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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Form 990 (29)

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

A		2047	endar year, or tax year beginning , and ending	<u> </u>		•	_
^					ıdentıficatio	number	_
_	Check if a	• •				· mamber	
X	Address c	hange	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite	11-3673099			
	Name cha	ange	,	E Telephone	numbor		_
\equiv		_	245 CORPORATE DR	- relephone	number		
Ш	Initial retu	rn	City or town State ZIP code	859-336-774	1 1		
\Box	Final return/	terminated/	SPRINGFIELD KY 40069	-			_
\equiv			Foreign country name Foreign province/state/county Foreign postal code		¢	250.13	26
Ш	Amended	return		G Gross rece	ipis a	250,13	<u> </u>
\Box	Applicatio	n pending	F Name and address of principal officer H(a) is	this a group return fo	or subordinates	γ Yes X N	lo
			JEREMY HARDIN 2616 VALLEY HILL RD, SPRINGFIELD, KY 40069 H(b)	Are all subordinate	s included?	Yes N	lo.
_	-			lf "No," attach a list		tions)	
	Tax-exemp	_	501(c)(3) X 501(c) (5) ◀ (insert no) 4947(a)(1) or 52	,	(44	,	
<u>J</u> 1	Website	<u>: ▶</u>		Group exemption n	umber 🕨		_
K	Form of or	ganization	X Corporation Trust Association Other ▶ L Year of for	mation 1995	M State o	f legal domicile K	Ϋ́
_	art I						-
	1		mmary The error	ization's missi	on is to pro		_
Ф	1	•	• • • • • • • • • • • • • • • • • • • •	ization's missi	or is to bid	oniole	
Ĕ			cattle industry in Washington Co , KY The organization provides valuable		- -		
Ë		intormat	ion related to the beef industry and manages ag grant funds				
Š	2	Check to	nis box ▶ I if the organization discontinued its operations or disposed of mo	ore than 25% o	of its net as	ssets	
ၓ	3	Number	of voting members of the governing body (Part VI, line 1a)		3	•	<u> 10</u>
∞ 5	4	Number	of independent voting members of the governing body (Part VI, line 1b)		4	•	10
ŧ.	5	Total nu	mber of individuals employed in calendar year 2017 (Part V, line 2a)		5		0
JS Activities & Governance	6		mber of volunteers (estimate if necessary)		6	3	35
សិទ្ធិ	7a		related business revenue from Part VIII, column (C), line 12		7a		0
3	ј .		elated business taxable income from Form 990-T, line 34		7b		0
2	 "	TTCT GITT	stated business taxable income nomit simil oss 1, into 64	Prior Year		Current Year	Ť
VW CHNNAUW	8	Contribi	itions and grants (Part VIII, line 1h)		,070	210,77	70
IJ₿	9				.644	28,43	
_ €	140	-	n service revenue (Part VIII, line 2g)		6		10
۲. ۳.‱	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)		024		_
ס	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,934	10,9	_
-	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,654	250,13	_
D C	13		and similar amounts paid (Part IX, column (A), lines 1–3)	202	,125	165,78	<u> 25</u>
2	14		paid to or for members (Part IX, column (A), line 4)		0		0
S S	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	2	,660	3,40	<u>00</u>
Š	16a	Profess	onal fundraising fees (Part IX, column (A), line 11e)		0		0
Expenses	b	Total fur	ndraising expenses (Part IX, column (D), line 25) ▶ 0				
ய	17	Other ex	cpenses (Part IX, column (A), lines 11a-11d, 11f-24e)	33	,825	59,92	22
	18	Total ex	penses Add lines 13–17 (must equal Part IX, column (A), line 25)	238	,610	229,10	07
	19	Revenu	e less expenses Subtract line 18 from The 2EIVED	151	,044	21,02	29
- b 5			Begi	inning of Current	Year	End of Year	
Net Assets or	20	Total as	sets (Part X, line 16) NOV 2 0 2019	186	318	207,34	47
86	21		bilities (Part X, line 26)		0		0
ž	22		ets or fund balances Subtract line 21 from line 20	186	3,318	207,3	47
	art II		nature Block OGDEN LIT		1 1		_
			y, I declare that I have examined this return, including accompanying-schedules and statements, and to	the best of my kn	owledge	·	—
			ct, and complete Declaration of preparer (other than officer) is based on all information of which prepare				
		NY	17/h		1-15-	18	
	gn	7/3	Bignature of officer	Date	<u>, 79 j</u>	<u> </u>	_
Нє	ere		To local Possible	24.0			
		•	Sereny Hardin- Hestaeni				—
		Dave	Type or print name/and title	Date		PTIN	—
г-	اد:.		t/Type preparer's name Preparer's signature		heck i	. 1	
	iid	RIC	KLDOWNS CPA Kuch Journs 1		elf-employed	P00295350	
	eparei		r's name ► RICK L DOWNS, CPA, PSC	Firm's EIN ▶	61-13493		_
Us	se Only	y 					—
-			n's address ► 49 BONNIE BLVD, STE 3, SPRINGFIELD, KY 40069	Phone no	(859) 336		<u> </u>
Ma	ay the IF	RS discus	is this return with the preparer shown above? (see instructions)			X Yes 1	No

