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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| | A | For the | 2013 cale | ndar year, or tax year beginning | nd ending | Decer | nber 31 | , 20 13 | |
|----------------|--------------------|--|------------|---|------------------------|-------------------|-------------------|---|----------------|
| | В | Check if | applicable | C Name of organization Abingdon feeder cattle Association | | | D Employe | er identification n | umber |
| | | Address | | Doing Business As | | | | 01-0561825 | |
| | | Name ch | nange | Number and street (or P O box if mail is not delivered to street address) | Room/suite | 9 | E Telephor | ne number | |
| | | Initial ret | urn | 234 W. Valley St. | Sui | ite B | | | |
| | | Terminat | ted | City or town, state or province, country, and ZIP or foreign postal code | | | | | |
| | | Amende | d return | Abingdon, VA 24210 | | | G Gross re | eceipts \$ | |
| | | Applicat | on pending | F Name and address of principal officer | | H(a) is this a c | roup return for | subordinates? Yes | √ No |
| | | | | | | - · · · · · | | s included? Tyes | _ |
| | $\overline{}$ | Tax-exe | npt status | □ 501(c)(3) | 527 | | | list (see instruction | |
| | | Website | | | | H(c) Group | exemption | number ▶ | |
| | ĸ | Form of | | Corporation ☐ Trust ☐ Association ☐ Other ► L Yes | | of legal domicile | VA | | |
| | | art I | Summ | | | on 1992 | | | |
| | | 1 | | scribe the organization's mission or most significant activities: | | | | | |
| | φ | | - | te the production of an facilitate the marketing of high quality feed | er calves | and to prov | ude educa | tional opportu | nities |
| * | Governance | 1 | | in this process. | | | | | |
| 2014 | ern | 2 | | s box ▶ ☐ if the organization discontinued its operations or dis | sposed of | more than | 1 25% of | its net assets. | |
| යා | ò | 3 | | of voting members of the governing body (Part VI, line 1a) | | | 3 | | 13 |
| | 8 | 4 | | of independent voting members of the governing body (Part VI, | line 1b) | | 4 | | 13 |
| > | es | 5 | | iber of individuals employed in calendar year 2013 (Part V, line | - | | 5 | | 0 |
| ₩₩ | Activities & | 6 | | ber of volunteers (estimate if necessary) | | | 6 | - · · · · · · · · · · · · · · · · · · · | 20 |
| | Act | 7a | | elated business revenue from Part VIII, column (C), line 12 . | • | | 7a | <u> </u> | |
| 딞 | - | b | | ated business taxable income from Form 990-T, line 34 . | | | 7b | | |
| Z | _ | | | | <u> </u> | Prior Y | | Current Y | ear |
| SCANNED | | 8 | Contribut | ons and grants (Part VIII, line 1h) | | | 199,458 | | 250,540 |
| $\ddot{\circ}$ | Revenue | 9 | | service revenue (Part VIII, line 2g) | · · · | | 10,597 | | 20,810 |
| ഗ് | Ş. | 10 | _ | nt income (Part.VIII, column (A), lines 3, 4, and 7d) | · · | | 486 | | 337 |
| | æ | 11 | | enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | 400 | | 331 |
| | | 12 | | nue –add lines 8 through 11 (must equal Part VIII, column (A), lir | | | 210,541 | | 271,687 |
| | | 13 | | d sımılar amounts paid (Part/IX, column (A), lines 1–3) . | ·/ | | 154,208 | | 249,744 |
| | | 14 | | paid to or for members (Part IX, column (A), line 4) | • | | 134,206 | | 249,144 |
| | , | 15 | | ther compensation, employee benefits (Part IX, column (A), lines | 5-10) | | | | |
| | Expenses | 16a | | nal fundraising fees (Part IX, column (A), line 11e) | 5 '' ⁰ , - | | | | |
| | Den | b | | Iraising expenses (Part IX, column (D), line 25) ▶ | 1. | Transmit to the | | | |
| | ă | 17 | | penses (Part IX, column (A), lines 11a-11d, 11f-24e) | | CT. SERVE. | 10,237 | Control of the second | 23,963 |
| | | 18 | | enses. Add lines 13–17 (must equal Part IX, column (A), line 25 | <u> </u> | | 164,445 | · | 273,708 |
| | | 19 | | less expenses. Subtract line 18 from line 12 | " · - | | 46,096 | | 2,020 |
| | - S | | Tioveride | COS EXPONDES. CUBRICK INTO TO HORT INTO TE | | eginning of Ci | | End of Ye | |
| | sets or alances | 20 | Total acc | ets (Part X, line 16) | - | | 249,275 | | 320,406 |
| | Asse | 21 | | lities (Part X, line 26) | · · ⊢ | | 249,215 | | 320,400 |
| | Net Ass Fund Ba | 22 | | s or fund balances Subtract line 21 from line 20 | · | | 249,275 | | 320,406 |
| | | ri III | | ure Block | | | 245,275 | | 320,400 |
| | | | | y, I declare that I have examined this return, including accompanying schedules | and statem | onto and to t | the best of n | ny kaomindan ana | t bolief it is |
| | | | | the Declaration of preparer (other than officer) is based on all information of which | | | | ny knowledge and | Deliei, It is |
| | | | <u> </u> | 2.400 | | | 11-36 | -/ (L | |
| | Sig | n | Sign | ture of officer | | Da | 1te | 17 | |
| | He | | J. | IL BLEUING, SECAFTARY | | | | | |
| | | . • | Type | or print name and title | | | | | |
| | | | 1 7 | e preparer's name Preparer's signature | Date | • | | - PTIN | |
| | Pa | | ' | o property of themes | | | Check [|] # | |
| | | pare | 1 | | | | self-emp | ,,ea | |
| | Us | e Onl | | | | | n's EIN ▶ | | |
| | Mar | the I | | this return with the preparer shown above? (see instructions) | | Pho | one no | []V | |
| | _ | | | | • • • | | ···· | <u> </u> | |
| | For | raperv | ork Redu | tion Act Notice, see the separate instructions. | Cat No | 11282Y | | Form | 990 (2013) |



