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### **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

Department of the Treasury

	n <u>al</u> Reveni	ue Service	<b>&gt;</b>	Information at		990 and its	instructi	ons is a	t www.ir	s.gov/f	orm990.		Ins	pectio	n	
A	For the	2013 cal		or tax year begii	nning		•		, and	ending						
В	Check if a	applicable	C Name of or		SHINGTO	COUNTY (	CATTLEME	N ASSC	CIATION	, INC	D Employ	er identi	fication nur	nber		
$\bigsqcup_{i}$	Address (	change	Doing Busi								]					
	Name ch	ange		d street (or P O bo		ot delivered to	street addre	ess) Ro	om/suite		11-36730					
=		•		RESS AVENU	=	· · · ·					E Telephone number					
ال	Initial retu	η <b>m</b>	City or tow				State		code		859-336-	7741				
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П.	Amended	d return	roleigh &	untry name	roleigii	province/stat	e/county	FO	reign posta	ii code	G Gross r	acointe ¢		3	09,112	
$\equiv$											<b>G</b> G10331	cocipis v				
□′	Application	on pending	F Name and	address of principal	officer					H(a) is t	his a group retu	m for subo	ordinates?	Yes	X No	
					<u> </u>					H(b) A	re all subordin	ates inclu	uded?	Yes	No	
i T	ax-exem	pt status	501(c)	(3) X 501(c) (	5) <	(insert no )	4947	(a)(1) or	527	lf lf	"No," attach a	ı lıst (see	Instructions	)		
JV	Vebsite	e: ▶								H(c) G	roup exemption	n numbe	r <b>&gt;</b>			
KF	orm of o	rganization	X Corpo	ration Trust	Associa	ation O	ther >		L Ye	ar of forn	nation 199	5 M	State of lega	ıl domicile	- K	
	art I		nmary								100	<u> </u>			KY	
	1			organization's	mission o	r most siai	nificant ac	ctivities	· The	organi	zation's mi	eeion ie	to promo	ote the i	heef	
ė	'			ashington, Co,		-								· • • • • • •	. <b></b> .	
ם ה																
Governance		related to the beef industry, manages grant funds for agricultural programs and promotes the beef industry at various.  Check this box  if the organization discontinued its operations or disposed of more than 25% of its new fundamental programs.														
28	2								r aispos	ea ot m	ore than 2	1 -	ts net ass I	ets.	40	
<b>≝</b> 0	3	Number	of voting m	embers of the	governing	body (Pai	t VI, line	1a) .			-11/15	<del>-31</del>			10	
T'S	4 -	Number	of independ	dent voting me	mbers of t	ne govern	ing body	(Paπ V	i, line it	とこ	こいたし	4			10	
Š	5			ividuals employ		•	•	aπ V, III	1e 2a)	,,		- (5)			0	
dats/ities &	6 7-			unteers (estima		• •			<u>∤</u>   `	Alie.	n ø 2014	6			35	
ď	7a			iness revenue i					88	AUG.	l n Fail				0	
<del>-</del>	<u> </u>	net unre	elated busin	ess taxable inc	ome from	1 Form 990	-1, line 3	4.	+	1					0	
ಅ	8	Contribu	itions and a	rante (Part VIII	lino 1h)						Prior Year	50,131	Cu	rrent Yea		
<b>2</b>	9		-	rants (Part VIII venue (Part VII											79,684 16,634	
Revenue	10	_		(Part VIII, colui	•		 ad 7d)			<b></b>		14,842 7			16,631	
Re	11			t VIII, column (/						<b></b>		1,500			3,663	
	12			nes 8 through 11						<del> </del>		66,480			9,134	
	13			amounts paid (l					12)	<del> </del>		<del>00,460</del> 09,091	<del></del>		09,112 01,382	
	14							•				09,091			01,302	
(A)	1	• • • • • • • • • • • • • • • • • • • •									2,820			2,820		
Expenses	16a			ising fees (Parl		•			10)			2,020			2,020	
