

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



CIS7XTXVT7

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 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 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u> _	For the		والمراون والمراوات والمراون والمراون والمراون والمراون والمراون والمراون والمراون والمراون والمراون	3, and ending	1		, 20	
В	Check if	applicable	C Name of organization American Dexter Cattle Association			D Employ	er identification numb	er
\square	Address	change	Doing Business As	_			42-1093707	
	Name ch	hange	Number and street (or P.O box if mail is not delivered to street address)	Room/suit	e	E Telepho	one number	
	Initial ret	tum	10583 W Castlegate Lane	- 1			417-689-3574	
$\overline{\Box}$	Terminat		City or fown, state or province, country, and ZIP or foreign postal code					
Ħ	Amende					G Gross re	eceints 3	CE 741
H			Bois D'Arc MO 65612 F Name and address of principal officer:		1,,,,,			65,741
U	Аррікац	ion penaing	r Marile and address of principal officer:				subordinates? Yes	_
							s included? L Yes L	J No
<u></u>		mpt status:	□ 501(c)(3) □ 501(c) (5) ◄ (insert no) □ 4947(a)(1) o	r 📙 527	_ "`"	io," aπach a	a list (see instructions)	
<u>1</u>	Website		v dextercattle org		H(c) Group	exemption	number >	
		organization:	Corporation Trust	Year of lormation	on	M State	of legal domicile	DE
Р	art l	Summa	ary					
	1	Briefly de	scribe the organization's mission or most significant activitie	s: Activity	to register,	, transfer,	, test, and maintain	
	ł	the registr	ry of Irish Dexter cattle.		••••••			
Governance	l l		,	**************************************			/	
E	2	Check thi	s box ▶☐ If the organization discontinued its operations or	disposed of	f.more than	2596 of	its net assets: 210	
Š	3	Number	of voting members of the governing body (Part VI. line 1a)	تنسب		3/1	red of the thing t	
S	4	Number	of voting members of the governing body (Part VI, line 1a) . If independent voting members of the governing body (Part VI) Independent voting members of the governing body (Part VI) Independent voting members of individuals employed in calendar year 2013 (Part VI)	I BREC	EIVE	-	of charles at solic	 =
20	7	Total	short of individuals amplemed in color day year 0010 (Day 1)	VI, IIII III		1921	TOTAL CONTRACTOR	
Activities &	1				a 20			
÷	6		nber of volunteers (estimate if necessary)	IN SEP	7.0 -	/ev	rofed megas/s	
ď			elated business revenue from Part VIII, column (C), line 12	1-1	·	上。	II	
	Ь	Net unrela	ated business taxable income from Form 990-T, line 34 .	1 1 1000		7b.	ووريدها دعانوا	सर १ :० -५५७७ (स
	Ì			Course Set 3	Prior Ye	ar	Current Year	
ø			ions and grants (Part VIII, line 1h)	<u>L</u>				
5	9	Program s	service revenue (Part VIII, line 2g)	[170826	2	65331
Revenue	10	Investmer	nt income (Part VIII, column (A), lines 3, 4, and 7d)		11.	· ພາ້າ 603	BOAR TO BE ARE THE	410
Œ			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_	1 *4 (3)	· · ·:·	1400 P. S. C. Con.	
			nue-add lines 8 through 11 (must equal Part VIII, column (A),		1 12 10	171429	5-120 49772	
_			d similar amounts paid (Part IX, column (A), lines 1-3)				sicilar apic upis a	
			paid to or for members (Part IX, column (A), line 4)			*** 15 × 37		
				_			-i I.	
Expenses			other compensation, employee benefits (Part IX, column (A), line		<u>:</u>		. 1	
en			nal fundraising fees (Part IX, column (A), line 11e)	· · · <u>-</u>				 ;
Ϋ́			Iraising expenses (Part IX, column (D), line 25) ▶					<u> </u>
ш			penses (Part IX, column (A), lines 11a-11d, 11f-24e)			179136	2:	23718
	18	Total expe	enses. Add lines 13-17 (must equal Part IX, column (A), line :	25)		179136	2	<u> 23718</u>
	19	Revenue I	less expenses. Subtract line 18 from line 12	[-7707		42023
38				B	eginning of Cu	rrent Year	End of Year	
\$ E	20	Total asse	ets (Part X, line 16)	🗁		128890	1	70913
Net Assets or Fund Balances	21		lities (Part X, line 26)	· · · ⊢		0	<u> </u>	
25	22		s or fund balances. Subtract line 21 from line 20	· · · -				
	art II		ure Block			128890		70913
_								
Un	der penal	lues of perjur	y, I declare that I have examined this return, including accompanying schedu ste Declaration of preparer (other had officer) is based on all information of w	des and statem	ents, and to th	he best of n	ny knowledge and beli	ef, it is
	e. Coneci	t, and comple	ste declaration of preparer (other man officer) is based on all information of w	nich preparer i	nas any know	eoge.		
		A A	and woman					
Sig	n /	Signa	ture of officer		Dat		/ /	
He	re /	K J	AMES W SMITH TREASURER			9/	18/14	
		Туре	or print name and title				- 	
_	: 4		e preparer's name Preparer's signature	Date			PTIN	
Pa		1 "	,	1-2.		Check [self-emp	□ #	
	epare	I ~ .					3.0360	
Us	e Onl				Firm	's EIN ►		 ·
		Firm's ac			Pho	ne no		
Ma	y the IR	so discuss	this return with the preparer shown above? (see instructions	s)	<u> </u>	<u></u>	· · Yes	
For	Paperw	vork Reduc	tion Act Notice, see the separate instructions.	Cat. No	11282Y		Form 990	(2013).

