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Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No 1545-0047

Open to Public Inspection

<u>A</u>	For the	2014 cal	<u>endar year, or tax year b</u>	eginning		, and e	nding				
В	Check if a	applicable	C Name of organization	WASHINGTON COL	JNTY CATTLEMEN A	SSOCIATION,	INC	D Employe	r identifi	ication number	
\Box	Address	change	Doing business as								
二		_	Number and street (or P C	box if mail is not deliv	ered to street address)	Room/suite		11-367309	9		
יו	Name cha	ange	211 PROGRESS AVE	NUE	-			E Telephor		er	
\Box	nıtıal retu	ım	City or town	···-	State	ZIP code		•			
=			SPRINGFIELD		KY	40069	Į.	<u>859-336-7</u>	741		
Цŀ	inal return	/terminated	Foreign country name	Foreign provin	ce/state/county	Foreign postal	code				
\Box	Amended	l return	. Groigh Goundy humb	i oroigii proviii	iod out to occur,	r Greigh pooter	~~~	G Gross re	nointe \$		234,011
		ı						G 0103310	ocipio v		
\sqcup'	Application	on pending	F Name and address of pnn	cipal officer			H(a) Is the	s a group return	for subor	dınates?Y	s X No
			Steve Devine 5565 Hw	y 433, Willisburg,	KY 40078		H(b) Are	all subordina	tes includ	ded? Ye	s No
ıT	ay-eyem	pt status:	501(c)(3) X 501(c)	(5) ◀ (inse	rt no) 4947(a)(1)	or \527∕	lf"	No," attach a	list. (see i	instructions)	
		<u> </u>	001(0)(0) [X] 001(0)	(0) 4 (11130	1(10) [14347(2)(1)	01 2021		•	•	,	
-	Vebsite					<i>h</i> ————————————————————————————————————	H(c) Gro	up exemption	number	<u> </u>	
KF	orm of o	rganization	X Corporation Tr	ust Association	U Other ▶	" L Yea	ar of forma	tion 1995	, MS	tate of legal domic	ele. KY
P	art I	Sui	nmary			b					
	1		escribe the organizatio	n's mission or mo	st significant activit	ies: The	organiza	ation's mis	sion is	to promote	
8		-	cattle industry in Wasl		=					11. #2222222	
ā			ion related to the beef				مانطفان				
E	1 _										
Š	2		nis box ▶ if the or						% of its	s net assets.	
ପୂର୍	3	Number	of voting members of t	he governing body	y (Part VI, line 1a)				3		10
	4	Number	of independent voting	members of the g	overning body (Pa	rt VI, line 1b))		4		10
Ę.	5	Total nu	mber of individuals em	ployed in calendar	r vear 2014 (Part V	/, line 2a) .			5		0
_≅	6		mber of volunteers (es						6		35
25	7a		related business reven						7a		0
2	b		elated business taxable						7b	· · · · · · · · · · · · · · · · · · ·	
DE CActivities & Governance	-	INCL UTIL	siated business taxable	income nom rom	11 330-1, IIIIE 34 .	• • • • •			170	Coment V	
		O = =4=2h.		\			<u> </u>	Prior Year	10.004	Current Y	
Revenue	8		itions and grants (Part				<u> </u>		9,684		199,354
Ę	9		service revenue (Part				<u> </u>	1	6,631		32,570
\$	10		ent income (Part VIII, c						3,663		7
- E	11	Other re	venue (Part VIII, colum	ın (A), lines 5, 6d,	8c, 9c, 10c, and 1	1e)			9,134		2,080
٬ ح	12	Total rev	enue—add lines 8 throug	h 11 (must equal Pa	art VIII, column (A), li	ne 12)		30	9,112		234,011
U	13		and similar amounts pa				1	20	1,382		69,988
	14		paid to or for members						0		0
ø	15		other compensation, em						2,820		2,740
Š	16a		onal fundraising fees (00 10,1.			0	· · · · · ·	2,740
Expenses	b	Total fu	ndraising expenses (Pa	ot IV solumn (D)		0			- 4		<u>_</u>
X	17						<u> </u>		0.405		50.504
_			cpenses (Part IX, colum						9,405		53,521
	18	lotal ex	penses. Add lines 13-	17 (must equa) Pa	<u> </u>	ine 25)			3,607		126,249
	19	Revenu	e less expenses. Subtr	act line 18 frem lin	<u>ie 12 </u>	· [] · · ·			5,505		107,762
9 0 0							Beginn	Ing of Curre		End of Y	
ala re	20		sets (Part X, line 16) .		DODER UT			11	0,053		217,815
\$ B	21	Total lia	bilities (Part X, line 26)			 -!			0		0
Net Assets or Fund Balances	22	Net ass	ets or fund balances. S	ubtract line 21 from	m line 20	· · · <u>- · _ · _</u>		11	0,053		217,815
	irt II	Sig	nature Block							-	
			y, I declare that I have examin								
and	belief, it i	s true, com	ect, and complete Declaration	of preparer (other than	officer) is based on all it	nformation of wh	nich prepa	rer has any k	nowledge	<u> </u>	
Sig	ın		Stone ()	avij							
_			Signature of officer		-	, <u>, , , , , , , , , , , , , , , , , , </u>		Date			
₹He	re		President						10/0	1/15	
71			Type or print name and title					<u>_</u>		<u></u>	
ď,		Pnn	/Type preparer's name	Pren	arer's signature)		Date	, ,		PTIN	
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שא גע	e Only	, —			DINCEIEI D 104	10060					
_			's address ► 49 BONNIE				l	Phone no	(659)	336-7590	
Ma	v the IF	29 diecus	ss this return with the p	renarer shown ah	ove2 (see instructi	one)				XIYes	l No