| Part | Ш | Statement of Program Service Accomplishments |
|------|------------|--|
| | | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | | y describe the organization's mission: |
| | | omote the production of an facilitate the marketing of high quality feeder calves and to provide educational opportunities which |
| | aid ii | this process. |
| | | |
| 2 | | ne organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ? |
| | | s," describe these new services on Schedule O. |
| 3 | | he organization cease conducting, or make significant changes in how it conducts, any program ces? |
| | | s," describe these changes on Schedule O |
| 4 | Desc | ribe the organization's program service accomplishments for each of its three largest program services, as measured by |
| | | nses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others otal expenses, and revenue, if any, for each program service reported. |
| | | nai oxponoso, and rozonae, many, no east, pregram so recorded. |
| 4a | | e:) (Expenses \$ 249,744 including grants of \$ 249,744) (Revenue \$) |
| | | s paid to producers to assist in efficient production of high quality feeder cattle |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4b | 10- | |
| 40 | (Coc | e:) (Expenses \$ 8,636 including grants of \$) (Revenue \$ 7,520) |
| 40 | Prog | ams to educate producers in best practices to produce high quality feeder cattle |
| 40 | Prog | ams to educate producers in best practices to produce high quality feeder cattle |
| 40 | Prog | ams to educate producers in best practices to produce high quality feeder cattle |
| 40 | Prog | ams to educate producers in best practices to produce high quality feeder cattle |
| 40 | Prog | ams to educate producers in best practices to produce high quality feeder cattle |
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| 40 | Prog | ams to educate producers in best practices to produce high quality feeder cattle |
| | Prog | ams to educate producers in best practices to produce high quality feeder cattle |
| 4c | Prog | ams to educate producers in best practices to produce high quality feeder cattle |
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| | Prog | ams to educate producers in best practices to produce high quality feeder cattle |
| | Prog | ams to educate producers in best practices to produce high quality feeder cattle |
| 4c | (Coor Spor | ams to educate producers in best practices to produce high quality feeder cattle |
| | (Coor Spor | ams to educate producers in best practices to produce high quality feeder cattle |

