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Form 990-EZ

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015

Open to Public Inspection

Department of the Treasury

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

For the 2015 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer Identification number Address change WASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC Name change Number and street (or PO box, if mail is not delivered to street address) Room/suite 11-3673099 Initial return F Telephone number 211 PROGRESS AVENUE Final return/terminated ZIP code State City or town Amended return 859-336-7741 SPRINGFIELD KY 40069 F Group Exemption Application pending Foreign country name Foreign province/state/county Foreign postal code Number ▶ Accounting Method Cash H Check ► Accrual Other (specify) of the organization is Website: ▶ not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Tax-exempt status (check only one) 501(c)(3) X 501(c) (5 4947(a)(1) or) (insert no) Form of organization. X Corporation Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets 185.382 (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I X Check if the organization used Schedule O to respond to any question in this Part 1. 139,677 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments. 3 3,545 4 Investment income 4 6 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 0 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Gross income from fundraising events (not including of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). . . 6b 34,254 SCANNED Less direct expenses from gaming and fundraising events . . . 16,805 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 17,449 7a Gross sales of inventory, less returns and allowances. 7a 7b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract Interp 7с 7,900 8 8 Other revenue (describe in Schedule O) 9 168,577 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, Grants and similar amounts paid (list in Schedule D) .SEP 10 327,151 10 11 11 Benefits paid to or for members Salaries, other compensation, and employee benefits Che 2,820 12 12 Professional fees and other payments to independent of 13 520 13 14 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 16 20,627 16 Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 17 351,118 17 Excess or (deficit) for the year (Subtract line 17 from line 9) -182,541 18 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 217,815 end-of-year figure reported on prior year's return) 20 20 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20. 21 35,274

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2015)

Form	aan	ピフ	1201	151

Part II Balance Sheets. (see the instructions for Part II)

11	-36	373	വരാ

	Check if the organization used Schedule O to re	espond to any que	stion ın	this Part II .					
					(A) Beginni	ng of year		(B) End of ye	ar
22	Cash, savings, and investments					217,815	22		35,274
23	Land and buildings					_	23		
24	Other assets (describe in Schedule O)						24		
25	Total assets			. [217,815	25		35,274
26	Total liabilities (describe in Schedule O)						26		
27	Net assets or fund balances (line 27 of column (E					217,815	27		35,274
Pa	rt III Statement of Program Service Accomplis								
	Check if the organization used Schedule O t		·			<u>· </u>] _	Expenses	
	at is the organization's primary exempt purpose?							quired for section (c)(3) and 501(c)	
	cribe the organization's program service accomplishr						orga	anizations, option	
as n	neasured by expenses. In a clear and concise manne	er, describe the ser	vices pr	ovided, the numb	er of		fore	others)	
pers	ons benefited, and other relevant information for eac	h program title.					1		
28	The organization administers agricultural program gi	rant funds paid to i	member	S					
	for use in improving their beef cattle operations 199	payments were n	nade						
	from 8 different programs		<u>-</u>						
		includes foreign g				<u> </u>	28a	1	
29	The organization sets up booths or caters at various	events in the Was	hington					1	
	Co, KY area serving beef products There were 11 c	events held in 201	where					1	
	the organization promoted the beef industry in this m								
	(Grants \$) If this amount	includes foreign o	rants, c	heck here		<u> </u>	29a	1	
30	The organization arranged a trip for members where	they toured farming	ng						
	facilities in other states for information useful to impr	ove their beef							
	operations								
		includes foreign g				<u> </u>	30a		
31	Other program services (describe in Schedule O) .						l		
		ıncludes foreign g	rants, c	heck here	•	<u> </u>	31a		
	Total program service expenses. (add lines 28a th		<u></u>			. ▶	32	<u> </u>	0
Pa	rt IV List of Officers, Directors, Trustees, and K				ensated – se	e the inst	tructio	ns for Part IV)	
	Check if the organization used Schedule O to	respond to any qu	uestion i	n this Part IV .			٠		
		(b) Average		(c) Reportable compensation		Health benefi	ts	(e) Estimated ar	mount of
	(a) Name and title	hours per wee	k	(Forms W-2/1099-MI		ntributions to ree benefit pl	ans.	other compen	
		devoted to posi	uon 	(if not paid, enter -	0-) and defe	rred compen	sation		
Stev	e Devine								
Pres	ident	Hr/WK	4.00						
Cha	d Filiatreau	1							
Vice	President	Hr/WK	2.00						
Che	ryl Mattingly								
Secr	etary/Treasurer	Hr/WK	4 00	2,8	320				
Julie	Waits								
Dire	ctor	Hr/WK	1 00						
Matt	hew Johnson								
Dire	ctor	Hr/WK	1.00						
Jere	my Hardın								
Dire	ctor	Hr/WK	1 00						
Patri	ck Wimsatt						Ĭ		
Dire	ctor	Hr/WK	1 00						
Mike	Lewis						ŀ		
Direc	ctor	Hr/WK	1 00					_	
Tim	Graves								
Dire	ctor	Hr/WK	1.00						
Jord	an Settles								-
Dire		Hr/WK	1 00						
		Hr/WK							
		Hr/WK							