For Paperwork Reduction Act Notice, see the separate instructions.

orm 9	90 (2017) WASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC	11-36/3099	Page Z
Pai	t III Statement of Program Service Accomplishments		
	' Check if Schedule O contains a response or note to any line in this Part III .	<u>.</u>	
1	Briefly describe the organization's mission		
	The organization's mission is to promote the beef cattle industry in Washington Co , KY		
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	Yes	X No
	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		
•	services?	Yes	X No
	If "Yes," describe these changes on Schedule O		٠٠٠ ٠٠٠
4	Describe the organization's program service accomplishments for each of its three largest program services	as measured by	,
4	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all		
		ocations to others	ν,
	the total expenses, and revenue, if any, for each program service reported		
		- 0	
4a	(Code) (Expenses \$ including grants of \$) (Revenue)	е\$)
	The organization administers agricultural program grant funds paid to members for use in improving		
	their beef cattle operations 108 payments were made from six different programs		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	e \$)
	The organization sets up booths or caters at various events in the Washington Co, KY area serving		
	beef products There were 8 events held in 2017 where the organization promoted the beef industry		
	in this manner		
4 -	(Code) / [Cupanage C	10 ¢	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	е ъ	/
	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		
	supply dealers		
4d	Other program services (Describe in Schedule O)		
70	(Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	
	LEAPONDED 4 O / (INCAPENDE 4		

10.

Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>x</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		x
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		x
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>x</u>
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		×
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
2a	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, Farts XI and XII is optional	12b		Х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	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		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	-	×
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x

19? Note. All Form 990 filers are required to complete Schedule O

	TWO INTO TOX COCKET TO ALL TELLIZATION OF THE TOX	00.000	-	age .
Par	Checklist of Required Schedules (continued)			
	· ·		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	<u> </u>
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		X
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			١.,
	employees? If "Yes," complete Schedule J	23		Х
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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c 24d		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		 ^
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		
L	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	23a		
U	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	235		
20	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,			H
	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	Х	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		養養	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		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	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u></u> .	Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	l	1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37	 	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		1	

orm 9	990 (2017) WASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC	11-3673099	Р	age 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	84		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		,	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	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		Х
b	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)?	4a		X
b	If "Yes," enter the name of the foreign country			
	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?	5 a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	!	1	1
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	ļ
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require		<u> </u>	-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10s	98-C ⁷ 7h		├
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u> </u>	<u> </u>	
_	sponsoring organization have excess business holdings at any time during the year?	8	-	├
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u>9</u> b	ļ	
10	Section 501(c)(7) organizations. Enter			1
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		i	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a			
a	 			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124		
ь 13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	\vdash
а	Note. See the instructions for additional information the organization must report on Schedule O	154	 	\vdash
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		1
IJ	the organization is licensed to issue qualified health plans			1
_	Enter the amount of reserves on hand	——	1	
C 1/12	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
14a	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule</i> O	14a 14b	 	 ^
b	in 100, has it lied a form 120 to report these payments in 100, provide an explanation in Schedule O	[170		