1			a response or note to any line in this I	artiff	-: ·-: -
1	-	the organization's m		hand of a will. The amelian	
	pure breed cattle		a registry of Irish Dester Cattle a heritage	breed of cattle. The smallest n	atural breed of

2			significant program services during the y		he Yes 🗹
3	Did the organi	be these new services zation cease conduc	cting, or make significant changes in		ചന
		be these changes on			
4	expenses. Sect	tion 501(c)(3) and 501	a service accomplishments for each of it (c)(4) organizations are required to report any, for each program service reported.		
4a			223718 including grants of \$) (Revenue \$	265741)
	to different		The contract of the second		
" - ·	**************************************		1 114	4	
a Gu	Action to Live	-11 . 1, 1 . 1 . 1	The second section of the second seco	to the control of the	
171					
~: : 1			· to grand with early , , , and		
H. CI	<u> </u>	,	1 4 12 4 5 5 5 4 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6		
3.00	1961, 1996		21 101 12 10 10 10 10 10 10 10 10 10 10 10 10 10	5-7-6-10-5-19-21-6-1-1-10-1-10-1-10-1-10-1-10-1-10-1-	
	•••••••••••				
4b -	(Code: :) (Expenses \$	including grants of \$	(Revenue \$, in to tarned it a),
i. Po	<u>, 12 - 194 - 1941 - 1</u>		The second secon		
<u> 1</u> 2년 :	'n Critt, Cirlyman	11 4.3 (1)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1 4 7 14 4	
ו מידו י.י			The state of the s		
٠.					
					•
			. 1		

4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	1
70	(0006.) (Expenses #	moduling grains of \$) (Hevenue 4	,

		••••••••	***************************************		^
				~~^^^	
	***************************************				***************************************

					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Part	Checklist of Required Schedules			
	In the expenientian deposit and in parties 501/aV/2) as 4047/aV/4) (ather there a private foundation) 2.76 W/4 /		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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		7
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)	<u> </u>	<u> </u>	<del>'</del>
_	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	1	
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		<b>√</b>
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		<b>√</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>✓</b>
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 faebt 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 fendowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V : s	10	33.7 34.44.	A CONDUMN AS
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D: Parts VI, VIII, VIII, IX, or X as applicable.	221	1: :	و نیرو د در <del>در در برا</del>
a.	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes;" complete Schedule D, Part VI	1	1 1	enisort sigt
"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		<u> </u>
	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			\$ 2000,450, A
Ţ <b>.</b> ,	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	20 (d 1 "Y"	ह्या <mark>स्य १</mark> ता असेह १ <mark>देश</mark> ीलम्यून सम्बद्ध
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e	) A17 5	· · · · · · · · · · · · · · · · · · ·
•	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		<b>√</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
ь	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.	14ь	•	<b>√</b>
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 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>·</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		<u> </u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>√</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2013)

Part	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				
04.	employees? If "Yes," complete Schedule J	23	ļ	<u> </u>	
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		1	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1	
	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			
	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 Li Part I		 5-,55		-
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	250	77.6	<del></del>	
اعلونو بن	current or former officers, it directors, it rustees, it key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	íí	i (;	
5. w <b>27</b> ; 19	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		111111	= 1,- ,- ;	• • • • • • • • • • • • • • • • • • • •
	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. Rart III. 1959(17) [1979].	، ر ا، حد:		/**( '' \$ <b>\</b> ****	
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):		., 13	- ·	
<b>`</b> 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 Is Port IV.	28a	 :3-, 3-	<b>√</b> 34 45	. ; ,
-ने पर <b>ट</b> े	Schedule L, PartilV : A surrent or former officer; director; trustee; for key employee (or a family member thereof)	28b		-4	·#:
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L'Part IV was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule Member 1 bid the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Member 1 bid the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Member 1 bid the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Member 2 bid the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Member 2 bid the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Member 2 bid the organization receive more than \$25,000 in non-cash contributions?	28c	11 11 15	· 1/2.11	
30 30	Did the organization receive more than \$25,000-in-non-cash contributions? If "Yes, "complete Schedule Millions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29· 30	;.,	<b>V</b>	•
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes;" complete Schedule N;		٠	÷	
32	Part I	31		/	
33	complete Schedule N, Part II	32		<u> </u>	
0.4	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	
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<b>✓</b>	
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,				
38	Part VI	37		<u>√</u>	
	19? Note. All Form 990 filers are required to complete Schedule O	38	990	<u>√</u>	

Part					
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	. D	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   -0-		163	H-	,
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	- I	1 - 1	1 1	ŧ
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1	1 1	1	
	reportable gaming (gambling) winnings to prize winners?	1c	(-]	(	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			$\overline{}$	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a -0-	1	1 ]	L,	4
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2ь	ليتا	<u> </u>	_
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	$\tilde{\Box}$ $J$	i I	1 . 1	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	4	1	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			,
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1	1 1	1	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	1.1	1 1	11	
b	If "Yes," enter the name of the foreign country: ▶	4a	<del>                                     </del>	<del>,                                     </del>	i
~	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1 1	$\iota = 1$	i :	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	( )	11	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<del>, , , ,</del>	V	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T.?		12:		ا در الروان در الروان
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the-				ر مد الار رو مد
	organization solicit any contributions that were not tax deductible as charitable contributions?		1. [	1	let nerv
, entities and 'b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	( 2310	11 111	11/20	-
To any ny many ny a	e gifts;were not/tax deductible? ः ११८५, अक्ष्मान् क्षिक्ष कालः । १०५ । क्षेत्री सामित्र काला प्रभावना कालावाक पार्ट के उनेकारी	"6b"	p9	٠,٠٠٠	·.:·
A	Organizations that may receive deductible contributions under section 170(c) পর্যার প্রকর্মন ক্রমণ ক্রমণ ক্রমণ	127 -: 1	1:1.		والبريثانة
tonings 5 a _{(i} )		,C4.77	1 1	11	ያለ መስገረ የ
: :	and services provided to the payor?,,,	7a	لتت		٠٠.
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	لـــا	<u> </u>	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	hazil	1		
	required to file Form 82827.	'9ć;		<del></del>	ing day in
	If "Yes," indicate the number of Forms 8282-filed during the year	₹ <b>7e</b> ′			kibusar-i Marinsa
					cier nas Nation
			1 1	1	aris carell Marinara
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		11 .	3.5	
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	<del></del>	<del></del>	<u> </u>	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	( )	, ,		'   •# •
	organization, have excess business holdings at any time during the year?	8	,1	, - ;	
	Sponsoring organizations maintaining donor advised funds.		,	, ,	i
	Did the organization make any taxable distributions under section 4966?	9a	ر - آ		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:			1	
	Initiation fees and capital contributions included on Part VIII, line 12	( )	. ]		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1	, J	. !	
	Section 501(c)(12) organizations. Enter:	1	, 1	.	i
	Gross income from members or shareholders	1	, ]	.	
Ь	Gross income from other sources (Do not net amounts due or paid to other sources	1	<i>i</i> }	,	
••-	against amounts due or received from them.)	1.			ı
		12a	<u></u>		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1	<u> </u>		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	<b>-</b>			ı
а		13a			
ь	Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which	1	, ]	. !	
	the generated to be a sense of the force of the first benefit at the state of the s	( }	. }	,	
		1	,		
	<u> </u>	1440		<del></del>	•
		14a	.—-		
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .		n 990 (	(2013)	
		FU	1000	(2014)	