Part V

	instructions for Part V) Check if the organization used Schedule O to respond to an	y question in the	nis Pa	rt V .	Ļ
				Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," prodetailed description of each activity in Schedule O	ovide a			
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a cor	oformed	33		_ X
•	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain		ļ		
	change on Schedule O (see instructions)		34		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from b	usiness			
_	activities (such as those reported on lines 2, 6a, and 7a, among others)?		35a		X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in S		35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033	(e) notice,	25-	v	
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net as	cote	35c	X	
00	during the year? If "Yes," complete applicable parts of Schedule N	5615	36		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		0		
	Did the organization file Form 1120-POL for this year?		37b		х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee	or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this re-	turn?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved				
39	Section 501(c)(7) organizations. Enter				
	Initiation fees and capital contributions included on line 9	· · · · · · · · · · · · · · · · · · ·			
	Gross receipts, included on line 9, for public use of club facilities				
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year und section 4911 ► , section 4912 ► , section 4955 ►	ier.			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section	1 4958			
_	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior				
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, F		40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed				
	on organization managers or disqualified persons during the year under sections 4912,				
	4955, and 4958				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line				
_	40c reimbursed by the organization	<u> </u>		İ	
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shell transaction? If "Yes," complete Form 8886-T	ter	40e		Х
41	List the states with which a copy of this return is filed.		40e		
	The appropriate health are in case of the Chand Matthewship.		050) 2	20. 77/	14
42 a			859) 3	30-112	<u> </u>
		+4 ▶ 4006			
b	At any time during the calendar year, did the organization have an interest in or a signature or other a			Yes	NO X
	a financial account in a foreign country (such as a bank account, securities account, or other financial If "Yes," enter the name of the foreign country	account) /	42b		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign B	ank and			
	Financial Accounts (FBAR)	ariik aria			
С	At any time during the calendar year, did the organization maintain an office outside the U.S?		42c		Χ
	If "Yes," enter the name of the foreign country.			-	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here				▶
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			
	and onto the amount of tax exemptime foot received of accorded during the tax year.	- [1	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be				
	completed instead of Form 990-EZ		44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	e		ŀ	
	completed instead of Form 990-EZ .		44b		X
C	Did the organization receive any payments for indoor tanning services during the year? .		44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide a	n			
AE -	explanation in Schedule O	ĺ	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?. Did the organization receive any payment from or engage in any transaction with a controlled entity w	thin the	45a		<u>X</u>
75 D	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead				
	Form 990-EZ (see instructions)	. J	45b		Х
			Form 9	90-EZ	
					. ,