| Part l | V · 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," | | | |
| | complete Schedule A | 1 | | \ |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | \ | |
| 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 | | 1 |
| 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 | 4 | | ✓ |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | | | |
| | Part III | 5 | ' | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have 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 | | ✓ |
| 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 | | ✓ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | 1 |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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 | | ✓ |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | L_ | ✓ |
| 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 | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | | ✓ |
| b | 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 | 11b | 1 | ✓ |
| 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 | | ✓ |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | | Ī - | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | 1 |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | 1 |
| | 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 | | 1 |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | , |
| | Schedule D, Parts XI and XII | 12a | | ' |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if | | | |
| | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | ✓ |
| 13 | is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | 1 |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | 1 |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | ✓ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | ✓ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | <u> </u> | | l |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | _ | ✓ |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | Γ |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | ✓ |
| 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 | | 1 |
| 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 | | ✓ |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | 1 |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| | | For | m 99 0 | (2013) |

| Part l | V . Checklist of Required Schedules (continued) | | | |
|----------|---|------------|---------------|----------|
| • | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | ✓ |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2° If "Yes," complete Schedule I, Parts I and III | 22 | / | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | ✓ |
| 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 25a | 24a | | ✓ |
| | 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 | | ı |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | 26 | | √ |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | √ | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | 1 |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | √ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I </i> | 31 | | 1 |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | 1 |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | √ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | 1 |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 1 |
| b | If "Yes" to line 35a, 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 | 35b | - | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | - | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | 1 |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | 1 | |
| | | | n 99 0 | (2013) |

| art | | | | _ |
|----------|---|------------|----------|--|
| • | Check if Schedule O contains a response or note to any line in this Part V | · · | | |
| | | | 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 | | | Ì |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | |
| 0- | | 1c | | <u> </u> |
| 2a | | | _ | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a | | | اـــــا |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b_ | | |
| 2- | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | 2- | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? **Comparison of the comparison of the compar | 3a 3b | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 30 | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | | 1 |
| h | If "Yes," enter the name of the foreign country ▶ | 70 | <u> </u> | <u> </u> |
| b | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | 1 |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | 1 |
| 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 as charitable contributions? | 6a | | 1 |
| b | if "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | <u> </u> | |
| 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 | | ļ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | ļ. <u></u> | | - |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | ļ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | ļ | <u> </u> |
| 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 | <u> </u> | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | ļ · . | , |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | 8 | | ļ |
| _ | organization, have excess business holdings at any time during the year? | <u>-</u> | , | - |
| 9 | Did the organization make any taxable distributions under section 4966? | 9a | | |
| a b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | ٠ | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | _ ` | - |] . |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | 1 | | |
| 11 | Section 501(c)(12) organizations. Enter | 1 | | ļ |
| а | Gross income from members or shareholders | J | | |
| þ | Gross income from other sources (Do not net amounts due or paid to other sources | | - | |
| | against amounts due or received from them) . 11b | 4- | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | <u> </u> |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 4 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | L | <u> </u> | - |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | <u> </u> | <u> </u> |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | [|
| 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 | 4 | - | - |
| С | Enter the amount of reserves on hand | <u> </u> | - | ,- |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | ├ | ✓ _ |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . | 14b | | 1 |