pen	b			penses (Part I)			•	• •		\ <del></del>					<del>,                                    </del>	
X	17			art IX, column (						<del></del>	1	25,357			39,405	
	18			d lines 13–17 (					 25)			37,268	<del>                                     </del>		43,607	
	19		•	nses Subtract	•		•					70,788			65,505	
ة و		· · · · ·				<del></del>				Begin	ning of Curre		<del>                                     </del>	nd of Year		
at Assets or	20	Total as	sets (Part X	(, line 16)							-	44,548	<u> </u>	1	10,053	
t As	21	Total lia	bilities (Parl	X, line 26)								0			0	
Net	22			balances Subt	act line 2	1 from line	20 .					44,548		1	10,053	
Pa	art II	Sig	nature Blo	ock									·- ·-			
				t I have examined th												
and	belief, it i	is true, corre	ect, and comple	ete Declaration of p	reparer (othe	er than officer)	is based or	all inforr	nation of w	hich prep	parer has any	knowledg	е			
Sig	gn		Stand	Verno												
He	ге		Signature of or		D.	reside					Date	8-15	-2014			
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	e Only		's name	RICK L DOWN	S, CPA, F	PSC_					Firm's EIN	<b>►</b> 61-1	349380			
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	990 (2013)	WASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC	11-36/3099	Page Z
Pa	rt III	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III		. <b>x</b>
1	Briefly d	escribe the organization's mission.		
·	The orga	anization's mission is to promote the beef cattle industry in Washington, Co., KY.		
2		organization undertake any significant program services during the year which were not listed of		г
		Form 990 or 990-EZ?	. X Yes	∐ No
_				
3	services	organization cease conducting, or make significant changes in how it conducts, any program?	Yes	X No
		describe these changes on Schedule O.		
4	expense	e the organization's program service accomplishments for each of its three largest program service. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants an expenses, and revenue, if any, for each program service reported		
4a	(Code:	\ /Evpanses \$ including grants of \$ \ /Payon		
44	The orga	) (Expenses \$ including grants of \$ ) (Reven anization administers agricultural program grant funds paid to members for use in improving of cattle operations. 121 payments were made from 7 different programs.		
			· · · · · · · · · · · · · · · · · · ·	
4b	(Code:	) (Expenses \$ including grants of \$ ) (Reven	ue \$	)
	beef pro	anization sets up booths or caters at various events in the Washington Co, KY, area serving ducts. There were 7 events held in 2013 where the organization promoted the beef industry		
		anner.		
		•••••••••••••••••••••••••••••••••••••••		
		•		
4c	(Code:	) (Expenses \$ including grants of \$ ) (Reven	ue \$	)
	The orga	anization holds monthly meetings for its members providing information and speakers		
	covering	topics related to the beef industry along with a state convention which is held annually.		
	The orga	anization receives some sponsorships for the monthly meetings from local agricultural		
	supply o	ealers		
		•••••		
			,	
		***************************************		
		••••••		
4d	Other no	ogram services. (Describe in Schedule O.)		
	(Expens	-	0)	
40		Organica evides evidences		