Part	to (2019)  Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and		Pag-
Fait	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See in	struct	
Secti	on A. Governing Body and Management	<u> </u>	•	
<u>occii</u>	on A. doverning body and management		Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   12	,		t-
	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 . 1b 12	:		i
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		/
3	Did the organization delegate control over management duties customarily performed by or under the direct			<del>                                     </del>
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		7
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		7
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 lany, governance idecisions of the lorganization reserved to (or subject to approval by) members,		6100	-
	stockholders, or persons other than the governing body? 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	7b 1	1927	, √,
. 8 .	Did the organization contemporarieously document the meetings held or written actions undertaken during	151 4	عليد ١٠٠	- 1
	the year by the following: आप मान को केर्ना केर्ना केरा के पार केर्ना केराने केरान केरा केरान केरा केरा केरा केरा केरा केरा केरा केरा	·	<b>,</b> ,. `\	-
~. :a	The governing body? Missing is the transfer of	8a	<b>√</b> `	• •
i Cob	"Each committee with authority to act on behalf of the governing body? 🛝 🛝 つかい 🏄 🍰 はいかいさい メギ	8b	ĭ	ë
::9 _{8:7}	als there any officer, director, trustee, or key employee listed in Part VII, Section A; who cannot be reached at	· linte	Here	
	the organization's mailing address?If provide the names and addresses in Schedule O which is a significant.		-1161	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iùe C		_
			Yes	Z
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
. <b>ل</b> اي چار ا	If "Yes," did the organization have written policies and procedures governing the activities of-such chapters,	(iz. t.)	* -:	( )
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	.z.r	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		CALLY	
	"Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1	rarra.h	
	Did the organization have a written conflict of interest policy? If "No," go to line 13:400 (13:400 )	12a	wis. t	<u>~</u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
· ········	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		Ŀ
13	Did the organization have a written whistleblower policy?	13	L	✓
14	Did the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<u> </u>		
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		
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	١.		
16a	with a taxable entity during the year?	16a		1
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1		
	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?		_	

Own website

☑ Upon request ☐ Other (explain in Schedule O)

State the name, physical address, and telephone number of the person who possesses the books and records of the organization; ► James W Smith 10583 W Castlegate Lane Bois D'Arc MO 65612 417-689-3574

available for public inspection. Indicate how you made these available. Check all that apply.

☐ Another's website

P	aae	7
۲	aac	•

Form 990 (2013)

Form	ggn	(201	.31

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

	Chec	k if Sched	ul <u>e</u> C	) cc	ntai	ns a r	esp	onse	or note	e to an	y line i	n this P	art VII							. [	
_														 	 	 		_	 	_	_

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization no	r any relate	d org	aniz	zatic	n c	ompe	nsa	ated any currer	nt officer, directo	r, or trustee.
the caracle of the delication of the control of			٠٠: ٠	(	C)	.:				20.00
TO THE LAST SHEET OF (A) IN THE STATE OF STATE O	' ' (B) '		٠,	Pos	ition	1/4	•	(D)	(E) '5/	(F) : ·
Name and Title	· Average	l hov	unle:	neck SS De	rnor: rson	e than o	one han	l	Reportable	1
Because Aprilia and Apparent of the passes of the passes of the African Apparent of the African Appare	hours per	office	er'an	dad	lirec's	lor/trus	teel.	compensation	compensation , from	amount of
with the second process of the second proces	week (list any	<u>.δ.Σ</u>	٦	Ş	\$	鸟莲	- 77	from	related organizations	compensation
terpestage data an experience discovered to the second of the second of the second of the second of the second	· related •	문항	ŀ₽.	.ḡ.	16	· 홍 .	<b>ŀ</b> .	. organization :	(5(44-5),1088-W(2C)	trom the
مراد بالمعالية المراجعة المراج	organizations	1.8 €	9	-	뒃	B B	٦.	(M-5/1059-WI2C)	Carles grangering	organization
lakarkharumgadnepolitepenyknodingerer, n francististota	(line)	,	<u>=</u> ;	3 15 1	ă,	;⊹.∄	2,23	li lik rojuris tim	narazh o lo neier	
	11-4'F, 11	, g	i is	7		- 3g				1 A. C. 1 W. 1
a mereman and manyay manyay telah nga hadisana mandi katibir. Is bi b	1111		1 8			Highest compensated employee	Ι.			' '
			,				٦.	]		
7. (1) Jim Woehl and the word of a large the stakes			·			- ***	•	A LAND	tolds.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
The social and the President's The social and the s			1	.√.				70	हां ≈िंद ने 0	h _ 1
วา.คร. ใหม่ / (2):Roberta Wieringa อเซากร ฉาะ วาสสารณีค่าแล้ว แกกเรื่			rs .	: :						to the country and the
or comment the Co. Vice president to but the first of Courts		<u>  . '</u>	7.	<u>√:</u>	. !	1: ::	1::			in, 1101 - 14- 1126
continues. (3) Carol Ann Traynor is in the	4 (1.15.44)	{ ····	·-•		٠٠	100	<b></b> 1.	-० व दल-देरे १ अस्यत	what is one or '	1 1 1 1 1 1 2 2 1 1 1 2 2 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
· Secretary · · · · · · · · · · · · · · · · · · ·	1.8	<del> </del>	<u> </u>	<u>                                     </u>	_	ļ	Ŀ	-0	1 . 0	·· · 0
(4) James W Smith		ļ ·		١.	l			i .		
Treasurer	10		<u> </u>	1	_	<b>.</b>	_	0	<u>.</u>	<u> </u>
(5) Jill Delaney	ļ	1			ļ	l	1	ļ		
Register	30		_	1	_	<u> </u>	<u> </u>	0	0	0
(6)	ļ	]	1	) ;	1	1	Ì	ì		
			<del> </del> _	_	L.	<u> </u>	_			
(7) See attached for Directors and Addresses	ļ		ļ			ļ	ļ	ļ		
	1	<u> </u>	_	_		<u> </u>	<u> </u>	0	0	0
(8)	<b></b>	}	1	1	i	j	1	ì		1
	ļ		<b> </b> _		_					
.(9)	ļ	1				ĺ			ļ	
<del></del>	<u> </u>	<del> </del>	<u> </u>	_		<b>}</b>	<b>}</b>	]		
(10)	<b> </b>		1	}		} '	{			
(44)	<del> </del>	<u> </u>	<u> </u>		<u> </u>	<del>  </del>	<b> </b>			
(11)	ļ	1	l i		ļ					
(12)	<del> </del>		-	H	-		├~	<del> </del>	<del></del>	<b></b>
[12]	<del> </del>	{				} '	1			
(13)	<del> </del>						-	<del> </del>		<del></del>
3.27	<del> </del>	1				1 .				
(14)	<del> </del>				-		-			
1.7	<del> </del> -	1								
	<u> </u>		<u>t                                     </u>	L			L			L