Part VI

WASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

	Check if Schedule O contains a response of note to any line in this Part VI			L	실_
Sect	on A. Governing Body and Management				
1a	Enter the number of voting members of the governing body at the end of the tax year 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	1a	10	Yes	No
b	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 relations	L			٠.
-	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			
•	supervision of officers, directors, or trustees, or key employees to a management company or other		3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's		5		X
6	Did the organization have members or stockholders?	400010	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint			
	one or more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	;			
	stockholders, or persons other than the governing body?	-1	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertake	n durina			
•	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	Х	_
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	eached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	e Code)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such		1		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt po		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a		_X_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		<u>X</u>
b	Wore officers, directors, or trustees, and key employees required to disclose annually interests that could		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes,	120		
40	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		14		X
14	Did the organization have a written document retention and destruction policy?	aval by	14		<u></u>
15	Did the process for determining compensation of the following persons include a review and approint independent persons, comparability data, and contemporaneous substantiation of the deliberation	•		E.	
•	The organization's CEO, Executive Director, or top management official	and decision.	15a		X
a b	Other officers or key employees of the organization		15b		$\frac{1}{x}$
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	•	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arran	gement			
IVa	with a taxable entity during the year?	go	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to eval	uate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safe		r Gegal Saic	· ····································	
	the organization's exempt status with respect to such arrangements?	J	16b		
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 99	90-T (Section 501(c)(3)s onl	/)	
	available for public inspection Indicate how you made these available. Check all that apply				
		xplaın ın Schedule			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest	policy, ar	nd	
	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				
	CHERYL MATTINGLY	859-336-774	1		
	245 CORPORATE DR, SPRINGFIELD, KY 40069				

,	, , , ,
11-3673099	Page 7
pensated	
with or within the	,
egardless of amount	
ree" tee, or key employee) 100,000 from the	

WASHINGTON COUNTY CATTLEMEN ASSOCIATION. INC

Form 990 (2017) Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp Part VII **Employees, and Independent Contractors** Check if Schedule O contains a response or note to any line in this Part VII Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), re of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - · List all of the organization's current key employees, if any See instructions for definition of "key employ
- List the organization's five current highest compensated employees (other than an officer, director, trust who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$1 organization and any related organizations
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee) Or flicer Or flicer Or dire						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MATTHEW JOHNSON	1 00	I								
DIRECTOR	4.00	X	-	┝			-			
(2) JULIE WAITS	1 00	×								
DIRECTOR (3) MIKE LEWIS	1 00	 ^	 	┢	<u> </u>					
(3) MIKE LEWIS DIRECTOR		х								
(4) DANNY RAY SPALDING	1 00		 							
DIRECTOR	1	Ιx		į						
(5) DAVID SHUMATE	1 00									
DIRECTOR		_ X	┝	_	_	1	<u> </u>			
(6) RUSSELL HARDIN	1 00									
DIRECTOR	1.00	X	├	 	-	-	┝			·
(7) JEREMY HARDIN	4 00		1	x		Ì	1			
PRESIDENT (A) TIM CRAYES	2 00	-	╁	┝	-	 	┢			
(8) TIM GRAVES VICE PRESIDENT	200			x						
(9) CHERYL MATTINGLY	4 00	1	1	T			I^{-}			
SECRETARY/TREAS	1			X		ļ	ļ	3,400		
(10)										
(11)										
(12)										
(13)										
(14)										

P	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	•	(A) Name and title	(C) Position (B) (do not check more than o box, unless person is both officer and a director/truste week (list any					ıs both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
			hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)												
(16)												
(17)						_						
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b c d		ontinuation sheets to Part VII, S	ection A				-	-	* * *	3,400 0 3,400	0	
2	Total number	r of individuals (including but not li	_	sted a	bov	re) v 0	vho	rece	ived	more than \$100	0,000 of	
3	•	nization list any former officer, dire			-	loye	e, c	or hig	hesi	t compensated		Yes No
4		vidual listed on line 1a, is the sum tion and related organizations greater										4 X
5	for services r	son listed on line 1a receive or acc rendered to the organization? If "Y									vidual	5 X
Sec 1	Complete thi	endent Contractors is table for your five highest component from the organization. Report co										tax
	1,	(A) Name and business add	iress				_			(B) Description of se	rvices	(C) Compensation
										·		
									\vdash			
		 	-						+			
						_			+-			