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,"			
	complete Schedule A	1		Х
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			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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	х	
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, 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		Х
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		Х
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		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	<u> </u>		
	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		Х
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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
	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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Par	t IV 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		Х
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	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		X
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			
L	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	230		
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1		
	disqualified persons? If so, complete Schedule L, Part II	26		Χ
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? <i>If "Yes," complete Schedule L, Part III </i>	27	X	
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		Х
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		X
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		Х
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	27		V
38	VI	37		X
<del></del>	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	

Par	Statements Regarding Other IRS Filings and Tax Compliance 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 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	L
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		L
_	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		X
b 4-	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4.		V
ь	If "Yes," enter the name of the foreign country:	4a		<u> </u>
U	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
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?	5a 5b		<del> </del>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-50		
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
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		
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			İ
	required to file Form 8282?	7c		<u></u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			ļ]
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<del></del>
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		·i
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			
	organizations, but the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		الـــــا
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		J
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
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			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
	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			
C An	Enter the amount of reserves on hand	44-		
4a h	If "Ves " has it filed a Form 720 to report those payments? If "No " provide on evaluation in Schodule O	14a		<u> </u>

Form 990 (2013) WASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 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 . . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? . . . . . 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Х  $\bar{\mathsf{x}}$ **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). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . . . Χ 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 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 books and records of the organization: ► CHERYL MATTINGLY (859) 336-7741

211 PROGRESS AVE, SPRINGFIELD, KY 40069

				-			
Form 990 (2013)	WASHINGTON COUNTY CATTL	EMEN ASSOCIA	ATION, INC			11-36730	99 Page
Part VII	Compensation of Officers, Dire	•	es, Key Employ	rees, H	lighest Comp	ensated	
	Employees, and Independent C						
	Check if Schedule O contains a re					<u> </u>	<u> 📙</u>
Section A.	Officers, Directors, Trustees, Key I						·
<b>1a</b> Complete to organization's	this table for all persons required to be tax year.	e listed. Report	compensation for	the cale	endar year endi	ng with or within	the
of compensat	of the organization's <b>current</b> officers, ion. Enter -0- in columns (D), (E), and	(F) if no compe	nsation was paid.		,	_	mount
<ul> <li>List the who received</li> </ul>	of the organization's current key emplorganization's five current highest correportable compensation (Box 5 of Foundary related organizations.	mpensated emp	ployees (other tha	ın an of	ficer, director, tr	ustee, or key en	
• List all	of the organization's <b>former</b> officers, keportable compensation from the orga	ey employees, anization and an	and highest comp y related organiza	ensate	d employees wh	o received more	e than
	of the organization's <b>former directors</b> more than \$10,000 of reportable comp						of the
	n the following order: individual trustee employees, and former such persons		nstitutional trustee	es; offic	ers; key employ	ees; highest	
Check thi	s box if neither the organization nor a	ny related organ	ization compensa	ated any	current officer,	director, or trus	tee
			(C) Position				
	(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do not check more the box, unless person is officer and a director/	both an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Ďοx,	unies er an	eck s pe	rson	n of the street	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Matthew Johnson Director	1.00	х						0	0	0
(2) Anthony Moore Director	1.00	-						0	0	0
(3) Julie Waits Director	1.00	х						0	0	0
(4) Patrick Wimsatt Director	1.00	х						0	0	0
(5) Mike Lewis Director	1.00	х						0	0	0
(6) Jeremy Hardın Director	1.00	х						0	0	0
(7) Jordan Settles Director	1.00	х						0	0	0
(8) Steve Devine President	4.00			Х				0	0	0
(9) Chad Filiatreau Vice President	2.00			х				0	0	0
(10) Cheryl Mattingly Secretary/Treasurer	1			х				2,820	0	0
(11)										
(12)										
(13)					_				-	
(14)										

Page 8

Р	art VII Section A. Officers, Directors, Tr	ustees, Key Ei	mplo	yee			High	est	Compensated	Employees (co	ontinued)
	(A) Name and title	(B) Average hours per week (list any	box, office	unles er an	Pos neck ss pe d a d	rson irecto	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	ey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
<u>(15)</u>											
(16)		• • • • • • • • • • • • • • • • • • • •									
17)											
18)											
19)											
20)							_				
(21)				_							
(22)											
(23)											
(24)								•			
(25)											
1b c d	Sub-total	Section A							2,820 0 2,820	C	
2	Total number of individuals (including but not l reportable compensation from the organization	limited to those									
3	Did the organization list any former officer, dir employee on line 1a? If "Yes," complete Sche-	rector, or trustee		,	nplo	yee	e, or h	igh	est compensate	ed	Yes No
4	For any individual listed on line 1a, is the sum the organization and related organizations gre individual	of reportable co	ompe	ensa	itior						4 X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If ")										
Sec	tion B. Independent Contractors	res, complete	Scrie	uuie	, , ,	UI 3	ucn p	<i>,</i> <del>,</del> ,	SON	<u> </u>	5   X
1	Complete this table for your five highest comp compensation from the organization. Report c year										
	(A) Name and business add	ress	-						(B) Description of ser	vices	(C) Compensation
2	Total number of independent contractors (incli	uding but not be	nitod	to 1	ha-	0 1		he:	(a) who recent	<del>_</del>	<del></del>
4	more than \$100,000 of compensation from the	-	med	iO I	HUS	C 118	oren 9	יטטו	ve) willo receive	u į	3 1