| Part | Governance, Management, and Disclosure For each "Yes" response to lines 2 th response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes | | | | |
|----------------|--|---------------------------------------|----------------|------------------------------|--|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | |
| Section | on A. Governing Body and Management | | | | |
| | | <u></u> | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a13 | | 4 | |
| | If there are material differences in voting rights among members of the governing body, or | | - 1 | , — <u>.</u> Y <u>:</u> = | £. |
| | if the governing body delegated broad authority to an executive committee or similar | | i [| = | |
| L | committee, explain in Schedule O. | 45 | | | |
| ь 2 | Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business in | relationship with | , I | Ē | |
| 2 | any other officer, director, trustee, or key employee? | relationship with | 2 | | / |
| 3 | Did the organization delegate control over management duties customarily performed by or | under the direct | - | | _ |
| • | supervision of officers, directors, or trustees, or key employees to a management company or other | | 3 | | 1 |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | | 4 | | 7 |
| 5 | Did the organization become aware during the year of a significant diversion of the organization | | 5 | | 1 |
| 6 | Did the organization have members or stockholders? | | 6 | 1 | - |
| 7a | Did the organization have members, stockholders, or other persons who had the power to | elect or appoint | | | |
| | one or more members of the governing body? | | 7a | ✓ | |
| b | Are any governance decisions of the organization reserved to (or subject to approva | l by) members, | | 1 | |
| | stockholders, or persons other than the governing body? | | 7b | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions un | idertaken during | | - T | |
| | the year by the following: | | | | لــــــــــــــــــــــــــــــــــــــ |
| a | The governing body? | | 8a | √ | |
| ь 9 | Each committee with authority to act on behalf of the governing body? | | 8b | ✓ | |
| 3 | the organization's mailing address? If "Yes," provide the names and addresses in Schedule C | | 9 | | 1 |
| Section | on B. Policies (This Section B requests information about policies not required by the | | | ode.) | |
| | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | 10a | | 1 |
| b | If "Yes," did the organization have written policies and procedures governing the activities o | f such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exemple affiliates, and branches to ensure their operations are consistent with the organization's exemple. | | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body befo | re filing the form? | 11a | ✓ | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | • | | - | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | ✓ | L |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | 12b | ✓ | ļ |
| С | Did the organization regularly and consistently monitor and enforce compliance with the | policy? If "Yes," | 40- | | |
| 40 | describe in Schedule O how this was done | | 12c | | |
| 13 14 | Did the organization have a written whistleblower policy? | | 14 | ./ | |
| 15 | Did the process for determining compensation of the following persons include a review of | and approval by | | ₽, | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation | | | 14 | |
| а | The organization's CEO, Executive Director, or top management official | | 15a | | |
| b | Other officers or key employees of the organization | | 15b | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | # 1 | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or sim | ılar arrangement | | 174 | |
| | with a taxable entity during the year? | | 16a | | 1 |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization | | | - | . |
| | participation in joint venture arrangements under applicable federal tax law, and take steps | to sateguard the | -47 | | |
| <u> </u> | organization's exempt status with respect to such arrangements? | · · · · · · · · · · · · · · · · · · · | 16b | | <u> </u> |
| <u>Section</u> | on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► N/A | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a | and 990-T (Section | n 501(| c)(3)s | only) |
| | available for public inspection. Indicate how you made these available. Check all that apply. | | (| /\-/- | , |
| | ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Sc | hedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing docume | ents, conflict of int | erest | policy | , and |
| | financial statements available to the public during the tax year | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the b | ooks and records | of the | | |
| | organization. ▶ Phil Rievins: 234 W. Valley St. Suite B. Abingdon, VA 24210 | | | | |

| Pag | e | 7 |
|-----|---|---|
| | | |

| Part VII | Compensation of Officers, Directors, | Trustees, Key Employees, | Highest Compensated | Employees, and |
|----------|--------------------------------------|--------------------------|----------------------------|----------------|
| • | Independent Contractors | | | |

| | | | | | | | | | $\overline{}$ |
|-------------------------------------|--|-------|---|---|---|---|-------|---|---------------|
| Chack if Schadula () contains a res | ponse or note to any line in this Part VII | | | | | | | | 1 1 |
| Check if Ochedule O Contains a res | porise or note to arry line in this rare vir | • | • | • | • | • | • | • | $\mathbf{-}$ |