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 of compensation from the organization

	990 (201		CATTLEMEN	1 AS	SSOCIATION, IN	С		11-3673	099 Page 9
Par	t VIII	Statement of Revenue Check if Schedule O contains	o o roonanoo	^r n	oto to ony lino in	this Bort VIII			
		CHECK II SCHEDULE O CONTAINS	s a response	<u> </u>	ote to any mie in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, graisimilar amounts not included ab Noncash contributions included in Total. Add lines 1a–1f	nts, and ove	1a 1b 1c 1d 1e 1f	0 3,770 0 207,000 0 0	210,770			
9	_				Business Code	 	<u>-</u>		
Program Service Revenue	2a b c d e f	CATERING EVENTS All other program service revenue	ne		722320	28,438 0 0 0 0 0			
<u> </u>	g	Total. Add lines 2a-2f			>	28,438			ļ
	3 4 5	Investment income (including direction other similar amounts) Income from investment of tax-e Royalties	•		▶	10 0 0			
	6a b c	Gross rents Less rental expenses Rental income or (loss)		0	0		٤		
	7a	Net rental income or (loss) Gross amount from sales of assets other than inventory	(ı) Secuntie	s 0	(II) Other	. 0			
	b c	Less cost or other basis and sales expenses Gain or (loss)		0	0		·		,
	ď	Net gain or (loss)			<u> </u>	0			
Other Revenue	8a b	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18 Less direct expenses	0 1c)	a b	1,360				
ō	C	Net income or (loss) from fundra	aising events	-		1,360			
	9a b	Gross income from gaming activ See Part IV, line 19 Less direct expenses	vities	a b	0				
	C	Net income or (loss) from gamir	ng activities		• •	0			
	10a			a b	0				
	C	Net income or (loss) from sales	of inventory		<u> </u>	0			
		Miscellaneous Revenue			Business Code				
	11a	SPONSORSHIPS				4,000			

3,700

1,765

9,558

250,136

>

93

b CATTLEMEN TOUR

Total revenue. See instructions

d All other revenue

e Total. Add lines 11a-11d

c MASTER CATTLEMEN & BQCA

14 m

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(1) organizations must complete all	columns All other or	ganizations must co	omplete column (Λ)	
	Check if Schedule O contains a response or note	to any line in this Pa	nt IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments See Part IV, line 21	40	40		
2	Grants and other assistance to domestic				ĺ
	individuals See Part IV, line 22	165,745	165,745		
3	Grants and other assistance to foreign			·	
	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,				
-	trustees, and key employees	3,400		3,400	
6	Compensation not included above, to disqualified	9,100			
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	l ol			
7	Other salaries and wages	- 0			
8	Pension plan accruals and contributions (include	 		-	
0					
^	section 401(k) and 403(b) employer contributions)	0			-
9	Other employee benefits				
10	Payroll taxes	0			
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
С	Accounting	540		540	
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		0	
12	Advertising and promotion	980	980		
13	Office expenses	858		858	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	96		96	·-
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	l ol			
19	Conferences, conventions, and meetings	7,820	7,820		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	361		361	0
23	Insurance	2,101		2,101	
24	Other expenses Itemize expenses not covered	2,101		2,101	
	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)		İ		
_	RETURN UNUSED GRANT FUNDS	21,300	21,300		
a		17,514	17,514		
b	CATTLEMENTOUR	· · · · · · · · · · · · · · · · · · ·			
C	CATTLEMEN TOUR	5,644	5,644	440	
d	MISCELLANEOUS	818	406	412	
е	All other expenses DUES	1,890	1,890		
25	Total functional expenses. Add lines 1 through 24e	229,107	221,339	7,768	0
26	Joint costs. Complete this line only if the				
	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)	1			