For Paperwork Reduction Act Notice, see the separate instructions.

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If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program	73099 Page	11-36		WASHINGTON COUNTY CATTLEMEN	om 990 (2014)
Briefly describe the organization's mission: The organization's mission is to promote the beef cattle industry in Washington County, KY. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," idescribe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as meas expenses. Section 501 (c)(3) and 501 (c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ including grants of \$) (Revenue \$ The organization administers agricultural program grant funds paid to members for use in improving their beef cattle operations. 22 payments were made from 5 different programs. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$ The organization sets up booths or caters at various events in the Washington Co, KY, area serving beef products. There were 12 events held in 2014 where the organization promoted the beef industry in this manner. 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ The organization holds an annual meeting for its members providing information and speakers covering topics related to the beef industry, along with a state convention which is held annually. The organization receives sponsorships for these meetings from local agricultural					Part III
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4d Other program services. (Describe in Schedule O.)			20)	gram services (Desembs in Schodule C.)	Ad Other ar
4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	١	a e	•	•	•
4e Total program service expenses ► 0		- Ψ U			

3673099

Page 3

			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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		_	
4	candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		X
	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,	_		
6	Part III	5	Х	
	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	_	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
а	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete</i>	4.4		
_	Schedule D, Part VI	11a		X
	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		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	۳		 ^`
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		,
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	If "Yes," complete Schedule G, Part III	19	ļ	<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	1

	Oncominator Regular Communication		7	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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):			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	200		 ^
_	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	-		
31	conservation contributions? <i>If "Yes," complete Schedule M</i>	30	-	X
J1	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	<u> </u>		-
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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			
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	 	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	33a	<u> </u>	 ^
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
20	VI	37		X
38	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2014)

Par	Check if Schedule O contains a response or note to any line in this Part V		. (
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	- 1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	l		
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0		.——.	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	Χ.
_	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			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		х
h	account)?	4a		
b	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6ь		i I
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		-	
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
^	sponsoring organization have excess business holdings at any time during the year?	8		_
9	Sponsoring organizations maintaining donor advised funds.			
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		-
10	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	i	