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 no | r any relate | d org | anız | atio | n c | ompe | nsa | ated any curren | t officer, director | r, or trustee. |
|---|-------------------------------|------------------|-----------------------|----------|--------------|--|--|----------------------|---------------------------|-----------------------------|
| | | | | (0 | C) | | | | | |
| (A) | (B) | ,,, , | | | ition | | | (D) | (E) | (F) |
| Name and Title | Average | | | | | than o | | Reportable | Reportable | Estimated |
| | hours per | | | | | or/trust | ee) | compensation from | compensation from related | amount of other |
| | week (list any hours for | 익克 | ins | 윺 | Ę. | em Hig | Former | the | organizations | compensation |
| | related | dred | titut | Officer | en | ploy | me | organization | (W-2/1099-MISC) | from the |
| | organizations below dotted | | iona | | Key employee | èco | | (W-2/1099-MISC) | | organization and related |
| | line) | trus | al tru | ŀ | yee | mpe | | | | organizations |
| | | ee | Institutional trustee | | | Highest compensated employee | | | 1 | |
| | | <u></u> | (B) | _ | ـــــ | ed | | | | |
| (1) Phillip Powerly Powerldows | 1.0 | | 1 | | | | | | | |
| (1) Philip Bundy, President | 1.0 | 1 | | 1 | | | | 0 | 0 | d |
| (2) Phil Blevins | 4.0 | - | ┢ | <u> </u> | \vdash | | | | - 0 | |
| (-) · · · · · · · · · · · · · · · · · · · | | i | | ✓ | | | | o | <u> </u> | |
| (3) David Wayne Campbell | 1.0 | | | | | | | | | |
| | | ✓ | | ✓ | | | | 3,000 | 0 | |
| (4) Tommy Widener | 1.0 | | | | | | | | | |
| | | ✓ | | _ | <u> </u> | | | 0 | 0 | |
| (5) J.S. Staley | 1.0 | | | | | | | | | |
| | ļ . | 1 | <u> </u> | | | | <u> </u> | 0 | 0 | |
| (6) Charlie Clark | 1.0 | | | | | | | | | |
| | | ✓ | ├ | | — | | | 0 | 0 | |
| (7) Tom Buchanan | 1.0 | , | | | | | | _ | | _ |
| (0) | 1 | / | | - | ₩ | - | | 0 | 0 | |
| (8) Jackie Gibson | 1.0 | 1 | | | | | | | 1 | |
| (0) | 10 | - | ├ | - | ₩ | - | _ | 0 | 0 | (|
| (9) Ike Johnson | 10 | 1 | | | | | | 0 | 0 | · · |
| (10) Class Basedone | 10 | - | <u> </u> | | | | | ļ <u>u</u> | | |
| (10) Glenn Broadwater | <u></u> | / | | | | | | 858 | 0 | (|
| (11) Phil Broadwater | 10 | ' - | | | 十 | - | | 030 | | |
| (1)Filli bloadwater | | 1 | | | | | | 3,000 | o | · · |
| (12) Sherilyn Shepard | 1.0 | | | | Г | | | | | |
| 3 | | 1 | | L | | | | 0 | _0 | (|
| (13) Bobby Branham | 1.0 | | | | | | | | | |
| | | 1 | | | | | | 0 | 0 | (|
| (14) Mark Yeatts | 1.0 |] | | | | | | | | |
| | | ✓ | | | | <u>. </u> | | _0 | 0 | |

| Part | Section A. Officers, Directors, Trust | ees, Key E | mplo | /ees | s, ar | nd H | lighes | st C | ompensated E | mployees (| continu | ıed) |
|--------------|--|--|--------|-----------------------|--------------------|--------------|---|----------|--|---|---------|---|
| • | (A) Name and title | (B) Average hours per week (list any | box, | unles | Pos eck s pe | rson | than on the state of the state | an | (D) Reportable compensation from | (E) Reportab compensatio related | n from | (F) Estimated amount of |
| | | hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizati (W-2/1099-N | ons | other compensation from the organization and related organizations |
| (15) | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | |
| (17) | | | | | | | | _ | | - | | |
| (18) | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | · |
| (22) | | | | | | | | | | | | · |
| (23) | | | | | | | | | | | | |
| (24) | | | | | | | | | | · | | |
| (25) | | | | | | | | | | | | |
| 1b c d | Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c) | | | | | | | <u> </u> | | | | |
| 2 | Total number of individuals (including but reportable compensation from the organi | not limited | | ose | list | ed a | above | e) w | ho received me | ore than \$1 | 00,000 |) of |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete 8 | ficer, direc | | | | | | emp | loyee, or high | est compe | ensated | Yes No |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | | | | | | | | | | | |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization? | | | | | | | | | | dıvıdua | 5 |
| Section | on B. Independent Contractors | | | | | | | | | | | |
| 1 | Complete this table for your five highest of compensation from the organization. Replyear. | | | | | | | | | | | |
| | (A) Name and business add | ress | | | | | | | (B) Description of se | ervices | | (C) Compensation |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 | Total number of independent contracto | | | | | | | th | ose listed abo | ove) who | E NA | |
| | received more than \$100,000 of compens | ation from | the or | gan | ıızat | ion | > | | | | , , | |