	(A) Name and title	(B) Average hours per week (list any	box, office	unles	Pos neck ss pe	rson	than o	ee)	(D) Reportable compensation from	(E) Reportab compensation related	n from		Estin	F) nated unt of her	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-N	enc		ompe from organ and re	nsation the ization elated zations	
(15)															
(16)		ļ													_
(17)			<b> </b>					<u> </u>				-			_
(18)						-		-							_
(19)		ļ			-		, .	,	11-	• • •		<u> </u>			
(20)			1		-3',-1			-	(1,41) (1,41)		•		<u>`</u>		
(21)	y ay of the secretary of the formation of the second of th		7		-		· · · · · · · · · · · · · · · · · · ·		1 2					- <del></del>	-
(22)	The Contract which the contract of the contrac	7	1205			(7°	4.; 3.4	-	1924 - 11 F. N 11 C. 1			1,	• • •		
(23)	( ) and additional and a second control of	() F () F (	-	:			-: ';	-	; 20,		- 44.			4	
(24)		ļ		_	_			-	) <u>-</u>						_
(25)	The control of the co		1:	. " 	: .	÷ ,;;	1.7.	·							<u></u>
	Sub-total come guite an observed their a	1° 2 6, C2-	:1::2			···.	• :	<b>&gt;</b>	H.c 0	5 (0) (1)	o		·- <u>_</u> ·	· · · ·	<u>==</u>
	Total from continuation sheets to Part. Total (add lines 1b and 1c)	vii, Sectio						<b>▶</b> ′	- 0	. :	. 0				_
2	Total number of individuals (including bu reportable compensation from the organ	t not limited	d to th	ose	list	ed a				ore than \$1	00,00	00 of			
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc	tor, c	or tr	uste	ee,	key e	emp	loyee, or high				3	Yes	Nc ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	ian \$1	150,	000	? /i	"Ye	s," · ·	complete Sch	edule J fo	r suc	ch	4		√`
5	Did any person listed on line 1a receive of for services rendered to the organization												5		✓
Section	on B. Independent Contractors														
1	Complete this table for your five highest compensation from the organization. Repyear.													n's tax	ί
	(A) Name and business add	iress							(B) Description of s	ervices		Com	(C) ipensa	tion	
None					<u>.</u>			<u>_</u>	···						
2	Total number of independent contractor	ere (mekudu		+ -	~ 1	imut	ad to	L	ass listed sh						

Par	VIII	Statement of Revenue				
		Check if Schedule O contains a response or note to				· · · · <u>· · □</u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a 0				
g g	ь	Membership dues 1b 25800	Į			
Arr	C	Fundraising events 1c 0	}			l i
اقِ قَ	d	Related organizations 1d 0	Į.			1
Sin S	e	Government grants (contributions) 1e 0		ļ		
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	i		}	
6 g	g	Noncash contributions included in lines 1a-1f. S				
E E	h	Total. Add lines 1a-11	25800			1
9	<del>- ''-</del>	Business Code	23000			<del>                                     </del>
Program Service Revenue	2a	Registry Activity	239531	239531		
ş	b					<del></del>
jë.	C					
Ser	đ					
ᇤ	е					
ğ.	. <b>!</b> ,	All other program/service revenue		. 4	<u>": پرودر د ا</u>	1 1. 1 2° 31 32 12 16 14 14
<u>a</u> .	3 :	Total. Add lines 2a-2f	er ( 239531		<u> </u>	ng ing ing ing an ang ang ang ang ang ang ang ang an
		and other similar amounts)		£ ; 3	1 . 144 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1	المراجعة ال المراجعة المراجعة الم
,	:4:	Income from investment of tax-exempt bond proceeds ▶	410	410	tiga , rightgare	בירבים לה ליכון להיות לה ליכון
		Royalties From 1997			replay/ebus	
ir i .	1. 14			. 11	* * * * * * * *	1 11/201
-`*~`	.6a	Gross rents	. 227 - 1.		``:	
	Гb	Less: rental expenses	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	C	Rental income or (loss)				
		Net rental income or (loss)			21-46,48 (1/19)	20 1
		Gross amount from sales of	· · · · ·		e plantaria.	1 with
		assets other than inventory	··	, , , , , , , , , , , , , , , , , , ,	the time to the	7
-	1 . D	and sales expenses,			- <u> -  -  -  -  -  -  -  -  -  -  -  -  -  </u>	
"	. с	Gain or (loss)				
		Net gain or (loss)			, , , , , , , , , , , , , , , , , , , ,	
Revenue		Gross income from fundraising events (not including \$		-		
<b>a</b> 1		of contributions reported on line 1c). See Part IV, line 18 a				
g		Less: direct expenses b				
j		Net income or (loss) from fundraising events . ▶				
		Gross income from gaming activities.  See Part IV, line 19 a				
	c	Less: direct expenses b  Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns and allowances a				
		Less: cost of goods sold b				
ļ	c_	Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code				
ŀ	44-	Miscellaneous Revenue Business Code		-	·	
I	11a b					
	C					
ſ	U				<del></del>	<del></del>
	d	All other revenue I			•	
	d e	All other revenue				<del></del>

Form 990 (2013)