Par	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. So		tructi	ione
	Check if Schedule O contains a response or note to any line in this Part VI			X
Coat	ion A. Governing Body and Management	<u> </u>	• !	<u> </u>
<u> </u>	ion A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a		163	100
	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.			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		<u> </u>
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
, a	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			<u> </u>
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	,,,		$\stackrel{\frown}{}$
Ū	the year by the following:		-	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co			
	on by the country of the months of the country of the months of	1	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a		Х
b			•	
		12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_	X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		х
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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?			
а	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(:)(3)s	only))
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	policy	, and	i
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Cheryl Mattingly (859) 336-7741			. .
	211 Progress Ave, Springfield, KY 40069			

							_					
•												
Form 990 (2014)	WAŞHINGTON COUNTY CATTLI									11-36730	99	Page 7
Part VII	Compensation of Officers, Dire		s, K	ey l	Em	plo	yees	, Н	ighest Comp	ensated		
	Employees, and Independent C											
	Check if Schedule O contains a re			<u> </u>				_		<u> </u>		
Section A.	Officers, Directors, Trustees, Key I	Employees, and	l Hig	hes	t Co	mp	ensa	tec	Employees		_ <u>_</u>	
1a Complete organization's	this table for all persons required to be	e listed. Report o	comp	ensa	atior	n fo	r the	cale	endar year endir	ng with or within	the	
•	of the organization's current officers,	directors trustes	e (w	heth	er i	ndis	<i>i</i> idual	s 0	r organizations)	renardless of a	mount	
	ion. Enter -0- in columns (D), (E), and							3 0	organizations),	regulatess of a	mount	
•	of the organization's current key empl	, ,						initi	ion of "key empl	oyee."		
List the	organization's five current highest co	mpensated emp	oloye	es (d	othe	r th	an ar	of	ficer, director, tr	ustee, or key en)
	reportable compensation (Box 5 of Fo	rm W-2 and/or	Box 7	of l	Forr	n 1	099-N	4IS	C) of more than	\$100,000 from	the	
•	and any related organizations.											
	of the organization's former officers, k								d employees wh	o received more	e than	
	eportable compensation from the orga		•		_							
	of the organization's former directors more than \$10,000 of reportable comp										of the	
-	n the following order: individual trustee			-				_	_			
	employees; and former such persons						, -		,,,	, _		
Check th	is box if neither the organization nor a	ny related organ	izatio	n c	omp	ens	sated	any	current officer,	director, or trus	tee.	
					(0			Ī				
		!			Posi							
	(A) Name and Title	(B) Average					than o		(D) Reportable	(E) Reportable		=) nated
	Name and The	hours per				recto	or/truste	ee) l	compensation	compensation	amoi	unt of
		week (list any hours for	or Id	lns:	Officer	<u>چ</u>	Higi	Forme	from the	from related organizations		ner nsation
		related	Individual trustee or director	Institutional trustee	<u>ğ</u>	Key employee	hest	mer	organization	(W-2/1099-MISC)	from	the
		organizations below dotted	함류	onal		ploy	e 8		(W-2/1099-MISC)			zation elated
		line)	uste	25		8	<u> </u>				organi	zations
			*	ie			Highest compensated employee					
			ı				ı al					

(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)				is both	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Matthew Johnson Director	1.00	х								
(2) Anthony Moore Director	1.00	х						_		
(3) Julie Waits Director	1.00	х								
(4) Patrick Wimsatt Director	1.00	х								
(5) Mike Lewis Director	1.00	Х								
(6) Jeremy Hardin Director	1.00	Х								
(7) Jordan Settles Director	1.00	x								
(8) Steve Devine President	4.00			x						
(9) Chad Filiatreau Vice President	2.00			х						
(10) Cheryl Mattingly Secretary/Treasurer	4.00			x				2,740		
(11)										
(12)										
(13)										
(14)										