| Par | VIII | Statement of Revenue | | | D- 4 VIII | | |
|--|--------------|--|--------------------|-------------------|---------------------------------------|---|-------------------------------|
| | | Check if Schedule O contains a respons | se or note to | (A) Total revenue | (B) Related or exempt | (C) Unrelated business | (D) Revenue excluder from tax |
| Grants | 1a b | Federated campaigns . 1a Membership dues . 1b | | | function revenue | revenue | under sections 512-514 |
| Giffts, Gilar Amo | c d | Fundraising events . 1c Related organizations . 1d | | | | | |
| rtions, (er Simi | e f | Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above | 250,290 | | | | - - - |
| Contributions, Gifts, Grants and Other Similar Amounts | g | and similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f | 250 | 250,540 | | | - |
| | 2a | | siness Code | 7,520 | 7,520 | | |
| ice Rev | b | Special beef cattle sales income | | 13,290 | 13,290 | | |
| Program Service Revenue | d e | | | | | - | |
| Progr | f g 3 | All other program service revenue Total. Add lines 2a-2f Investment income (including dividends | ▶ Interest | 20,810 | | · · · · · · · · · · · · · · · · · · · | |
| | 4 | and other similar amounts) Income from investment of tax-exempt bond p | ▶ | 337 | | | 337 |
| | 5 | Royalties | ▶ (ii) Personal | | | | - |
| | 6a b c | Gross rents Less rental expenses Rental income or (loss) | | | | | |
| | d 7a | Net rental income or (loss) | (ii) Other | | · · · · · · · · · · · · · · · · · · · | | |
| | ь | Less cost or other basis and sales expenses . | | | | a one of the second | - <u>-</u> |
| | d | Gain or (loss) | > | | | to the set of the set | |
| evenue | 8a | Gross income from fundraising events (not including \$ | | | | | . |
| Other Reven | | of contributions reported on line 1c). See Part IV, line 18 | | | | | |
| Ó | С | Net income or (loss) from fundraising ever Gross income from gaming activities. See Part IV, line 19 a | nts > | ter 4m | | | |
| | С | Less: direct expenses b Net income or (loss) from gaming activitie Gross sales of inventory, less returns and allowances | s . • | | | - | , . |
| | b c | Less: cost of goods sold b Net income or (loss) from sales of invento | | - | · | | |
| | 11a b | Miscellaneous Revenue Bu | isiness Code | | | | |
| | c d e | All other revenue | | | | | |
| | 12 | Total revenue. See instructions | | 271,687 | 20,810 | | 337 |

| Part IX Statement of Functional Expense |
|---|
|---|

| Sectio | n 501(c)(3) and 501(c)(4) organizations must con | | | | |
|----------------------|---|-----------------------|------------------------------|-------------------------------------|--------------------------------|
| | Check if Schedule O contains a respon | se or note to any lir | ne in this Part IX . | | 🗆 |
| | t include amounts reported on lines 6b, 7b, , and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | | | | 1 関連所列。 |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22 | 249,744 | 249,744 | , | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | 210// 1 | 213/711 | | |
| 4 5 | Benefits paid to or for members . Compensation of current officers, directors, trustees, and key employees . | | | | - |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 8 | Other salaries and wages | | | | |
| 9 10 11 | Other employee benefits | | | | |
| a b c | Management | | | | |
| d e f g | Lobbying | | | | |
| 12 13 14 | Advertising and promotion Office expenses | 394 | 394 | | |
| 15 16 17 18 | Royalties Occupancy Travel Payments of travel or entertainment expenses | | | | |
| 19 20 | for any federal, state, or local public officials Conferences, conventions, and meetings Interest | 10,127 | 8,636 | 1,491 | |
| 21 22 23 | Payments to affiliates | 153 | | 153 | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | , |
| a b | Special feeder cattle sale expense | 13,290 | 13,290 | | |
| c d e | All other expenses | | | | |
| 25 26 | Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720) | 273,708 | 272,064 | 1,644 | |