Total revenue. See instructions

### Page **9** Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII. . . . (B) (D) Total revenue Related or Unrelated Revenue exempt business excluded from function revenue tax under sections revenue 512-514 Federated campaigns . . Contributions, Gifts, Grants and Other Similar Amounts Membership dues . . . . . . . 1b 2.930 c Fundraising events . . . . . 1c d Related organizations . . . . . 1d e Government grants (contributions) . . . 1e 276,754 All other contributions, gifts, grants, and similar amounts not included above . . . g Noncash contributions included in lines 1a-1f: Total. Add lines 1a-1f 279,684 **Business Code** Program Service Revenue 722320 2a Harvest Festival & Catering Events 16,631 All other program service revenue . . . . 0 Total. Add lines 2a-2f. . 16.631 Investment income (including dividends, interest, and other similar amounts) . . . . . . . . . . . . . . . . . 4 Income from investment of tax-exempt bond proceeds . . . 5 Royalties . . . . . . . . . (ı) Real (II) Personal **6a** Gross rents . . . . . . **b** Less. rental expenses . . . Rental income or (loss) . . . 0 d Net rental income or (loss) 0 (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory. 0 3,657 b Less: cost or other basis and sales expenses . . Gain or (loss) . 3,657 Net gain or (loss) . . . . . . ▶ 3,657 Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18. . 8,539 **b** Less: direct expenses . . . . c Net income or (loss) from fundraising events . > 8,539 9a Gross income from gaming activities. See Part IV, line 19. . . . . . . **b** Less: direct expenses . . . . . . . . . 0 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . . . . . **b** Less: cost of goods sold . . . . . . . b 0 c Net income or (loss) from sales of inventory. Miscellaneous Revenue **Business Code** 11a Meeting Sponsors 595 b 0 0 All other revenue . . d 0 Total. Add lines 11a-11d . . . 595

309,112

0

0

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and								
_	organizations in the United States. See Part IV, line 21	600	600						
2	Grants and other assistance to individuals in the								
_	United States. See Part IV, line 22	200,782	200,782						
3	Grants and other assistance to governments,								
	organizations, and individuals outside the	ا							
4	United States See Part IV, lines 15 and 16 Benefits paid to or for members	0							
5	Compensation of current officers, directors,		···						
•	trustees, and key employees	2,820		2,820					
6	Compensation not included above, to disqualified	2,020	-	2,020	<u> </u>				
•	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	o							
7	Other salaries and wages	0							
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	0							
9	Other employee benefits	0							
10	Payroll taxes	. 0		<u>.</u> .					
11	Fees for services (non-employees):								
a	Management	0							
b	Legal	0							
C	Accounting	520 0		520					
d e	Lobbying	0							
f	Investment management fees	0			<u> </u>				
g	Other (If line 11g amount exceeds 10% of line 25, column								
9	(A) amount, list line 11g expenses on Schedule O)	o							
12	Advertising and promotion	232	232						
13	Office expenses	319		319	· · · · · · · · · · · · · · · · · · ·				
14	Information technology	0							
15	Royalties	0							
16	Occupancy	0							
17	Travel	0							
18	Payments of travel or entertainment expenses								
40	for any federal, state, or local public officials	0	2011						
19	Conferences, conventions, and meetings	3,944	3,944						
20 21	Interest	0			· · · ·				
22	Depreciation, depletion, and amortization	0	0	0	0				
23	Insurance	1,434		1,434					
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.)								
а	Dues	1,060		1,060					
b	Return of Grant Funds	20,375	20,375						
C	Festival, events & other program expenses	11,444	11,444						
d	Filing Fee	15	· · ·	15	·				
	All other expenses Bank Charges	62	007 077	62					
25 26	Total functional expenses. Add lines 1 through 24e .  Joint costs. Complete this line only if the	243,607	237,377	6,230	0				
20	organization reported in column (B) joint costs		1						
	from a combined educational campaign and								
	fundraising solicitation. Check here								
	following SOP 98-2 (ASC 958-720)								