P	Section A. Officers, Directors, Ti	rustees, Key Er ⊤	nplo	yee			High	est	Compensated	Employees	(COI	ntinue	ed)	
	(A) Name and trile	(B) Average hours per week (list any	box,	unles er an	Pos neck ss pe d a d	rson	than o	an ee)	(D) Reportable compensation from	(E) Reportabl compensati from relate	on	an	(F) stimate nount o	-
		hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio	ns	com fr org and	pensar om the anizati d relate	ed
(15)														
(16)														
(17)														
(18)														
(19)												,		
(20)														
(21)														
(22)														
(23)														
(24)														
(25)									=					
1b c	Sub-total	Section A						. ▶	2,740 0 2,740		0	<u>-</u>		0
<u>d</u> 2	Total (add lines 1b and 1c)	limited to those	liste	d ab	ove	e) w			·		<u>, U</u>			
3	Did the organization list any former officer, di employee on line 1a? If "Yes," complete Sche											3	Yes	No X
4	For any individual listed on line 1a, is the sum the organization and related organizations greindividual	n of reportable c	ompe ,000?	ensa	atior	n an	d oth	er d	compensation fr	om		4		X
5	Did any person listed on line 1a receive or actor services rendered to the organization? If "											5		Х
Sec	tion B. Independent Contractors						•							
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.													
	(A) Name and business add	dress							(B) Description of ser	vices	С	(C comper		
								_			_			0
		 				_			<u> </u>		_			<u>0</u> 0
								-						<u> </u>
														0
2	Total number of independent contractors (inc more than \$100,000 of compensation from the		nited ►	to	thos	se li	sted a		ve) who receive	d				

		Check if Schedule O contains a	response or	note to any line	in this Part VIII.			🔲
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ä 28	1a	Federated campaigns		0				
ran	b	Membership dues		3,665				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events		0				
₽	d	Related organizations		0				
SIM SIM	е	Government grants (contributions)		195,689				
utic	f	All other contributions, gifts, grants						
喜		similar amounts not included above		0		j		
Cor	g	Noncash contributions included in lines	•	0	400.054			
	<u>h</u>	Total. Add lines 1a-1f	· · · · ·	Business Code	199,354			
Program Service Revenue	2-	CODOLLINA CECTIVAL & CATEDIA	10	722320	22.570			
949	2a b	SORGHUM FESTIVAL & CATERIN		122320	32,570 0			
8					0			-
Ž	d				0	····-		
Š	_ u				0			
grar	f	All other program service revenue			0			
Pro	a	Total. Add lines 2a–2f		•	32,570		· · · · · · · · · · · · · · · · · · ·	
	3	Investment income (including divide			02,010			
		other similar amounts)			7			
	4	Income from investment of tax-exe			0			
	5	Royalties		▶	0			
			(ı) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						,
	С	Rental income or (loss)	0	0				
	d	Net rental income or (loss)			0			
	7a	Gross amount from sales of	(i) Secunties	(II) Other				
		assets other than inventory .	0	0				
	b	Less: cost or other basis]
		and sales expenses	0					
	_	Gain or (loss)	0					
	d	Net gain or (loss)		<u> </u>	<u> </u>			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c See Part IV, line 18).	1,490				
the	ь	Less: direct expenses		0				
Ò		Net income or (loss) from fundraisi		>	1,490			
	9a	Gross income from gaming activities	es.					
		See Part IV, line 19	а	. 0				
		Less: direct expenses						
		Net income or (loss) from gaming a	activities	<u> ▶</u>	0			
	10a	Gross sales of inventory, less						
		returns and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales of	inventory	T	0	· - · -		
	<u> </u>	Miscellaneous Revenue		Business Code				
	i .	MEETING SPONSOR			590			
	b				0			
	c	AD D	•••••		0			
	d	All other revenue			0		_	ļ
	a e	Total. Add lines 11a-11d			590		ļ	
	l 12	Total revenue. See instructions			234,011	0)} (