Form **990** (2013)

| | art X | , Balance Sneet | | | | |
|-----------------------------|-------|---|--|--------------------------|------------------------|--------------------|
| | | Check if Schedule O contains a response or | note to any line in this Par | tX | | <u> </u> |
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | | 170,179 | 1 | 245,190 |
| | 2 | Savings and temporary cash investments | . <i>.</i> [| 79,096 | 2 | 75,216 |
| | 3 | Pledges and grants receivable, net | | · | 3 | |
| | 4 | Accounts receivable, net | | " | 4 | |
| | 5 | Loans and other receivables from current and f | former officers, directors, | | | · |
| | | trustees, key employees, and highest co | • | | = | |
| | | Complete Part II of Schedule L | | | 5 | |
| | 6 | Loans and other receivables from other disqualified pers | ons (as defined under section | | | -3 |
| | 0 | 4958(f)(1)), persons described in section 4958(c)(3)(B), an | | -+- | | |
| | | sponsoring organizations of section 501(c)(9) volum | | - | | |
| s | | organizations (see instructions). Complete Part II of Sche | | | 6 | |
| Assets | 7 | Notes and loans receivable, net | - | | 7 | |
| Ass | 8 | Inventories for sale or use | | | 8 | |
| • | 9 | Prepaid expenses and deferred charges | · · · · · · · · · · · · · · · · · · · | | 9 | |
| | 10a | Land, buildings, and equipment cost or | , ',' ' ' ' t | ···- | | _= |
| | 100 | other basis Complete Part VI of Schedule D | 10a | | • | |
| | ۱ . | · | 10b | | 10c | |
| | l | Less accumulated depreciation | 100 | | 111 | |
| | 11 | Investments—publicly traded securities | · | | 12 | |
| | 12 | Investments—other securities See Part IV, line 1 | To the state of th | | 13 | |
| | 13 | Investments-program-related See Part IV, line | T T | | 14 | |
| | 14 | Intangible assets | | | <u> </u> | |
| | 15 | Other assets. See Part IV, line 11 | F | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | al line 34) | 249,275 | 16 | 320,406 |
| | 17 | Accounts payable and accrued expenses | ļ | | 17 | |
| | 18 | Grants payable | 1 | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | · · · | <u> </u> | 20 | <u></u> |
| | 21 | Escrow or custodial account liability Complete f | F | Autor | 21 | 7.721. |
| es | 22 | Loans and other payables to current and for | | and the second of the | | |
| ≣ | | trustees, key employees, highest compen | | | | |
| Liabilities | | disqualified persons. Complete Part II of Schedu | 1 | | 22 | |
| ב | 23 | Secured mortgages and notes payable to unrela | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | 24 | |
| | 25 | Other liabilities (including federal income tax, | | | | |
| | | parties, and other liabilities not included on lines | s 17-24) Complete Part X | | 1 | |
| | | of Schedule D | | | 25 | |
| | 26 | | | 0 | 26 | |
| | | Organizations that follow SFAS 117 (ASC 958) | | | | , |
| Ses | l | complete lines 27 through 29, and lines 33 and | d 34. | | F , | |
| a | 27 | Unrestricted net assets | | | 27 | |
| 3al | 28 | Temporarily restricted net assets | i | | 28 | |
| P | 29 | Permanently restricted net assets. | [| | 29 | |
| ڃ | | Organizations that do not follow SFAS 117 (ASC 98 | 58), check here ▶ 🔲 and 🛚 | 1 12 | ٠. | |
| Net Assets or Fund Balances | | complete lines 30 through 34. | | . | #1 · · · · · · · · · · | |
| Ş | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| set | 31 | Paid-in or capital surplus, or land, building, or ed | | - | 31 | |
| As | 32 | Retained earnings, endowment, accumulated in | | 249,275 | 32 | 320,406 |
| e | 33 | Total net assets or fund balances | | 249,275 | | 320,406 |
| Z | 34 | Total liabilities and net assets/fund balances . | | 249,275 | | 320,406 |
| | , ~ T | , ota, addition and not appoint and balances . | | | | |