	90 (2019)			<del></del>	Page 10	
	IX Statement of Functional Expenses		All other ergographs	no must complete o	olumn (A)	
Sectio	on 501(c)(3) and 501(c)(4) organizations must con			ns must complete co		
	Check if Schedule O contains a resport include amounts reported on lines 6b, 7b,	(A) Total expenses	· (B) Program service	(C) Management and	(D) Fundraising	
	o, and 10b of Part VIII.		expenses	general expenses	expenses	
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21					
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	<u> </u>				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16					
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	Other salaries and wages					
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				2	
ģ	Other employee benefits		:	اللهائي زير ما دور دور دور	4 1944	
. 10	Rayroll taxes	i	a 14 17	LiFfty Latings.		
- 11 -	Fees for services (non-employees):	or the first	! '	FO. 10 6 5 11 20	भवत सर्वे भागा विकास	
יייי ו <b>מ</b> יעי ו	Management :	32234	32234	ratan pyryr i	·-	
	Legal	149 - 14, 1 2 1		ا شجويهم إدا و	: : : .	
(35/c)	Accounting	7000	7000	a Accounted.	1 1 1 1 1	
<u> d</u> .	Lobbying	<u> </u>	, , , , , , , , , , , , , , , , , , , ,	Later 1 to		
е	Professional fundraising services. See Part IV, line 17	 			<u></u>	
f	Investment management fees	<u>·</u>				
	(A) amount, list line 11 g expenses on Schedule ())	75884	75884		1 _ '	
12	Advertising and promotion	· 현재 (소설 23776	23776	านไวทาดสโลกาก คามา	radata) i ti	
	Office expenses	19698		<ul> <li>Official engelouse</li> </ul>	1.	
14 "	Information technology	Tupo a tradition de		عادات الانجواء والمراداء	11 24 26	
15 .	Royalties		<u>.</u>		<u> </u>	
16	Occupancy	· ·			<u>'</u>	
17	Travel	L		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	_				
19	Conferences, conventions, and meetings .	62122	62122			
20	Interest					
21	Payments to affiliates					
22	Depreciation, depletion, and amortization .					
23	Insurance	3004	3004			
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)				,	
_	•				<del> </del>	
a		}				
b b		}		<del></del>	<del></del>	
d	***************************************	<b>-</b>				
e	All other expenses	<u> </u>				
25	All other expenses  Total functional expenses. Add lines 1 through 24e	223718	223718			
26	Joint costs. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)	222110				

Part A	Check if Schedule O contains a response or note to any line in this Pa	nt X		
		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing	12113	1	53726
2	Savings and temporary cash investments	116777	2	117187
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors, 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 organizations (see instructions). Complete Part II of Schedule L.	-	6	
7	Notes and loans receivable, net		7	
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			١.
b	Less: accumulated depreciation 10b	. 19 L. C.	·10c	er undersicalaten I
111	Investments—publicly traded securities		- 11	<del> </del>
12'	Investments - other securities. See Part IV, line 11	· '' /	112	- Moret . Commit on Erry a'd.
13	Investments—program-related: See Part IV, line 11	1	13	والمرابعة المائد المالية المالية المالية
-14	Intangible assets : apply or the second seco	ा । १६ - १०० छई	:14"	יי פי קונקפיין די יי
15	Other assets. See Part IV, line 11":	177 1157	:153	San FortiV, the Ttruth.
16	Total assets. Add lines 1 through 15 (must equal line 34)	128890	<b>≈16</b> 5	1 50 Speck//rim17091315 (c
17	Accounts payable and accrued expenses	107	17.	cuit inte accidantes a l'é
18	Grants payable		18	
19	Deferred revenue		19	- · · ·
20	Tax-exempt bond liabilities		20	1 1 march St.
21	Escrow or custodial account fiability. Complete Part IV of Schedule D.	.,,,, ., .,	21	state and an elektric Kirjusta
22	Loans, and other payables to current and former officers, directors,	2 , 27 1 2 700	141	it is to state of the contract
	trustees, key employees; highest compensated employees, and	1.1 = 3r	·:	r son a sest contact
	disqualified persons. Complete Part II of Schedule L		22	. To our majoranie ( Lie
23	Secured mortgages and notes payable to unrelated third parties [		23	ه م م م
24	Unsecured notes and loans payable to unrelated third parties [		24	
25	Other liabilities (including federal income tax, payables to related third			,
1	parties, and other liabilities not included on lines 17-24). Complete Part X			1
l	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25		26	
	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			i
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ➤ ☑ and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	Ì	30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	<del></del>
32	Retained earnings, endowment, accumulated income, or other funds .	128890	32	170913
33	Total net assets or fund balances	128890		170913
34	Total liabilities and net assets/fund balances			170913

		Form 990 (2013)
		Part XI Reconciliation of Net Assets
<u> </u>	· · ·	Check if Schedule O contains a response or note to any line in this Part XI
265741	1	1 Total revenue (must equal Part VIII, column (A), line 12)
223718	2	2 Total expenses (must equal Part IX, column (A), line 25)
42023	3	3 Revenue less expenses, Subtract line 2 from line 1
128890	4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))
	5	5 Net unrealized gains (losses) on investments
	6	6 Donated services and use of facilities
<u> </u>	7	7 Investment expenses
ļ <u> </u>	8	8 Prior period adjustments
	9	9 Other changes in net assets or fund balances (explain in Schedule O)
		10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line
170913	10	33, column (B))
		Part XII Financial Statements and Reporting
🗆		Check if Schedule O contains a response or note to any line in this Part XII
Yes No		
in	plaın in	If the organization changed its method of accounting from a prior year or checked "Other," ex
1 1 1		Schedule O.
or	piled or	2a Were the organization's financial statements compiled or reviewed by an independent accountant?
	piled or	2a Were the organization's financial statements compiled or reviewed by an independent accountant?
or C	piled or	2a 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 completed on a separate basis, consolidated basis, or both:
orto Santa	piled or	2a 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 on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis at 18 Both consolidated and separate basis.
2b	piled or	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 on a separate basis, consolidated basis, or both.  Consolidated basis  Both consolidated and separate basis  Both consolidated basis  Both consolidated and separate basis  Both consolidated and separate basis  Both consolidated and separate basis  Both consolidated basis  Both consolidated and separate basis  Both consolidated basis  Both consolidated and separate basis  Both consolidated basis
2b	piled or	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 on a separate basis, consolidated basis, or both.  Consolidated basis  Both consolidated and separate basis  Both consolidated basis  Both consolidated and separate basis  Both consolidated and separate basis  Both consolidated and separate basis  Both consolidated basis  Both consolidated and separate basis  Both consolidated basis  Both consolidated and separate basis  Both consolidated basis
2b	piled or services and on-a	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 compressed on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis of 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 basis, consolidated basis, or both.
or : 2b	piled or second	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 compressed on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis Both consolidated and separate basis. If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:  Separate basis Consolidated basis, or both:  Separate basis Consolidated basis, in Both consolidated and separate basis.
2b ~	piled or seed on a	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 compressed on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis of 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 basis, consolidated basis, or both.
2b	ed on a series wersight.	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 compressed on a separate basis, consolidated basis, or both.  Separate basis
2b	ed on a series wersight.	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 completed 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 basis, consolidated basis, or both.  Separate basis Consolidated basis, or both.  Consolidated basis Both consolidated and separate basis of the audit, review, or compilation of its financial statements and selection of an independent account if the organization changed either its oversight process or selection process during the tax year, experiences.
2b	ed on a versight.	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 compressed on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis Both consolidated and separate basis Both consolidated and separate basis Both consolidated basis, or both separate basis, consolidated basis, or both separate basis, consolidated basis, or both separate basis Consolidated basis, or both consolidated and separate basis Both consolidated basis, Both consolidated basis, Both consolidated and separate basis Both consolidated and separate basis Both consolidated basis, Both consolidated and separate basis Both consolidated and separate basis Both consolidated basis, Both consolidated ba
2b	ed on a versight.	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 compressed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis Both consolidated and separate basis Both consolidated by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:  Separate basis Consolidated basis, or both:  Consolidated basis, and Both consolidated and separate basis and separate basis below to indicate whether the financial statements for the year were audit separate basis.  Consolidated basis, and Both consolidated and separate basis and separate basis below to indicate the indicated and separate basis below to indicate whether the financial statements and separate basis below to indicate the indicated and separate basis below t
2b	ed on a versight intant? cplain in	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 completed 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 audit separate basis, consolidated basis, or both.  Separate basis Consolidated basis, all Both consolidated and separate basis.  Consolidated basis, or both.  Consolidated ba
2b	ed on a versight intant? cplain in forth in.	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 compressed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis Both consolidated and separate basis Both consolidated by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:  Separate basis Consolidated basis, or both:  Consolidated basis, and Both consolidated and separate basis and separate basis below to indicate whether the financial statements for the year were audit separate basis.  Consolidated basis, and Both consolidated and separate basis and separate basis below to indicate the indicated and separate basis below to indicate whether the financial statements and separate basis below to indicate the indicated and separate basis below t