Form 990 (2013)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	97,114
	2	Savings and temporary cash investments	5,285		12,939
	3	Pledges and grants receivable, net	0,200		0
	4	Accounts receivable, net	0	_	0
	5	Loans and other receivables from current and former officers, directors,		_	<u> </u>
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other 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			
Ş		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0	7	0
Ÿ	8	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	o		
	ь	Less: accumulated depreciation 10b	0 0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	. 0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	. 0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	44,548	16	110,053
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and			
jab		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties			0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D			0
	26	Total liabilities. Add lines 17 through 25	0	26	0
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ an complete lines 27 through 29, and lines 33 and 34.	d		
ä	27	Unrestricted net assets		27	<u></u>
ga	28	Temporarily restricted net assets	····	28	<del></del>
ᅙ	29	Permanently restricted net assets		29	
Fur		Organizations that do not follow SFAS 117 (ASC958), check here	1		
Net Assets or Fund Balances		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et	32	Retained earnings, endowment, accumulated income, or other funds .	44,548		110,053
~	33	Total net assets or fund balances			110,053
	34	Total liabilities and net assets/fund balances	44.548	34	110.053

roini a	990 (2013) VVASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC		1-30/3099	Рa	ige l∠
Part	XI Reconciliation of Net Assets		•		
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		309	9,112
2	Total expenses (must equal Part IX, column (A), line 25)	2		243	3,607
3	Revenue less expenses. Subtract line 2 from line 1	3		65	5,505
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) [	4		44	4,548
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	- 1			
	column (B))	10		110	0,053
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				l [
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1	
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	<u> </u>	X
	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 Both consolidated and separate basis			l	
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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				
	Schedule O.				
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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .	. <u>.</u> .	3b		<u></u>
			Form	990	(2013)

### **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. ▶ Information about Schedule C (Form 990 or 990-EZ) ► See separate instructions. and its instructions is at www.irs.gov/form990.

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.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• S	Section 501(c)(4), (5), or (6) o	rganizations Complete Part III								
Nam	e of organization			En	ployer identification number					
WA:	SHINGTON COUNTY CA	TTLEMEN ASSOCIATION, INC			11-3673099					
Рa	rt I-A Complete if t	he organization is exempt und	er section 501(	c) or is a section	527 organization.					
1		the organization's direct and indirect								
2	Political expenditures .				▶ \$					
3	Volunteer hours				•••••					
Pa	rt I-B Complete if t	he organization is exempt und	er section 501(	c)(3).						
1	Enter the amount of any	excise tax incurred by the organization	ion under section	4955	▶ \$					
2	Enter the amount of any	excise tax incurred by organization i	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.								
Pa	rt I-C Complete if t	he organization is exempt und	er section 501(	c), except section	501(c)(3).					
1		expended by the filing organization								
					<b>&gt;</b> \$					
2	Enter the amount of the filing organization's funds contributed to other organizations									
	for section 527 exempt function activities									
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,									
	line 17b									
4										
5	Enter the names, addres	ses and employer identification num	nber (EIN) of all se	ection 527 political or	ganizations to which the filing					
	organization made paym	ents. For each organization listed, e	nter the amount p	paid from the filing or	ganization's funds. Also enter					
		ontributions received that were prom d fund or a political action committee								
	as a separate segregate	d fund of a political action committee	e (FAC). Il additio	liai space is fleeded,	provide information in Part IV.					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from						
				filing organization's funds If none, enter -						
					delivered to a separate					
					political organization If none, enter -0-					
				<u> </u>	none, enter-05					
(1)										
	<u> </u>									
(2)					i					
(3)										
<del></del>										
(4)										
	<del></del>									
(5)										
(6)										