| Page 12 | |
|----------------|--|

•

| Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI | | | | |
|---|--|---|---|--|
| Officer in Correction Controlled a respective of these to daily into in this rate in | | | | П |
| Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 27 | 1,687 |
| Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 3,708 |
| en e | 3 | | | 2,020 |
| | 4 | | | 9,275 |
| Net unrealized gains (losses) on investments | 5 | | | |
| Donated services and use of facilities | 6 | | | |
| Investment expenses | 7 | | | |
| Prior period adjustments | 8 | | | |
| Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | | | | |
| 33, column (B)) | 10 | | 32 | 0,406 |
| • | | | | |
| Check if Schedule O contains a response or note to any line in this Part XII | <u> </u> | <u> </u> | <u> </u> | |
| | | ļ | Yes | No |
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| | oreigh | | -¥ | |
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| | | | | |
| Schedule O | J. C | ' | ٠ | |
| As a result of a federal award, was the organization required to undergo an audit or audits as set f | orth ir | , | <u> </u> | لنــــــ |
| | | | | 1 |
| | go the | | | · · |
| | | 3b | | |
| | Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990. Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," expected experiments of the year were composed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis Consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Tesparate basis Consolidated basis Both consolidated and separate basis Tesparate basis Consolidated basis Both consolidated and separate basis Tesparate basis Te | Revenue less expenses Subtract line 2 from line 1 | Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities for prior period adjustments Thior period adjust period adjustments Thior period adjustments Thior | Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) At 24 Net unrealized gains (losses) on investments 5 Donated services and use of facilities Investment expenses 7 Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 32 XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990. Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2 ar 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 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? If "Yes," d |

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

2013 Open to Public Inspection

OMB No. 1545-0047

► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Schedule I (Form 990) (2013) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant Employer identification number or assistance ✓ Yes 01-0561825 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 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. . (e) Amount of non- (f) Method of valuation (book, FMV, appraisal, other) Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. . Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance (P) EIN 1 (a) Name and address of organization Abingdon Feeder Cattle Assoc. or government Name of the organization Part I Part II N E 9 12 <u>N</u> € 3 9 <u>@</u> <u></u> ල

| Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. | |
|--|--|
| | in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. |

| book, (f) Description of non-cash assistance | | | | | | | | additional information. | | | | | | |
|---|---------------------------------|---|-----|---|----|---|---|--|--|--|---|---|---|--|
| (e) Method of valuation (book, FMV, appraisal, other) | | | | | | | | in (b), and any other | | 1 6 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 | 1 | 1 | |
| (d) Amount of non-cash assistance | 4 | | | | | | | ine 2. Part III. colum | | | | | | |
| (c) Amount of cash grant | 249.744 | | | | | | | required in Part I. I | | | | | | |
| (b) Number of recipients | 95 | | | | | | | vide the information | | | | | | |
| (a) Type of grant or assistance | 1 Efficiency Improvement Grants | 6 | , m | 4 | 22 | ထ | 7 | Part W Supplemental Information. Provide the Information required in Part I. line 2. Part III. column (b), and any other additional information. | | | | | | |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

| Abingdon Feeder Cattle Assoc. | 01-0561825 |
|---|------------|
| Part VI, Lines 6 & 7a: All members of the organization vote to elect members of the governing body. | |
| | |
| Part VI, Line 7b: members elect the governing body and changes to bylaws must be approved by the n | nembers. |
| | |
| Par VI, Line 11b. The governing body reviews Form 990 before it is filed | |
| Part VI, Line 19: the organizations governing documents are available upon request. | |
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| Schedule O (Form 990 or 990-EZ) (2013) | Page 2 |
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| Name of the organization | Employer identification number |
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