Part IX Statement of Functional Expenses

Secu	on 501(c)(3) and 501(c)(4) organizations must complete at				
	Check if Schedule O contains a response or note	e to any line in this l	Part IX		🔲
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		Схрепосо	general expenses	ехрепаса
•	domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	-			
-	individuals. See Part IV, line 22	69,988	69,988		
3	Grants and other assistance to foreign	03,300	09,300		
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
9	trustees, and key employees	2,740		2,740	
6	Compensation not included above, to disqualified	2,740	· -	2,740	
0					
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	. 0			
8	Pension plan accruals and contributions (include	_			
_	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
C	Accounting	520		520	
d	Lobbying	0			· · · · · · · · · · · · · · · · · · ·
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	232	232		
13	Office expenses	231		231	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0		_	
19	Conferences, conventions, and meetings	5,028	5,028	-	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	1,133		1,133	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а		820	820	···-	
b	RETURN OF GRANT FUNDS	16,969			
C	FESTIVAL, EVENTS, OTHER PROGRAM EXP	26,978	26,978		
d	EQUIPMENT REPAIRS	1,515			
	All other expenses FILING FEE/BANK CHGS	95	.,	95	
25	Total functional expenses. Add lines 1 through 24e .	126,249	121,530	4,719	0
26	Joint costs. Complete this line only if the		,550	-,, , ,	
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶ if				
	following SOP 98-2 (ASC 958-720)				

11-3673099 Page **11**

		Check if Schedule O contains a response or note to any line in this Part X	<u>(</u>		<u>.</u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	97,114	1	203,985
	2	Savings and temporary cash investments	12,939		13,830
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	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			
ຫ		organizations (see instructions). Complete Part II of Schedule L			
Assets	_	_ · · · · · · · · · · · · · ·		6	
Ąŝ	7	Notes and loans receivable, net	0	7_	0
•	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 0			
		Less: accumulated depreciation 10b 0		10c	0
	11	Investments—publicly traded securities	0	11_	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	110,053	16	217,815
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
ğ		disqualified persons. Complete Part II of Schedule L		22	
<u>:</u>	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D	o	25	0
	26	Total liabilities. Add lines 17 through 25	0		0
S		Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
걸		- I			
ā	27	Unrestricted net assets		27	
ä	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		_29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here			
ō		complete lines 30 through 34.			
Net Assets	30	Capital stock or trust principal, or current funds		30	
Š	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ť	32	Retained earnings, endowment, accumulated income, or other funds	110,053		217,815
2	33	Total net assets or fund balances	110,053		217,815
	34	Total liabilities and net assets/fund balances	110,053		217,815

Form 9	990 (2014) . WASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC	11	-3673099	Pa	ge 12
Part	Reconciliation of Net Assets		-		
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		234	1,011
2	Total expenses (must equal Part IX, column (A), line 25)	2		126	3,249
3	Revenue less expenses. Subtract line 2 from line 1	3		107	7,762
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		110	0,053
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		217	<u>7,815</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				1 1
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:			,	1
	Separate basis Consolidated basis Both consolidated and separate basis				.
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			,	
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	£			
С	the audit, review, or compilation of its financial statements and selection of an independent accountant?		20		\vdash
	If the organization changed either its oversight process or selection process during the tax year, explain i		. 2c		· · ·
	Schedule O.	11			1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
Ja	the Single Audit Act and OMB Circular A-133?		. 3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		· 3a		 ^
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
		• • •		990	(2014)

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

2014

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. ► 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

