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Form **990-EZ****Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2013**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-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**Open to Public  
Inspection**

<b>A</b> For the 2013 calendar year, or tax year beginning , 2013, and ending									
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; vertical-align: top;"> <b>C</b>            CLAY COUNTY PORK PRODUCERS ASSOC            % Javotte McCarty            1760 440th ST            LINN GROVE, IA 51033         </td> <td style="width:30%; vertical-align: top;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>D</b> Employer identification number</td> <td>42-1056085</td> </tr> <tr> <td><b>E</b> Telephone number</td> <td>712-262-7354</td> </tr> <tr> <td><b>F</b> Group Exemption Number</td> <td></td> </tr> </table> </td> </tr> </table>	<b>C</b> CLAY COUNTY PORK PRODUCERS ASSOC % Javotte McCarty 1760 440th ST LINN GROVE, IA 51033	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>D</b> Employer identification number</td> <td>42-1056085</td> </tr> <tr> <td><b>E</b> Telephone number</td> <td>712-262-7354</td> </tr> <tr> <td><b>F</b> Group Exemption Number</td> <td></td> </tr> </table>	<b>D</b> Employer identification number	42-1056085	<b>E</b> Telephone number	712-262-7354	<b>F</b> Group Exemption Number	
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<b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►									
<b>I</b> Website: ► N/A									
<b>J</b> Tax-exempt status (check only one) – <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 5 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527									
<b>K</b> Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other									
<b>L</b> Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 98,026.									

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)																																																				
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>																																																				
<b>REVENUE</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>1 Contributions, gifts, grants, and similar amounts received</td><td>1</td><td></td></tr> <tr><td>2 Program service revenue including government fees and contracts</td><td>2</td><td></td></tr> <tr><td>3 Membership dues and assessments</td><td>3</td><td>2,315.</td></tr> <tr><td>4 Investment income</td><td>4</td><td>3.</td></tr> <tr><td>5a Gross amount from sale of assets other than inventory</td><td>5a</td><td></td></tr> <tr><td>5b Less: cost or other basis and sales expenses</td><td>5b</td><td></td></tr> <tr><td>5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td><td>5c</td><td></td></tr> <tr><td>6 Gaming and fundraising events</td><td></td><td></td></tr> <tr><td>6a Gross income from gaming (attach Schedule G if greater than \$15,000)</td><td>6a</td><td></td></tr> <tr><td>6b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</td><td>6b</td><td>86,587.</td></tr> <tr><td>6c Less: direct expenses from gaming and fundraising events</td><td>6c</td><td>66,698.</td></tr> <tr><td>6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td><td>6d</td><td>19,889.</td></tr> <tr><td>7a Gross sales of inventory, less returns and allowances</td><td>7a</td><td></td></tr> <tr><td>7b Less: cost of goods sold</td><td>7b</td><td></td></tr> <tr><td>7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td><td>7c</td><td></td></tr> <tr><td>8 Other revenue (describe in Schedule O) See Schedule O</td><td>8</td><td>9,121.</td></tr> <tr><td>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td><td>9</td><td>31,328.</td></tr> </table>	1 Contributions, gifts, grants, and similar amounts received	1		2 Program service revenue including government fees and contracts	2		3 Membership dues and assessments	3	2,315.	4 Investment income	4	3.	5a Gross amount from sale of assets other than inventory	5a		5b Less: cost or other basis and sales expenses	5b		5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		6 Gaming and fundraising events			6a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		6b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	86,587.	6c Less: direct expenses from gaming and fundraising events	6c	66,698.	6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	19,889.	7a Gross sales of inventory, less returns and allowances	7a		7b Less: cost of goods sold	7b		7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		8 Other revenue (describe in Schedule O) See Schedule O	8	9,121.	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	31,328.
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**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

9-5 14

**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	20,119.	22 18,447.
23 Land and buildings	22,574.	23 21,765.
24 Other assets (describe in Schedule O) See Schedule O	3,849.	24 12,154.
25 Total assets	46,542.	25 52,366.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	46,542.	27 52,366.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 See Schedule O		
(Grants \$ 7,934.) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	86,765.
29		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	86,765.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DOUGLAS & CAROL PATTEN Director	2	0.	0.	0.
BARRY ANDERSON Secretary	2	0.	0.	0.
KEITH & JOYCE KRUSE Vice President	2	0.	0.	0.
TODD & TANYA HERRIG Director	2	0.	0.	0.
AL & JAVOTTE MCCARTY Treasurer	3	0.	0.	0.
STEWART & JULIE LEWIS President & CEO	2	0.	0.	0.
CRAIG MANNING Director	2	0.	0.	0.
KEVIN FAHNLANDER Director	2	0.	0.	0.
ROB & KIM HURLBURT Director	2	0.	0.	0.