Form 990 (2017)	WASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC	11-3073099
Part X	Balance Sheet	
•	Check if Schedule O contains a response or note to any line in this Part X	

		Check if Schedule O contains a response or	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		170,541	1	190,036
	2	Savings and temporary cash investments		15,777	2	15,147
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and for	ormer officers, directors,	1		
		trustees, key employees, and highest compensation	ated employees			
		Complete Part II of Schedule L	L	0	5	
	6	Loans and other receivables from other disqualified person				
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	· ·			
		sponsoring organizations of section 501(c)(9) voluntary e	· · ·			
ets		organizations (see instructions) Complete Part II of Sche	dule L	0	6	
Assets	7	Notes and loans receivable, net		0	7	0
٩	8	Inventories for sale or use	-	0	8	<u> </u>
	9	Prepaid expenses and deferred charges	, , -	0	9	
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a 2,525			
	b	Less accumulated depreciation	10b 361	0	10c	2,164
	11	Investments—publicly traded securities	-	0	11	0
	12	Investments—other securities See Part IV, line	, -	0	12	0
	13	Investments—program-related See Part IV, line	: 11	0	13	0
	14	Intangible assets	i-	0	14	0
	15	Other assets See Part IV, line 11	<u>.</u>	0	15	0
	16	Total assets. Add lines 1 through 15 (must equi	al line 34)	186,318	16 17	207,347
	17	Accounts payable and accrued expenses		0	18	<u> </u>
	18	Grants payable Deferred revenue	0	19		
	19 20	Tax-exempt bond liabilities	0	20		
	21	Escrow or custodial account liability Complete I	Part IV of Schedule D	0	21	
G	22	Loans and other payables to current and former	-			
Liabilities	22	trustees, key employees, highest compensated	Į.			
ΙЩ		disqualified persons Complete Part II of Schedi	0	22		
Lia	23	Secured mortgages and notes payable to unrela	r-	0	23	0
	24	Unsecured notes and loans payable to unrelate	r	0	24	0
	25	Other liabilities (including federal income tax, pa				
	""	parties, and other liabilities not included on lines				
		Part X of Schedule D	, , , , , , , , , , , , , , , , , , , ,	0	25	0
	26	Total liabilities. Add lines 17 through 25		0	26	0
		Organizations that follow SFAS 117 (ASC 958	3), check here and			
es		complete lines 27 through 29, and lines 33 ar	<i>"</i>			
n n	27	Unrestricted net assets		0	27	
or Fund Balances	28	Temporarily restricted net assets	ļ l	0	28	
	29	Permanently restricted net assets	Ţ.	0	29	
		Organizations that do not follow SFAS 117 (ASC958),	check here ▶ and			
ř		complete lines 30 through 34.				
Ş	30		.	0	30	
Net Assets	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or e	guinment fund	0:	31	
As	31 32	Retained earnings, endowment, accumulated in		186,318		207,347
Vet	33	Total net assets or fund balances	loome, or other fullus	186,318		207,347
_	34	Total liabilities and net assets/fund balances	}	186,318		207,347
		Total habilities and not assets/fully balances		100,010		201,041

Form 9	, , 90 (2017) WASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC	1	1-3673099	Page	12
Part				, ugu	<u></u> -
	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		250,	136
2	Total expenses (must equal Part IX, column (A), line 25)	2		229,	107
3	Revenue less expenses Subtract line 2 from line 1	3		21,	029
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		186,	318
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	<u></u>		
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		207,	<u>347</u>
Part				Г	_
	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		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
•	Schedule O		20		X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		$\hat{-}$
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			إ	
b	Were the organization's financial statements audited by an independent accountant?		نا2		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			1	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits] 3b		
			Form	990 (2017)

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

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. 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