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

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

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

2013

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) 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,

=	s," to Form 990, Part IV, line 4, or For that have filed Form 5768 (election un		·	**				
	that have NOT filed Form 5768 (election							
	s," to Form 990, Part IV, line 5 (Proxy							
<ul> <li>Section 501(c)(4), (5), or (6) org</li> </ul>		,						
Name of organization		Employer ide	ntification number					
American Dexter Cattle Associati			42-1093707					
	ne organization is exempt und			organization.				
· · · · · · · · · · · · · · · · · · ·	the organization's direct and indire		• 1	RECEIVED S				
Part I-B Complete if the	e organization is exempt und	er section 501(	c)(3).25:4411111	्राह्म म पान ठेरहाअसम्बद्धाः व व				
Enter the amount of any	excise tax incurred by the organiz	ation:under.sectio	n 4955 🔭 🖅 🕪 🜓	The Part of the Part of the				
:2 • Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 % A N	the forcesting and polony considerated the				
3 If the organization incurr 4a Was a correction made? b) If "Yes." describe in Par	ed a section 4955 tax, did it file Fo	rm 4720 for this y	ear? The property of the series of the serie	Yes No				
● Part I-C ● Complete if th	ie organization is exempt und	er section 501(	c), except section 501	(c)(3)) if the organization is it:				
1. Enter, the, amount, direc	tly expended by the filing-organiz	ration for section	527. exempt-function 22	t det et tipping partie all design for the				
· · · · · · · · · · · · · · · · ·				TO BE TO CHARLEST STATE COST OF THE				
527 exempt function act	ivities	•	567 mm # # <b>@</b>	Significant substitutions in the contract of t				
3 Total exempt function line 17b	expenditures. Add lines 1 and 2	. Enter here and	on Form 1720*POL:	នីក្នុងមានពេល ខុងនិះ១០ស៊ីរីការម៉ ឯក្នុង អ្នក				
				Carried Yes CENTINO PORTER.				
<ul> <li>organization made payment</li> <li>the amount of political control</li> </ul>	ses and employer identification nu- lents. For each organization listed, ontributions received that were pro I fund or a political action committe	enter the amount mptly and directly	pald from the filing organi delivered to a separate p	zation's funds: Also enter · · · · · · · · · · · · · · · · · · ·				
(a) Name	. (b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political				
			filing organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0				
(1)								
(2)	(2)							
(3)								
(4)								
(5)								
(6)								

Schedule C (Form 990 or 990-EZ) 2013			Page 2		
·	on is exempt under section 501(c)(3) and file	d Form 5768 (el	ection under		
section 501(h)).					
	elongs to an affiliated group (and list in Part IV enses, and share of excess lobbying expenditures)		oup member's		
B Check ► ☐ if the filing organization ch	necked box A and "limited control" provisions a	apply.			
Limits on Lob	bying Expenditures	(a) Filing	(b) Affiliated		
(The term "expenditures" n	neans amounts paid or incurred.)	organization's totals	group totals		
1a Total lobbying expenditures to influence	public opinion (grass roots lobbying)				
b Total lobbying expenditures to influence	e a legislative body (direct lobbying)				
c Total lobbying expenditures (add lines to add lines)	la and 1b)	L	<u></u>		
d Other exempt purpose expenditures .					
<ul> <li>e Total exempt purpose expenditures (ad</li> </ul>					
f Lobbying nontaxable amount. Enter columns.	the amount from the following table in both				
If the amount on line 1e, column (a) or (b) is	: The lobbying nontaxable amount is:	44.7	\$ .al., }		
Not over \$500,000	20% of the amount on line 1e.	1			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		1000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		13. N. A.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.				
Over \$17,000,000					
று இசையாக Amount (enter 2	5% of line 10 at the Strates Trans. Sand Gr	petriotriophicia.	किशकांटिकिस (हैं। इसे इसे		
ரு hrg Subtract line 1g from line 1a. If zero or I	ess-enten-0- 1 ลักได้ ทักใส ใหม่ 1 เป็นแบบ แบบ และไร สุเป็ว	क्षम् स्टब्स्ट न्याक्याः न्यान्त्रीयस्य	LUNGITE HARIST CATH		
்துப்பட்Subtractiline Aftrom line ic: If zero) or le	essentér-01 of involveir 150 gibble 140 gibble	Patrial Airce Affice	Junnatu-Harristor las		
there is an amount other than zero	on either line 1h or line 11 did the organization	ifile: Form 4720%	nt leg et bigh 1,540 it Edwar (d. Nove		
	Beech war a fill the said the said and the	(41,5014) 352-63503 (40)	Tentres Fridor		
(Some organizations that m	ear Averaging Period Under Section 501(h) ade a section 501(h) election do not have to com See the instructions for lines 2a through 2f on pa	plete all of the fivinge 4.)	อูกกับสิ่งเกิดเลือนให้เลื่อนให้เลือนให้เลือนให้เลือนให้เลือนให้เลือนให้เลือนให้เลือนให้เลือนให้เลือนให้เลือนให		
has even where the later that the properties Lobbying	Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year	(a) 2010 (b) 2011 (c) 2012	برادر (4) (2013 روب روب المرب الم	Total		
2a Cobbying Homaxable amount	पुरु स्कूति स्वयं प्रतिकृति है स्वयं क्षेत्र है । स्वयं क्षेत्र है । स्वयं क्षेत्र है । स्वयं क्षेत्र है । स्व स्वयं क्षेत्र के स्वयं के स्व	বুঁহৰ হৈছে এই বাংলা	emount :		
b. Lobbying ceiling amount. (a. 19.1) (150% of line 2a, column (e))	संस्थानकार जात व्यक्तिकार प्रकार के कि है। विकार प्रकार के प्रकार की कि	<b>的人们这个专项</b>	and the state of t		
c Total lobbying expenditures			·		
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))		1 2 2 2			