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	<b>33</b>	X
<b>34</b> Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	<b>34</b>	X
<b>35 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	<b>35 a</b>	X
<b>b</b> If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	<b>35 b</b>	
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	<b>35 c</b>	X
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	<b>36</b>	X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37 a</b> 0.	<b>37 a</b>	
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>37 b</b>	X
<b>38 a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	<b>38 a</b>	X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38 b</b> N/A	<b>38 b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39 a</b> N/A	<b>39 a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39 b</b> N/A	<b>39 b</b>	
<b>40 a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>40 a</b> N/A; section 4912 <b>40 a</b> N/A; section 4955 <b>40 a</b> N/A	<b>40 a</b>	
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	<b>40 b</b>	
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>40 c</b> 0.	<b>40 c</b>	
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>40 d</b> 0.	<b>40 d</b>	
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	<b>40 e</b>	X
<b>41</b> List the states with which a copy of this return is filed <b>41</b> None		

**42 a** The organization's books are in care of **42 a** JAVOTTE MCCARTY Telephone no **42 a** 712-262-7354  
 Located at **42 a** 1760 440TH ST LINN GROVE IA ZIP + 4 **42 a** 51033

	Yes	No
<b>b</b> 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)? If 'Yes,' enter the name of the foreign country: <b>42 b</b>	<b>42 b</b>	X
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country: <b>42 c</b>	<b>42 c</b>	X

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

	Yes	No
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	<b>44 a</b>	X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	<b>44 b</b>	X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	<b>44 c</b>	X
<b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	<b>44 d</b>	
<b>45 a</b> Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	<b>45 a</b>	X
<b>b</b> 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	<b>45 b</b>	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 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

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

▶ ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

<b>Sign Here</b>	Signature of officer <u>Clay County Pork Producers by J. McCarty</u>	Date <u>5-30-14</u>			
	Type or print name and title <u>JAVOTTE MCCARTY</u>	Treasurer			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>Tom Thaden</u>	Preparer's signature <u>Tom Thaden</u>	Date <u>5-30-14</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00065649</u>
	Firm's name ▶ <u>Iowa Farm Business Group</u>				
	Firm's address ▶ <u>218 9th Street</u>				
	<u>Sheldon, IA 51201</u>	Firm's EIN ▶	Phone no <u>(712) 324-3949</u>		

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☒ Yes ☐ No

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

- ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
- ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2013

**Open to Public Inspection**

Name of the organization **CLAY COUNTY PORK PRODUCERS ASSOC**  
**% Javotte McCarty**

Employer identification number  
42-1056085

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17  
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a** ☐ Mail solicitations  
**b** ☐ Internet and email solicitations  
**c** ☐ Phone solicitations  
**d** ☐ In-person solicitations  
**e** ☐ Solicitation of non-government grants  
**f** ☐ Solicitation of government grants  
**g** ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		HOG SHOW & GRI (event type)	(event type)	None (total number)	(add column (a) through column (c))
	1 Gross receipts	86,587.			86,587.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	86,587.			86,587.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				86,587.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
		1 Gross revenue			
DIRECT EXPENSES	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in.
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If 'Yes,' enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**Part I, Line 2b - Fundraiser Additional Information**

GRILLINGS AND OPERATE CHOP SHOP FOR FUNDERS

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization **CLAY COUNTY PORK PRODUCERS ASSOC**  
**% Javotte McCarty**

Employer identification number  
**42-1056085**

**SCHOLARSHIPS**

CASH AMOUNT GIVEN = \$6585.00

**Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

TO EDUCATE THE MEMBERS AND TO PROVIDE SCHOLARSHIPS TO STUDENTS ATTENDING  
AGRICULTURE COLLEGES AND UNIVERSITIES.

**Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**

To teach members Swine Production & Marketing Skills.

To furnish College Scholarships to Agriculture Students in Clay Co. Iowa

To Support Local Charities.

2013

## Schedule O - Supplemental Information

Page 2

CLAY COUNTY PORK PRODUCERS ASSOC  
% Javotte McCarty

42-1056085

Form 990-EZ, Part I, Line 8  
Other Revenue

IPPA - TO SHARE ADVERTISING

Total	\$	9,121.
	\$	<u>9,121.</u>

Form 990-EZ, Part I, Line 16  
Other ExpensesADVERTISING - OUTING  
Advertising and Promotion  
Depreciation  
LEGAL - MEET EXP.  
OFFICE / BANKING

	\$	2,042.
		10,228.
		2,174.
		1,715.
		291.
Total	\$	<u>16,450.</u>

Form 990-EZ, Part II, Line 24  
Other AssetsAccounts Receivable  
FRIENDS CLAY CO  
Miscellaneous

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 64.	\$ 64.
FRIENDS CLAY CO	0.	5,000.
Miscellaneous	3,785.	7,090.
Total	<u>\$ 3,849.</u>	<u>\$ 12,154.</u>