Sch	edule C (Form 990 or 990-EZ) 2013					Page 2
Р	art II-A Complete if the organizat	ion is exc	empt under section	501(c)(3) and file	d Form 5768 (elec	tion
	under section 501(h)).			· / /	,	
Α	Check ▶ if the filing organization	belongs to	o an affiliated group (	and list in Part IV	each affiliated group	member's
	name, address, EIN, ex	penses, a	and share of excess l	obbyina expenditu	res).	
В	Check ▶ if the filing organization	checked I	box A and "limited co	ntrol" provisions a	oply.	
	Limits on Lo				1	
	(The term "expenditures"			2d )	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence		<del></del>			<del>.</del>
b	Total lobbying expenditures to influence					0
c	Total lobbying expenditures (add lines 1				0	0
d	Other exempt purpose expenditures	•			- 0	0
e	Total exempt purpose expenditures (add				0	0
f	Lobbying nontaxable amount. Enter the				<u> </u>	0
•	columns.	amount no	in the following table if	Dotti		•
ſ	If the amount on line 1e, column (a) or (b) i	s. The l	obbying nontaxable amo	vunt ier	0	0
ŀ	Not over \$500,000	<del></del>	of the amount on line 1e.	Julit 15.		
- 1	Over \$500,000 but not over \$1,000,000		,000 plus 15% of the exce	ss over \$500 000		
Ì	Over \$1,000,000 but not over \$1,500,000		,000 plus 10% of the exce			
	Over \$1,500,000 but not over \$17,000,000		,000 plus 5% of the exces			
	Over \$17,000,000		00,000	, , , , , , , , , , , , , , , , , , ,		
g	Grassroots nontaxable amount (enter 25	% of line 1	lf)		0	0
h	Subtract line 1g from line 1a If zero or le				0	0
i	Subtract line 1f from line 1c. If zero or le				0	0
j	If there is an amount other than zero on	either line	1h or line 1i, did the ord	anization file Form	4720 reporting	
	section 4911 tax for this year?					Yes No
			raging Period Under S			
	(Some organizations that	made a Se	e instructions for lines	do not nave to con	iplete all of the five	
	Coldinia belo	W. OCC LINC	insudctions for filles	za unough zi on p	Jage 4.)	
	Lobby	ina Expen	ditures During 4-Year	Averaging Period	·	<del></del>
_				/ colugning r colou	<u> </u>	<del></del>
	Calendar year (or fiscal year	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
	beginning in)					
				<del></del>	<del>  </del>	
2a	Lobbying nontaxable amount					•
b	Lobbying ceiling amount				0	0
_	(150% of line 2a, column(e))					0
	· · · · · · · · · · · · · · · · · · ·		· · · · · ·		<del>-</del>	0
С	Total lobbying expenditures					0
	Consequence			<u> </u>	<del>                                     </del>	0
d	Grassroots nontaxable amount				o	0
е	Grassroots ceiling amount					
	(150% of line 2d, column (e))					0
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