Form 9	90-EZ (201	5) WASHINGTON COUNTY	CALILEMEN ASSOCIAT	ION, INC		11-36/30	<u> </u>	Page 4
40	مرا دار						Yes	No
46		organization engage, directly or indirectlidates for public office? If "Yes," complet		ivities on behalf of or i	n opposition	46		×
Part	VI S	ection 501(c)(3) organizations or	nly	·			<u> </u>	^_
	A	all section 501(c)(3) organizations m	nust answer questions 4	7–49b and 52, and	complete the ta	ables for line	es	
	C	0 and 51. Theck if the organization used Sche	dule O to respond to an	v question in this P	Part VI			
			auto o to rospona to an	- quodion in tino i		· · · · ·	Yes	No
47	Did the	organization engage in lobbying activitie	es or have a section 501(h)	election in effect durir	ng the tax	Γ-	103	140
	year? If	"Yes," complete Schedule C, Part II				. 47		
48		ganization a school as described in sec				48		
49 a		organization make any transfers to an e		ed organization?		. 49a	ļ	
Б 50		was the related organization a section to te this table for the organization's five his			· · · · · · ·		L	<u> </u>
J 0		ees) who each received more than \$100						
) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to emplo benefit plans, and defe compensation	yee (e) Estim	ated amo	
Name	None			(compensation			
Title	140110		Hr/WK .00					
Name			.50					
Title			Hr/WK 00	<u> </u>				
Name								
Title			Hr/WK 00					
Name Title			Hr/WK 00					
Name								
Title			Hr/WK 00					
f 51	Complet	mber of other employees paid over \$100 te this table for the organization's five his 0 of compensation from the organization	ghest compensated indepe		each received m	nore than		
		(a) Name and business address of each independent	ent contractor	(b) Type of service	ce	(c) Compensa	ation	_
Name	None	Str						
City		ST	ZIP					
Name	 -	Str	710					
City Name		ST Str	ZIP					
City		ST	ZIP					
Name		Str						
City		ST	ZIP					
Name		Str						
52	Did the	st mber of other independent contractors e organization complete Schedule A? Note	<u> </u>		·			
	complete	ed Schedule A.		·	· · · ·	<u>▶ </u>	es X	No_
•		perjury, I declare that I have examined this return, in complete Declaration of preparer (other than officer)			-	nd belief, it is		
		tout Oani			8-30	>-16		
Sign		Signature of officer	, 1		Date			
Here		Type or print name and title	restant					
		Print/Type preparer's name	Preparer's signature	Date		PTIN		
Paid		RICK L DOWNS CPA	Rich Now	ne 8/3	Check [30/2016 self-empl	if loyed P0029	5350	
•	arer Only	Firm's name ► RICK L DOWNS, CPA			Firm's EIN	► 61-1349380)	
		Firm's address ► 49 BONNIE BLVD, ST		0069	Phone no	(859) 336-7		
viay th	ie IKS di	scuss this return with the preparer show	n above? See instructions			► X Ye	es	No

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

20**15**

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," on 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," on 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," on 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

• 5	Se <u>ction 501(c)(4), (5), or (6) c</u>	organizations Complete Part III			
Nam	ne of organization			Empl	oyer identification number
		ITLEMEN ASSOCIATION, INC		<u> </u>	11-3673099
Pa		the organization is exempt und			7 organization.
1	-	the organization's direct and indirect p			
2	Political expenditures				\$
3	Volunteer hours				
Pa	rt I-B Complete if t	the organization is exempt und	ier section 501	(c)(3).	
1	Enter the amount of any	excise tax incurred by the organization	n under section 49	955	\$
2	Enter the amount of any	excise tax incurred by organization m	anagers under se	ction 4955	\$
3	If the organization incurre	ed a section 4955 tax, did it file Form	4720 for this year	·	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part	IV			
Pa	rt I-C Complete if t	the organization is exempt und	ler section 501	c), except section 5	01(c)(3).
1	Enter the amount directly	expended by the filing organization t	or section 527 exe	empt function	
	activities			. . .	\$
2	Enter the amount of the f	filing organization's funds contributed	to other organizati	ons for section	
	527 exempt function activ	vities			\$
3	Total exempt function exp	penditures Add lines 1 and 2. Enter h	ere and on Form 1	1120-POL,	
	line 17b				\$0
4	Did the filing organization	file Form 1120-POL for this year?			Yes No
5		ses and employer identification numb			
		ents For each organization listed, en			
		ntributions received that were prompt d fund or a political action committee			
	as a separate segregated	I	(FAC) II additiona	space is fleeded, provid	T T T T T T T T T T T T T T T T T T T
	(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)			l	li .	
5)	1				
6)					
6)	i				