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

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

		ganizations: Complete Part III.			
Nam	e of organization			Emp	oyer identification number
WAS	SHINGTON COUNTY CAT	ITLEMEN ASSOCIATION, INC			11-3673099
Pai		he organization is exempt und			7 organization.
1	•	he organization's direct and indirect			
3	Volunteer hours				
Pai	rt I-B Complete if the	he organization is exempt und	er section 501(c)(3).	
1		excise tax incurred by the organizati			
2	Enter the amount of any	excise tax incurred by organization r	nanagers under s	ection 4955 🕨	\$
3	If the organization incurre	ed a section 4955 tax, did it file Form	n 4720 for this yea	ır?	🔲 Yes 🔲 No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Pa	rt I-C Complete if t	he organization is exempt und	er section 501(c), except section 5	i01(c)(3).
1	•	expended by the filing organization		•	
					· \$
2		filing organization's funds contributed			
		unction activities			· \$
3		penditures. Add lines 1 and 2. Enter			
		·			
4		n file Form 1120-POL for this year?			
5		ses and employer identification num			
		ents. For each organization listed, e			
		d fund or a political action committee			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0-	promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					i

						raye &
P	art II-A Complete if the organiza under section 501(h)).	tion is exemp	t under section 5	01(c)(3) and filed	Form 5768 (elect	
A	Check ▶ if the filing organization name, address, EIN, e					member's
В	Check ▶ if the filing organization					
	<u></u>	obbying Expen		1.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence					0
b	Total lobbying expenditures to influence	•				0
C	Total lobbying expenditures (add lines	-	•		0	0
d	Other exempt purpose expenditures .	-			-	0
e	Total exempt purpose expenditures (ad				0	0
•	Lobbying nontaxable amount. Enter the		•			
•	columns.	aniount nom u	ie ioliowing table in i	DOIT	اه	0
		in. The labb	dos pontovoblo amor	unt los	 	
	If the amount on line 1e, column (a) or (b)		ving nontaxable amou e amount on line 1e	int is.		
	Not over \$500,000 Over \$500,000 but not over \$1,000,000		plus 15% of the excess	over \$500 000		
	Over \$1,000,000 but not over \$1,500,000		plus 10% of the excess		, ,	,
	Over \$1,500,000 but not over \$17,000,000		plus 5% of the excess			
	Over \$17,000,000	\$1,000,00			'	
g	Grassroots nontaxable amount (enter 2				o	0
h					0	0
i	Subtract line 1f from line 1c. If zero or le				0	0
i	If there is an amount other than zero or	-			1720 reporting	
•	section 4911 tax for this year?					Yes No
			ng Period Under se		· · · · · · · · · · · · · · · · · · ·	<u> </u>
	(Some organizations that made a	section 501(h		ive to complete all	of the five columns	below.
	Lobb	ying Expendit	ures During 4-Year	Averaging Period	· · · · · · · · · · · · · · · · · · ·	
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount				0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))					0
С	Total lobbying expenditures				0	0
d					0	0
е	Grassroots ceiling amount (150% of line 2d, column (e))					0
1	Grassroots lobbying expenditures					0