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013

For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed		a)	(b)
desc	iption of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local	<del>                                     </del>		· · · · · · · · · · · · · · · · · · ·
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:	ŀ	! :	<b>\</b> . • • . • {
а	Volunteers?			
þ	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
С	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes? ,			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
į	Other activities?			
j	Total. Add lines 1c through 1i	· ` .		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
: b	If "Yes," enter the amount of any tax incurred under section 4912	rice.	, is a	Carlo Barrier Land
· c	If, "Yes," enter the amount of any tax:incurred by organization managers under section:4912 18:00	rite:	hé ei	tounited may has the
Ţ.d.	If, "Yes," enter the amount of any tax:incurred by organization managers under section 4912 it is the filing organization incurred a section 4912 tax, did at file Form 4720 for this year?	, ाष्ट्र	ŊĘ.,	on Worklette Delig-
# 4	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in house to by ying expenditures of \$2,000 or less?	0.16.	<u>(*)</u> ;	<u> </u>
	and the second of the second o		;	Yes No
1.	Were substantially all (90% or more) dues received nondeductible by members?	รรสมาน	۽ پاني	म् अद्वाहर का क्र <b>ं</b>
_ <b>2</b>	Did the organization make only in house lobbying expenditures of \$2,000 or less?	<u>Gentz</u>	ກີໄດ້ເ	is also link in the rest
3 ,	Did the organization agree to carry over lobbying and political expenditures from the prior year?	,	ģicn	
Part	IDE: Complete if the organization is exempt under section 501(c)(4), section 501(c)	1(5). c	r se	ction
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."	R'(b)	Part	III-A; line 3; is
	answered "Yes."	1000	ren	//'3.
(*).	Dues, assessments and similar amounts from members	1.4.11	4113	11.0 5.71 27.7. 25800
. 2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	101	inn.	or Which the second
٠, ٠	Current year			of Manchitains & one
a	Current year - 1.2	::	2a	· · · · · · · · · · · · · · · · · · ·
D,	Carryover from last year	•	2ь	<del></del>
	Total Control of the		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of		***	
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year?	ing		
£	· · · · · · · · · · · · · · · · · · ·	.	4 5	
9	Taxable amount of lobbying and political expenditures (see instructions)		5	
	Supplemental Information et the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups)	· tiet	. Do-	A II A For Overed
	e the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated grot B, line 1. Also, complete this part for any additional information.	ib iist	ı; Par	t II-A, line 2; and
uitn	o, file 1. Also, complete this part for any accidental information,			
				************
- <b></b>		••••		
				***************************************
				***************************************

Part IV	Supplementa	<u> 31 Informati</u>	on (contini	ıed)					
				• • • • • • • • • • • • • • • • • • • •					
		••••••							
								·	****
			***************************************				*****	••••	
	***************************************	·*************************************				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	1000					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	************	, ,	
				***************************************					
1. 11. 11. 14. 14					· · · · · · · · · · · · · · · · · · ·				
A CONTRACT	Carronnadera Lucie Carronnadera Lucie	r destinates ar	·4 \$'." :}( <b>t</b> (	८.कि८.को ८ मः	there waster.	· · · · · · · · · · · · · · · · · · ·	starentary	utilist ht	राष्ट्रा इपुरस्य है।
the state of	unigente de production	gery seatures			ما كاي وي قل المراجز الـ	قديميًا. حيدماً منه يجوه. م المستد	State 1 24	ائدة أور تراثيرها 10 م المرتب	na romania. Tanggarangan
way way new s	earth trafficultivity and post	The second second		De telepopulation	i aliki Dima intan	the state of the state of the	wrych, bro	r irt being	1.7.233350
	The section of the se		المار فيمون المارسين. المار فيكل بالمارسين أماري	erkerakawa arawany Mg. 172,				······································	
	The second control of								
	premisorph regigned	ا المام المومولية المام المومولية المام		35 37 AVENT	e a total and a second	e produce of the contract of t	ន គម្រប់ ប្រជាជាក្រុម បានសំណើរ នៃសំណ	r y njegog gra	
Succession of	representation of the second	asiya yarayiya		221, 2017 1972	(61) 48 11 (605)	The second	193106-11		Addition of the same
	Same and the same and the same	(at ) i light of the paint	Marie de la		)		- Continue de la company de la	lar beganning	mile tredition
	naeragenational MARCONICA Marchiteccultural	22.85.46.1.41		anakan taasa sa sa kab ^{ar} asis		•		1	-
i tin is bita		سىيىمومىسىمىمەم. ئىدى		alder ration	thine and e.c.	:		الاد و و در مساور در الدین م	
onidictions	manitheau (figura)	ค. นานสสาย เกลลี	# 1211 Cr 4 CA	of array		;,- ;;-			પૂર્ણ કરો કર <i>ે</i>
17.50			4-75 LJ 1, 437	AND CAR PER TO THE	'ब्रम्भूम् _र स् ।' इ.बेटर		1:05 (4).	:	************
• •	••			7 1 · 4 ·	• • •				
. , .			··	., :~: .			**-*	• • •	
		:		,			•		
		, ,						••••••	
				••••					
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,				
			***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					

#### 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

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name of the organization	Employer identification number
American Dexter Cattle Association	42-1093707
Part IX 11g Genetic Testing of cattle by members, Testing conducted by Texas A & M V	/et School \$75,884
	***************************************
***************************************	
	***************************************
•	
	***************************************
terfere promise at many order to the control of the	The state of the state of the state of
(i) the graph of the company of the second of the company of the c	and the second s
क्षेत्रीय विक्रिकेट रहे के क्षेत्रेक - ए बक्द हराज विक्रिकेट बुक्क्किए के क्षेत्र व देव ए कुछ जिल्हा है जिल्हा	Transfer of the first stage of the stage of
· · · · · · · · · · · · · · · · · · ·	
The second section of the second section s	and the second of the second o
But the state of the second se	and the relative of the state o
te la categoria de la companio de l La companio de la companio del companio de la companio del companio de la companio del la companio de la companio del la companio de la companio de la companio del la compa	The same of the sa
director and the second beginning to the second of the sec	
and the second of the second o	
the street was an arrangement and the property of the base and the first of the street	nama programma in anticolor de la programma de La programma de la programma d
	And the second s
the following of the second of	
~~~************************************	
~~~	
	***************************************
***************************************	
•	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	*

