Beginning Farmer	4	18,000	0		
13	0	0	0		
14	0	0	0		
15	0	0	0		
16	0		0		
17	0	0	0		
18	0	0	0		
19	0	0	0		
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23	0	0	0		
24	0	0	0		
25	0	0	0		
26	0		0		

#### **SCHEDULE L** (Form 990 or 990-EZ)

Department of the Treasury

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service Name of the organization

> (8)(9)

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

Employer identification number 11-3673099 WASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC. Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? (a) Name of disqualified person (b) Description of transaction 1 Yes (1)(2)(3) (4)(5)(6)2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (g) Written (e) In default? (a) Name of interested person and purpose (b) Loan to or from (c) Original (d) Balance due (f) Approved the organization? principal amount by board or agreement? committee? To From Yes No Yes Nο (1)0 0 0 0 (2)0 0 (3) 0 0 (4)0 0 (5) 0 (6)0 (7) ol 0 0 0 (8)0 0 (9)0 0 (10)**Total** \$ Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount and type of assistance organization (1) See Part V - Supplemental Information (2) (3)(4)(5) (6)(7)

Part IV		volving Interested Persons answered "Yes" on Form 99		Bb, or 28c.	-	
(	a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi; rever	aring of zation's nues?
					Yes	No
_(1)			0		+-	<del> </del>
(2)	- <del></del>	<del>-  </del>	0			
(4)	<del></del>		0			
(5)			0			
(6)			0			
			0			<u> </u>
(8)			0		-	<b>├</b>
(9)		<u> </u>	0		<del></del>	<del> </del>
(10) Part V	Supplemental Information	<u></u> _	<u></u>	· · · · · · · · · · · · · · · · · · ·		
I alt v		e additional information for re	esponses to questions	on Schedule L (see instruction	ons).	
				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Part III Gran	nts paid to interested persons r	neet the exception as member	ers of a class that			
the organiza	ation intends to benefit in furthe	erance of its exempt purpose	and they must			
meet the sa	me eligibility criteria as all men	nhers of that class				
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#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047
2010

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
WASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC	11-3673099
•	
Part VI	
Continue A. Jima G. The expenientian has members who pay dues	
Section A - line 6 - The organization has members who pay dues.	
Section C - line 19 - The organization's govening documents are available for viewing at their or	ffice upon request.
D-41/III	
Part VIII	
Line 11d - Other Revenue - Miscellaneous Program Income	
	•
	••••
•	••
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	<b></b>

Schedule O (Form 990 or 990-EZ) (2010)	Page <u>2</u>
Name of the organization	Employer identification number
WASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC	11-3673099
	•••••
	•••••
	•••••

Schedule O (Form 990 or 990-EZ) (2010)

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

•	Cash	Noncash
Federated Campaigns		
Membership dues	5,245	
Fundraising events		
Related organizations		
Government grants (contributions)		
All other contributions, gifts, grants, and similar amounts not included above:		
Public contributions	150	
Other contributions total	150	

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Part VIII, Line 10 (990) - Gross Sales of Inventory	325	681	-356
		Cost of	7
Category	Gross Sales	2000S 20	Net
1 HATS WITH CATTLEMEN'S LOGO	325	681	-356
2			0
3			0
4			0
2			0
9			0
			0
8			0
6			0
10			0
11			0
12			0
13			0
14			0
15			0
16			0
11			0
18			0
19			0
20			0

## Form **8868**

(Rev January 2011)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box . . .

OMB No 1545-1709

	e filing for an <b>Additional (Not Automatic)</b> n <b>plete Part II unless</b> you have already be					n 8868.	
a corporation 8868 to require Return for T	filing (e-file). You can electronically file Fon required to file Form 990-T), or an addit uest an extension of time to file any of the ransfers Associated With Certain Personal). For more details on the electronic filing of	ional (not a forms liste al Benefit (	automatic) 3-month extension of time ed in Part I or Part II with the exceptio Contracts, which must be sent to the	e. You can ele on of Form 88 IRS in paper t	ectronically 70, Inform format (se	y file Form nation se	
Part I	Automatic 3-Month Extension of 3	Fime. Onl	y submit original (no copies need	ed).			
A corporation	on required to file Form 990-T and request				mplete		
Part I only						▶ 🔲	
	rporations (including 1120-C filers), partne ncome tax returns.	rships, RE	MICs, and trusts must use Form 700	04 to request a	an extens	ion of	
Type or			Employer iden	tification r	number		
print			1-3673099				
File by the				- <del>-</del>			
due date for	211 PROGRESS AVENUE						
filing your return See	City, town or post office, state, and ZIP code	For a foreig	n address, see instructions.				
instructions	SPRINGFIELD			KY	40069		
Enter the Ro	eturn code for the return that this application	on is for (fi	le a separate application for each ret	urn)	· · ·	. 03	
Is For		Code	Is For			Code	
Form 990		01	Form 990-T (corporation)			07	
Form 990-E	BL .	02	Form 1041-A			08	
Form 990-E		03	Form 4720		<del></del>	09	
Form 990-F		04	Form 5227			10	
	(sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-1	(trust other than above)	06	Form 8870			12	
Telephor If the org If this is for the whole list with the until is for:  X  If the  If the  A  If this nonre	names and EINs of all members the extent est an automatic 3-month (6 months for a 8/15/2011, to file the organization's return for:	of busines 's four digit If it is for p sion is for. corporatio exempt or 2 months,	Group Exemption Number (GEN)	ion of time named abov	e. The ex		
<u>estima</u>	ated tax payments made. Include any prio	r year ovei	payment allowed as a credit		ь \$		
	ce due. Subtract line 3b from line 3a. Incl		•	-			
	S (Electronic Federal Tax Payment Syster you are going to make an electronic fund v				c \$	0	
vautivii. II )	you are going to make all electronic fully v	viciuiawal	with this i offit 0000, see Fulfil 0403	-LU anu FUIII	い ひひ/ ダー⊏し	<i>)</i>	

for payment instructions.