Par	t II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forr	n 5768	}	
For 6	each "Yes	s," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	a)		(b)	
	e lobbyin	·	Yes	No	A	moun	t
1	-	e year, did the filing organization attempt to influence foreign, national, state or local n, including any attempt to influence public opinion on a legislative matter or					
	-	um, through the use of:					
а	Voluntee	*					
b		for management (include compensation in expenses reported on lines 1c through 1i)?					
С		vertisements?					
d	Mailings	to members, legislators, or the public?					
е	Publication	ons, or published or broadcast statements?					
f	Grants to	other organizations for lobbying purposes?					
g	Direct co	ntact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, c	emonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other act						
j		d lines 1c through 1i					0
2a		ctivities in line 1 cause the organization to be not described in section 501(c)(3)?					
b		enter the amount of any tax incurred under section 4912					
C		enter the amount of any tax incurred by organization managers under section 4912					
		g organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	c)(5), 	or se	ction		
						Yes	No
1	Were sul	ostantially all (90% or more) dues received nondeductible by members?			1		Х
2		rganization make only in-house lobbying expenditures of \$2,000 or less?				Х	
3		rganization agree to carry over lobbying and political expenditures from the prior year?			3		Х
		Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."		) Par			3, is
1		sessments and similar amounts from members	.	1			
2		62(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).					
а	Current y			2a			
b	Carryove	r from last year	.	2b			
	Total			2c			0
3		e amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	·	3			
4		were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
		oes the organization agree to carryover to the reasonable estimate of nondeductible					
_		and political expenditure next year?		4			
5 Pos		amount of lobbying and political expenditures (see instructions)	<u>·</u>	5			0
Part		pplemental Information		W D-	- II A I		
		criptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated grounds) Also, complete this part for any additional information.	up iis	t), Pai	t II-A, I	ne z,	and
rait	iro, iiie i						
		***************************************					
							. <b></b>
. <b></b>							

V	ASHINGTON COUNTY CATTLE	MEN ASSOCIATION, INC	11-3673099
	C (Form 990 or 990-EZ) 2013	(	Page 4
Part I	Supplemental Information	on (continuea)	·
		• • • • • • • • • • • • • • • • • • • •	
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# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

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	► Attach to Form 990.	
5	•	
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OMB No 1545-0047

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

Open to Public Inspection Employer identification number

ASHIN	ASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC	11-3673099
artl	art I General Information on Grants and Assistance	
<u> </u>	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	assistance, and
the	the selection criteria used to award the grants or assistance?	X Yes No
De	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
art II	ert II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990,	ation answered "Yes" to Form 990
	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	.pe

11-3673099

-	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
£								
2								
6								
<b>(4)</b>								
(9)								E
9								
6								
(8)								
6								
(10)								
(£)								
(12)								
9 N	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. Enter total number of other organizations listed in the line 1 table.	501(c)(3) and rganizations lis	government organited in the line 1 tab	zations listed in the lin	e 1 table.			0

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

Schedule I (Form 990) (2013)

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 III can be duplicated if additional space is needed (Form 990) (2013) Part III

Agricultural Program - Genetics  Agricultural Program - Farm Structure  Agricultural Program - Farm Structure  Agricultural Program - Fencing  Agricultural Program - Forages  Agricultural Program - Genetics  Agricultural Program - Genetics	nts cash grant 10,000 1	(d) Amount of non-cash assistance 16 44 69 09	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance .
	3	731		

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Part I Line 2 To be eligible for the agricultural program grant funds, an application must be completed which contains the location and serial number for the farm being operated; the Board reviews the application and awards the grant funds; the applicant must attend 2 Part IV

mandatory meetings providing information about the program; and original receipts for the applicants expenditures must be submitted.

Schedule I (Form 990) (2013)

## SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

### **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.

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

20**13** 

Open To Public Inspection

Employer identification number

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. (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1)(2)(3)(4)(5)(6)2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose (d) Loan to or (e) Original (f) Balance due (g) in default? (h) Approved (I) Written with organization from the of loan principal amount by board or agreement? organization? committee? From Yes No Yes No Yes No (1) (2) (3) (4)(5)(6)(7) (8) (9) (10)Total 0 \$ 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 (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) See Part V - Supplementa (2)(3)(4)(5)(6)

(7) (8) (9) (10)

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	anng of zation's nues?
					Yes	No
(1)		<del>-</del>	1	· · · · · · · · · · · · · · · · · · ·	<u>.</u>	
(2) (3)			-		_	<del>  -</del> -
(4)			<del> </del>	<del></del>		ļ
(5)						
(6)						
(7)						
(8)					<del></del>	<u></u>
(9) (10)		-		····		
Part V	Supplemental Information				ı	
	Provide additional information	for responses to questions	on Schedule L (see i	nstructions).		
		-		· <del>-</del> ·		
Part III L	ine 1 Grants paid to interested pe	rsons meet the exception as	members of a class			
that tha	arganization intende to benefit in t	inthorono of the event number	mana and the			
mai me	organization intends to benefit in t	urtherance of its exempt pur	pose and they	••••••		
must me	et the same eligibility requiremen	ts as all members of that cla	SS.			
		• • • • • • • • • • • • • • • • • • • •				
		•		•••••••		
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				••••••		
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### SCHEDULĘ 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.