·	

Rec 2/3/1/19

American Dexter Cattle Association

The Dexter Bulletin

Winter 2014

Doing the association's business

Message from the President

Hot Springs, SD 5774 woehlsx4@GWTC.net Roberta Wieringa Vice President 5260 Whitneyville Rd Middleville, MI 49333 (269) 79514809 weringdexteriarm@yahoocom

Officers Jim Woehl

President 27492 Mule Deer Rd

Pam Malcuit lmmediate Past President 17087 Dice Farins Land lola; TX 77861 (936) 394-2606 mornstarranch@cs com

Carol Ann Traynor. Secretary 1427-17 Rd Fruita, CO 81521 (970) 858 1931 HICOUNTRY CATO abl con

James Smith Treasurer 10583 Castlegate Lane 14 Bos D'Arc MO 65612. (417) 689 3574 wsdexler@gmail

Staff Jill Deläne Registran 1325 W. Sunshine Springhéld, MÖ 👸 (952) 215 2206 ADCAregistrar@gm

Ray Delaney Webmaster 1325 W Sunshin Springfield, MO. info@raydelane

Anne Feltus Editor 5815 Tammy Dr. Manvel, TX-77578 (281) 489-4655 afeltus@annefeltus.com

Robert Seddon Work Yoke Administrațio 775 Spring Rd Mineral, VA 23117 (540) 894-5571 robert5721@mac com

I hope everyone had a safe holiday season With the weather patterns that have been hitting the entire nation. staving safe and taking care of animals has been a challenge virtually everywhere. It sure is hard to call it fun when you get up to -20° F. and need to go care for the cows. However, when they see you and come running for their treats, it does make it easier.

The business of the association slowed down during the holiday season, but there are several issues that the committees continue to work on. If you are interested in being a member of any of the committees, please contact the chairperson of that particular committee. We are always looking for people interested in improving the association.

I would like to take this time to thank Gene Pittman and Charles Townson for their service to the ADCA as regional directors. Both of these individuals gave up countless hours to assist members in their respective regions and the association as a whole.

Welcome, Norman Hoover from Kansas, Steve Albritton from Mississippi and Sandi Thomas from Oregon to the Board of Directors. Sandi recently served as vice president and brings a wealth of knowledge to the board. Steve and Norman bring fresh, new ideas that keep the board vibrant. Thanks to all of you for accepting the challenge of guiding the ADCA in our everchanging world.

The Annual Show, Sale and Meeting (AGM) will be in

Bryan, Texas, this year from June 19 to June 21, I would encourage all of you to come if at all possible. It will be warm (not a bad thought today). The members from Regions 3 and 7 are busy putting together a great venue that will feature

We are always looking for people ... interested in improving the association.

speakers on timely topics. great entertainment and, of course, top-notch Dexter cattle You will find more information about the AGM in this . issue. Make your reservations. early!!

For several months, we have had two labs where we.

can genetically test our animals This has been a great addition to our association overall One of the unforeseen issues has been communicating which lab you tested your animal(s) at. When you sell an animal that has had any genetic testing, I strongly "recommend that you include the name of the lab where the animal was tested on the bill! of sale.

The new year gets me thinking about new calves:"" what they will look like, what color, bulls or heifers, etc. We will need to wait until March to find out, but many of you have started to calve or soon will. I hope that all goes well in your calving processes.
Until next time,

Jim Woehl



Ring around the scratching r Dexier's, Westminster Massay

Regional Directors

Region 1 Arkansas, Missouri, Illinois (Term ends 12/31/2015)

Region 2 Alaska, Idaho, Montana, Oregon, Washington, British Columbia, Alberta (Term ends 12/31/2015)

Region 3 West Texas (area codes 806, 432, 325, 830, 210, 956, 361, 512, 254, 940, 915, 817, 682, 214, 469 and 972) (Term ends 12/31/2016)

Region 4
Arizona, California, Colorado, Hawaii, Nevada, New Mexicô, Utah, Wyoming '
(Terms ends 12/31/2015)

Region 6 Kansas, Nebraska, Oklahoma (Term ends 12/31/2016) -

Region 7 Louisiana, East Texas (area codes 903, 430, 409, 936, 979, 713, 281 and 832) (Term ends 12/31/2016)

Region 8, South Carolina, North Carolina, Georgia, Alabama, Mississippi, Florida, Tennessee (Term ends 12/31/2016)

Region 9
Delaware, District of Columbia, Kentucky, Maryland, Pennsylvania, Virginia, West Virginia
(Term ends 12/31/2014)

Region 10 Indiana, Michigan, Ohio (Term ends 12/31/2015)

Region 11 Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, Vermont (Term ends 12/31/2015)

Region 12 Iowa, North Dakota, South Dakota, Wisconsin, Minnesota (Term ends 12/31/2014) Becky Petteway 2023 Green Hill Rd., Fordland, MO 65652 (417) 767-1616 bapetteway@yahoo.com

Sandy Thomas
P.O. Box 135, Antelope, OR 97001
(541) 489-3385 thomas 97001@yahoo.com

Becky Eterno 118 Pfeiffer Rd., Boerne, TX 78006 (830) 537-5255 jeterno@gvtc.com

Vicki Jones 2967 Harris Ranch Road, Lusk, WY 82225 (307) 532-3450 MoostersMeadows@aolicom

Norman Hoover (1977) 10 221 Rd 23, Peru KS; 67360 (1977) 24 24 25 2440 (maryhoover 74@yahoo com

David Jones (en. a. 7 6730 Delbello Rd., Manvel, TX 77578 (281) 692-0325 djones 2 for 2@yahoo.com

Chad E. Williams 517 Hartwood Road, Fredericksburg, VA 22406 (571) 447-7562 chad0409@gmail.com

Patrick Mitchell 7164 Barry St., Hudsonville, MI 49426 (616) 875-7494 Shamrockacres@Hotmail.com

Jessica Gibbons P.O. Box 709, Phillipsport, NY 12769 (845) 647-3705 jessica@myminifarm.com

Rick Seydel (Interim Director) 1011 Chestnut Rd., Coon Rapids, IA 50058 (712) 684-5753 rmseydel@iowatelecom.net