• S	section 501(c)(4), (5), or (6) or	rganizations Complete Part III				
	e of organization				Employe	r identification number
WAS		TLEMEN ASSOCIATION, INC	·	<u>_</u> <u>_</u>		11-3673099
Pai		he organization is exempt und				
1		ne organization's direct and indirect p	olitical campaign a	activities in Part IV	(see inst	ructions for
	definition of "political cam	• •				
2		expenditures (see instructions)			▶ \$	
3_		al campaign activities (see instruction		- 1/01		
		he organization is exempt und				
1	· · · · · · · · · · · · · · · · · · ·	excise tax incurred by the organizatio			> 3	
2	•	excise tax incurred by organization m	-		▶ \$.	
3	•	ed a section 4955 tax, did it file Form	4720 for this year	•		Yes No
4a	Was a correction made?					☐ Yes ☐ No
	If "Yes," describe in Part I					
Pa		he organization is exempt und			on 501	(c)(3).
1		expended by the filing organization f	or section 527 exe	mpt function		
_	activities				▶ \$	
2		ling organization's funds contributed	to other organizati	ons for section		
_	527 exempt function activ			1400 BOI	▶ \$	
3		penditures Add lines 1 and 2 Enter h	ere and on Form	1120-POL,	► €	0
_	line 17b	51- F 4400 BOL 6 4b 0			▶ ⊅	0 ☐ Yes ☐ No
4		file Form 1120-POL for this year?	(CIAN) -5 -11	507 nobbeel or		
5		ses and employer identification numb ents For each organization listed, en				
		ntributions received that were prompt				
	as a separate segregated	fund or a political action committee	(PAC) If additiona	I space is needed,	provide i	nformation in Part IV
				(d) Amount paid		(e) Amount of political
	(a) Name	(b) Address	(c) EIN	filing organization	on's	contributions received and
				funds If none, ent	er -0-	promptly and directly delivered to a separate
						political organization If
						none, enter -0-
(1)						
/2\						-
(2)						
(3)						
(''						
(4)						
•••			ļ. ————			
(5)						
			 			<u> </u>
(6)			1			

Page 2

301	edule C (FOIM 990 of 990-EZ) 2017					Page Z
Р	art II-A Complete if the organizat	ion is exempt	under section 5	501(c)(3) and file	d Form 5768 (elec	tion
	under section 501(h)).	holonge to an	offiliated group (s	and list in Part IV	each affiliated grou	n member's
A	Check ▶ if the filing organization					h member 2
_	name, address, EIN, ex					
B	Check ▶ if the filing organization	checked box F	and limited con	itroi provisions a	рріу	
	Limits on Lo (The term "expenditures"	bbying Expend means amount)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence p	ublic opinion (gr	ass roots lobbying)			0
b	Total lobbying expenditures to influence a					0
С	Total lobbying expenditures (add lines 1a	and 1b)		•	0	0
d	Other exempt purpose expenditures					0
е	Total exempt purpose expenditures (add	lines 1c and 1d)			0	0
f	Lobbying nontaxable amount Enter the a	mount from the f	following table in bo	th		
	columns				0	0
	If the amount on line 1e, column (a) or (b)	is: The lobbyi	ing nontaxable amo	unt 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		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25°	•			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	either line 1h or li	ne 1ı, dıd the organ	zation file Form 47	20 reporting	
	section 4911 tax for this year?				L	Yes No
		4-Year Averagin	g Period Under se	ction 501(h)		
	(Some organizations that made a	section 501(h)	election do not ha	ve to complete all	of the five columns !	below.
	See	the separate in	structions for lines	s 2a through 2f.)		
	Lobb	ying Expenditu	res During 4-Year	Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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	Grassroots nontaxable amount				0	0
e	Grassroots ceiling amount (150% of line 2d, column (e))					0
f	Grassroots lobbying expenditures					•