SCI	edule C (Form 990 or 990-EZ) 2015					Page 2
Р	art II-A Complete if the organizat	ion is exemp	t under section	501(c)(3) and file	d Form 5768 (elec	
_	under section 501(h)). Check ▶ if the filing organization	holongo to on	official aroun /	and list in Dark IV.	b - #61:- t - d	
^						p members
В	name, address, EIN, ex Check ► if the filing organization					
_				itroi provisions ap	рріу.	
	Limits on Lo "The term "expenditures"	bbying Expend means amount	litures ts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence p	ublic opinion (gi	ass roots lobbying)			0
þ	Total lobbying expenditures to influence a	legislative body	(direct lobbying).	. ,		0
C	Total lobbying expenditures (add lines 1a	and 1b)			0	0
d	Other exempt purpose expenditures .					0
е	Total exempt purpose expenditures (add	ines 1c and 1d)			0	0
f	Lobbying nontaxable amount. Enter the a	mount from the	following table in bo	oth		
	columns.				l ol	0
	If the amount on line 1e, column (a) or (b)	s: The lobby	ing nontaxable amo	ount is:		
	Not over \$500,000		amount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 p	lus 15% of the exces	s over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 p	lus 10% of the exces	s over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 p	lus 5% of the excess	over \$1,500,000.		
\Box	Over \$17,000,000	\$1,000,000).			
g	Grassroots nontaxable amount (enter 259	% of line 1f)			0	0
h	Subtract line 1g from line 1a. If zero or les	ss, enter -0			0	0
i	Subtract line 1f from line 1c If zero or les	s, enter -0			0	0
j	If there is an amount other than zero on e	ither line 1h or li	ne 1i, did the organ	ization file Form 472	0 reporting	
	section 4911 tax for this year?				[Yes No
		1-Year Averagin	g Period Under se	ection 501(h)		
	(Some organizations that made a		_	• •	of the five columns b	elow.
			structions for line:			
	Lobb	ying Expenditu	res During 4-Year	Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount				0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))					0
c	Total lobbying expenditures				0	0
d	Grassroots nontaxable amount				0	0
<u>e</u>	Grassroots ceiling amount (150% of line 2d, column (e))					0
f	Grassroots lobbying expenditures					•

Schedule C (Form 990 or 990-EZ) 2015

	t II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	OT filed	i For	n 576	8	
		(a)		(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	Α	moun	t
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of. Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u> </u>		,		
	Media advertisements?	<u> </u>				
ď	Mailings to members, legislators, or the public?	<u> </u>				
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?					
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		1			
	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	_				
Part	Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5)	or s	ection	1	
	501(c)(6).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	162	X
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	•		2	X	 ^ -
	Did the organization agree to carry over lobbying and political expenditures from the prior year?		•	3	-^-	Х
	Complete if the organization is exempt under section 501(c)(4), section 50501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."	1(c)(5)				3, is
1	Dues, assessments and similar amounts from members		1		<u></u> _	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			0
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 the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible					
		•				0
5_	lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information	·	5			_

WASI Schedule C (Fo	HINGTON COUNTY CATTLEMEN ASSOCIATION, INC m 990 or 990-EZ) 2015	11-3673099
Part IV	Supplemental Information (continued)	, ago .
	, supplied that the state of th	
*		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