Schedule C (Form 990 or 990-EZ) 2014

Par	t II-B	(election under section 501(h)).	TIIED	rorr	ก 5768	5	
Eo:			(á	a)		(b)	
		s," response to lines 1a through 1i below, provide in Part IV a detailed description g activity.	Yes	No	А	mount	t
1	legislation	ne year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or um, through the use of:					
а							
		ff or management (include compensation in expenses reported on lines 1c through 1i)?			İ		
C		dvertisements?					
d		to members, legislators, or the public?					
е	_	ions, or published or broadcast statements?					
f		o other organizations for lobbying purposes?					
g		ontact with legislators, their staffs, government officials, or a legislative body?					
h		demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other ac	tivities?					
j	Total. A	dd lines 1c through 1i					(
2a	Did the	activities in line 1 cause the organization to be not described in section 501(c)(3)?					
		enter the amount of any tax incurred under section 4912					
		enter the amount of any tax incurred by organization managers under section 4912					
		ng organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A	Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).	c)(5),	or se	ection		
		001(0)(0).				Yes	No
1	Were su	bstantially all (90% or more) dues received nondeductible by members?			1		Х
2		organization make only in-house lobbying expenditures of \$2,000 or less?				Х	
3		organization agree to carry over lobbying and political expenditures from the prior year?			3		X
	III-B	Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes.") Par			3, is
1	-	ssessments and similar amounts from members	•	1			
2	politica	162(e) nondeductible lobbying and political expenditures (do not include amounts of lexpenses for which the section 527(f) tax was paid).					
а		year		2a	<u> </u>		
b	-	er from last year....................................		2b	<u> </u>		
_				2c			(
3		atte amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3_	-		
4		s were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
		does the organization agree to carryover to the reasonable estimate of nondeductible			1		
-		and political expenditure next year?		4			
5		amount of lobbying and political expenditures (see instructions)	•	5			
Part		upplemental Information			<u> </u>	<u></u>	
		escriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gr	oup iis	к); Ра	π II-А,	iines 1	and
∠ (\$e	ะ เกรเกนติโ	ions); and Part II-B, line 1. Also, complete this part for any additional information.					
							• • • •
							- ·
				,			
					- <i></i>		

WAS	HINGTON COUNTY CATTLEMEN ASSOCIATION, INC orm 990 or 990-EZ) 2014	11-3673099
Part IV	Supplemental Information (continued)	Page 4
Faitiv	Supplemental information (continued)	
• • • • • • • • • • • • • • • • • • • •		••••
	••••••	••••
	•••••••••••••••••••••••••••••••••••••••	***************************************
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	•••••••••••••••••••••••••••••••••••••••	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

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

Open to Public

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

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

the selection criteria used to award the grants or assistance? .

General Information on Grants and Assistance

Part I

WASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC

Employer identification number 11-3673099 Ŷ

× Yes

esci	t IV the orga	nization s proce	Describe in Part IV the organization's procedures for monitoring	g life use of graff, furt	ing the use of grant furius in the Officeu States.			
Part II Grants a Part IV, II	and Other and Ot	Assistance to any recipient th	Grants and Other Assistance to Domestic Orgar Part IV, line 21, for any recipient that received more	nizations and Dom than \$5,000. Part II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	. Complete if the org f additional space is	janization answered needed.	"Yes" to Form 990,
1 (a) Name and address of organization or government	f organization t	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								:
(9)		:						
ω								
(8)								
(6)								
(10)		:						
(11)		:						
(12)								
2 Enter total numb	ber of section	n 501(c)(3) and	government organ	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	ne 1 table			
3 Enter total numb	ber of other	organizations lis	Enter total number of other organizations listed in the line 1 table	ole				0

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

Schedule I (Form 990) (2014)

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III

Part III can be duplicated it additional space is	l space is needed				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Agricultural Program - Farm Structure	1	1,540			•
Agricultural Program - Fencing	6	19,159			
Agricultural Program - Forages	2	9,193			
Agricultural Program - Genetics	6	38,803			
Agricultural Program - Technology 5	1	293			
College Scholarships	2	1,000			
7 Supplemental Information Provide the information required in Part I. line 2. Part III. column (b), and any other additional information	the information re	quired in Part I line 2	Part III. column (b)	and any other addition	al information
Part I Line 2 To be eligible for the agricultural program grant funds, an application must be completed which contains the location and	n grant funds, an a	pplication must be com	pleted which contains	the location and	
serial number for the farm being operated; the Board reviews the application and awards the grant funds; the applicant must attend 2	reviews the applica	ation and awards the gr	rant funds; the applica	nt must attend 2	
mandatory meetings providing information about the program; and original receipts for the applicants expenditures must be submitted	program; and origin	ial receipts for the appl	icants expenditures n	iust be submitted.	
There is no monitoring of scholarship funds after they are awarded.	/ are awarded.				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				