► 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.

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

WASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC	<u> </u>
FORM 990, PART III, LINE 2	
The organization has undertaken fundraising to provide scholarships to college stu-	dents in Washington, Co., KY who
are seeking an agricultural related degree.	
FORM 990, PART VI	
SECTION A - LINE 6 - The organization has members who pay dues	
SECTION B - LINE 11b - The organization's president reviews the Form 990 before	e signing and filing.
SECTION C - LINE 19 - The organization's governing documents are available for	viewing at their office upon request
	•

# 8868 Form

(Rev January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To a se an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

• If you	are filing for an Automatic 3-Month Extens are filing for an Additional (Not Automatic) complete Part II unless you have already be	3-Month i	Extension, complete only Part II (	on page 2 of this f	orm).	
a corpora 8868 to r Return fo instructio	ic filing (e-file). You can electronically file Fation required to file Form 990-T), or an addit equest an extension of time to file any of the Transfers Associated With Certain Personans). For more details on the electronic filing of	ional (not a forms liste al Benefit C of this form	automatic) 3-month extension of timed in Part I or Part II with the except Contracts, which must be sent to the a, visit www.irs.gov/efile and click or	e. You can electro on of Form 8870, IRS in paper form n e-file for Charitie	nically file Form Information nat (see	
Part I	<del></del>					
_	ation required to file Form 990-T and request	-		•		
	y					
	corporations (including 1120-C filers), partne	rships, RE	MICs, and trusts must use Form 70	04 to request an e	extension of	
time to fil	e income tax returns.					
<del></del>	Diama of automatication on althoughts and	- i4:		Employer identification	er, see instructions	
Type or	Name of exempt organization or other filer, se		i		n number (Eliv) of	
print	WASHINGTON COUNTY CATTLEMEN			11-3673099	nhor (CCNI)	
File by the Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number (SSN)						
filing your City, town or pact office, state, and ZID and a Fox a foreign address, one instructions						
return See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions.  SPRINGFIELD, KY 40069						
Enter the	Return code for the return that this application	on is for (fi	le a separate application for each re	eturn)	<u>01</u>	
Applicat	ion	Return	Application	<del></del>	Return	
Is For Code Is For Code					Code	
Form 990 or Form 990-EZ         01         Form 990-T (corporation)         07					07	
Form 99	<del> </del>	02	Form 1041-A		08	
Form 47	20 (individual)	_03	Form 4720 (other than individual)		09	
Form 990	0-PF	04	Form 5227		10	
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	····	11	
Form 990	0-T (trust other than above)	06	Form 8870		12	
Teleph If the control of the whist with the unit is for the which the unit is for the white the telephone of the control of the telephone of telephone of the telephone of the telephone of the telephone of	cooks are in the care of ► CHERYL MATTING come No. ► (859) 336-7741  organization does not have an office or place is for a Group Return, enter the organization hole group, check this box ►	of busines 's four digit If it is for pusion is for corporatio	t Group Exemption Number (GEN) part of the group, check this box.	▶[	. If this is and attach a	
▶[ 2   f th		2 months,				
	nis application is for Forms 990-PF, 990-T, 4	720, or 60	69, enter any refundable credits and		<del></del>	
esti	imated tax payments made. Include any prio	r year ove	rpayment allowed as a credit.	3b	\$ 0	
	ance due. Subtract line 3b from line 3a. Inc			y using		
	TPS (Electronic Federal Tax Payment System			3 <u>c</u>		
Caution. If	you are going to make an electronic funds withdr	awal (direct	debit) with this Form 8868, see Form 8-	453-EO and Form 88	379-EO for	

payment instructions.