WASI	HINGTON COUNTY CATTLEMEN AS						73099		
Par	Fundraising Activities. Corm 990-EZ filers are not				ered "Yes" on For	m 990, Part IV, li	ne 17.		
1 a b c	Indicate whether the organization ra Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations	ised funds throu	e S f S	olicitation o	ng activities Check a of non-government g of government grant traising events	grants			
2a b	Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No								
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization		
1			Yes	No	0	0	0		
2					0	0	0		
3					0	0	0		
4					0	0	0		
5									
6		<u> </u>			0	0	0		
7					0	0	0		
8		<u> </u>			0	0	0		
9			1		0	0	0		
10					0	0	0		
		<u> </u>	<u></u>		0	0	0		
Total 3	List all states in which the organization or licensing	on is registered	or licensed	to solicit	0] contributions or has	0) been notified it is e	xempt from		

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events (add col (a) through Catering Event-Makers Mark NONE Catering Event-Manton Music Festival col (c)) (event type) (event type) (total number) Revenue Gross receipts 14.080 0 5,526 19,606 Less Contributions. 0 0 Gross income (line 1 minus line 2). 14,080 5,526 0 19,606 Cash prizes. 0 0 Noncash prizes . . 0 0 **Direct Expenses** Rent/facility costs. 0 0 Food and beverages. 5,758 432 0 6,190 Entertainment. 0 0 Other direct expenses 0 0 Direct expense summary Add lines 4 through 9 in column (d). 6.190) Net income summary Subtract line 10 from line 3, column (d) 13,416 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 0 Direct Expenses Cash prizes . . 0 2 Noncash prizes 0 Rent/facility costs. Other direct expenses 0 Yes % Yes % Yes % 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d). 0) \triangleright Net gaming income summary Subtract line 7 from line 1, column (d) . 0 Enter the state(s) in which the organization conducts gaming activities Is the organization licensed to conduct gaming activities in each of these states? If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," explain

the function of services provided An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization If "Yes," enter the amount of gaming revenue retained by the third party ▶ \$ 0 and the amount of gaming revenue retained by the third party. Name ▶ Address ▶ Gaming manager information Name ▶ Gaming manager compensation ▶ \$ 0 Description of services provided ▶ Director/officer	Sched	ule G (Form 990 or 990-EZ) 2015 WASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC	11-3673099 Page 3
formed to administer chantable gaming? indicate the percentage of gaming activity conducted in. a The organizations facility b An outside facility b An outside facility c Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address Address Obes the organization have a contract with a third party from whom the organization receives gaming revenue? If "9s," enter the amount of gaming revenue received by the organization If "9s," enter the amount of gaming revenue received by the organization If "9s," enter name and address of the third party Address Address O and the amount of gaming revenue retained by the third party Name Address O bescription of services provided Description of services provided Director/officer Employee Independent contractor Mandatory distributions: If Mandatory distributions: Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming bicense? Director officer Employee Independent contractor	11	Does the organization conduct gaming activities with nonmembers?	Yes No
a The organization's facility b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address Address Address Does the organization have a contract with a third party from whom the organization receives gaming revenue? If Yes, 'enter the amount of gaming revenue received by the organization Ps 0 and the amount of gaming revenue retained by the third party. Name Address OB If Yes, 'enter name and address of the third party. Name Address OB Description of services provided Description of services provided Description of services provided The provided is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? In the organization required under state law to be distributed to other exempt organizations or spent in the organizations own exempt activities during the tax year Section 1. In the Columns (iii) and (v), and Part III, line 9, 9, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information (see instructions).	12		Yes No
b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name \rightarrow Address \rightarrow Address \rightarrow Does the organization have a contract with a third party from whom the organization receives gaming revenue? If Yes, 'enter the amount of gaming revenue received by the organization \rightarrow \$ 0 and the amount of gaming revenue retained by the third party \rightarrow \$ 0 If 'Yes,' enter name and address of the third party. Name \rightarrow Address \rightarrow Address \rightarrow Gaming manager information Name \rightarrow Gaming manager compensation \rightarrow \$ 0 Description of services provided \rightarrow Director/officer Employee Independent contractor 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Bether the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \rightarrow \$ (year) Yes No Part II, lines 9, 9, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information (see instructions).	13	Indicate the percentage of gaming activity conducted in.	
The the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 0 and the amount of gaming revenue retained by the third party ▶ \$ 0 and the amount of gaming revenue retained by the third party ▶ \$ 0 and the amount of gaming revenue retained by the third party ▶ \$ 0 and the amount of gaming revenue retained by the third party. Name ▶ Address ▶ Gaming manager information Name ▶ Gaming manager compensation ▶ \$ 0 Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? The manufaction of the state gaming license? Series in the state gaming license? Person to the gaming proceeds to retain the state gaming license? The manufaction of the gaming proceeds to retain the state gaming license? The manufaction of the gaming proceeds to retain the state gaming license? The manufaction of the gaming proceeds to retain the state gaming license? The manufaction of the gaming license of the gaming proceeds to retain the state gaming license? The manufaction of the gaming license of the gaming proceeds to retain the state gaming license? The manufaction of the gaming license of the gaming proceeds to retain the state gaming license? The manufaction of the gaming license of the gaming proceeds to retain the state gaming license of the gaming license of	_	· · · · · · · · · · · · · · · · · · ·	
and records: Name ► Address ► Address ► Address ► Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization ► \$ 0 and the amount of gaming revenue retained by the third party. Name ► Address ► Gaming manager information Name ► Gaming manager compensation ► \$ 0 Description of services provided ► Director/officer		<u>.</u>	13b %
Address Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization amount of gaming revenue retained by the third party amount of gaming revenue retained by the third party. Name Address Address Address Gaming manager information Name Gaming manager compensation Solution Soluti	14		
Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization		Name ▶	
revenue?		Address ▶	
amount of gaming revenue retained by the third party c If "Yes," enter name and address of the third party. Name Address Address Gaming manager information Name Gaming manager compensation \$ 0 Description of services provided Director/officer Employee Independent contractor Mandatory distributions: a Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? Yes No b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organizations own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information (see instructions).			Yes No
Name ► Address ► Gaming manager information Name ► Gaming manager compensation ► \$		amount of gaming revenue retained by the third party > \$0	
Address Gaming manager information Name Gaming manager compensation S 0 Description of services provided Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information (see instructions).	С		
Name ► Gaming manager compensation ► \$			
Saming manager compensation Director/officer		Address	
Director/officer	16	Gaming manager information	
Director/officer		Name ▶	
Director/officer		Gaming manager compensation ► \$0	
Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information (see instructions).		Description of services provided	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Director/officer Employee Independent contractor	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17	Mandatory distributions:	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information (see instructions).	а	·	
or spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information (see instructions).			Yes No
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information (see instructions).	b	•	
	⊃art	Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional	s (iii) and (v); and I information

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2015

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

WASHINGTON COUNTY CATTLEMEN ASSO	OCIATION, INC	11-3673099	
Form 990EZ - Part 1 - Line 8 - Other Income			
Sponsorships	\$ 1,750		
Cattlemens Tour	\$ 6,150		
Form 990EZ - Part 1 - Line 10 - Grants			
Governors Office of Ag Policy, Frankfort, KY 4		eturn of Unused Program Grant Fund	ls
Form 990EZ - Part 1 - Line 16 - Other Expens			
Meetings & Conventions \$ 3,424			
Equipment Maintenance \$ 1,400			
Supplies \$ 1,195			
Insurance \$ 1,133			
Cattlemens Tour \$ 9,721			
Dues \$ 2,120			
Office Supplies \$ 1,085			
Travel \$ 48			
Advertising \$ 100			
Miscellaneous \$ 401			
			·