Schedule C (Form 990 or 990-EZ) 2017

Par	t II-B	Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T filed	Forr	n 5768
	1 107		(a	a)	(b)
		rs," response on lines 1a through 1i below, provide in Part IV a detailed f the lobbying activity	Yes	No	Amount
1 a	legislati	he 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 lum, through the use of ers?			
b		ff or management (include compensation in expenses reported on lines 1c through 1i)?			i
С		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?	-		
•		dd lines 1c through 1i			0
2a		activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b		enter the amount of any tax incurred under section 4912			
c		enter the amount of any tax incurred by organization managers under section 4912			-
d		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	(c)(5)	, or s	ection
		501(c)(6).			
1 2 3	Did the	ubstantially all (90% or more) dues received nondeductible by members? organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political campaign activity expenditures from the prior y	ear [?]		Yes No
Par	t 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."	(c)(5) OR (l	, or s o) Pai	ection t III-A, line 3, is
1	•	ssessments and similar amounts from members		1	
2		162(e) nondeductible lobbying and political expenditures (do not include amounts of			
	-	I expenses for which the section 527(f) tax was paid).		2a	
a	Current			2b	
b	Total	er from last year		2c	0
3		ate 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			
		g and political expenditure next year?		4	
5	Taxable	amount of lobbying and political expenditures (see instructions) .		5	0
Part		Supplemental Information			
	de the de	escriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground in Part II-B, line 1. Also, complete this part for any additional information	p list), f	Part II-	A, lines 1 and
			. 		

		EMEN ASSOCIATION, INC			11-3673099	
Schedule C (Fo	rm 990 or 990-EZ) 2017					Page 4
Part IV	Supplemental Informa	ation (continued)				

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11-3673099

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.

Open to Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

13-3673099 13-
Complete if the organization and another served "Yes" on Form 990, Part IV, line 6 Yes No
Total number at end of year Total number at end of year
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization from all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year a Total number of conservation easements 5 Total acreage restricted by conservation easements 6 Number of conservation easements in cut-defined in (a) 2c 1 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 8 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year in the states where property subject to conservation easements is located Number of states where property subject to conservation easements in side of wollations, and enforcement of the conservation easements in the property of wollations, and enforcing conservation easements during the year 1 Number of conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)(i) 1 In Part XIII) describe how the organization reports conservation easements in its
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Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
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works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
of public service, provide the following amounts relating to these items
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
a Revenue included on Form 990, Part VIII, line 1
and the same and t

Part	III Organizations Maintaining C	ollecti	ons of Ar	t, Histor	ical Tre	asures, or	Other S	Similar Asset	s (continue	d)
3	Using the organization's acquisition, ac									
	collection items (check all that apply)			_						
а	Public exhibition			d []	Loan	or exchange _l	program	S		
b	Scholarly research			е 🗌	Other					
С	Preservation for future generation	ns								
4	Provide a description of the organization XIII		ections and	explain ho	ow they fu	urther the orga	anızatıor	n's exempt purp	ose in Part	
5	During the year, did the organization so assets to be sold to raise funds rather t								Yes [☐ No
Part	IV Escrow and Custodial Arran			<u> </u>						
	Complete if the organization a 990, Part X, line 21			n Form 9	90, Part	IV, line 9, o	r report	ted an amoun	t on Form	_
1a	Is the organization an agent, trustee, councluded on Form 990, Part X?	ustodian	or other in	termedian	y for cont	ributions or of	ther asse	ets not	Yes	No
b	If "Yes," explain the arrangement in Pa	rt XIII an	nd complete	the follow	ving table					
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d	-	_	
е	Distributions during the year						1e	-		
f	Ending balance						1f			(
2a	Did the organization include an amoun								∐ Yes L	XI No
b	If "Yes," explain the arrangement in Pa	rt XIII C	heck here	f the expla	anation ha	as been provi	ded on f	Part XIII	<u> </u>	
Part										
	Complete if the organization a	inswere	ed "Yes" o	n Form 9	90, Part				-	
		(a) Cui	rrent year	(b) Pno	or year	(c) Two years	back	(d) Three years bac	k (e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions								 	
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships						- 			
е	Other expenditures for facilities									
£	and programs									
	Administrative expenses End of year balance		0		0	-	0		0	(
g	Provide the estimated percentage of the	e currer		halance (l		<u>. </u>			<u> </u>	
a	Board designated or quasi-endowment			%		3.4 (4),				
b	Permanent endowment	•	%							
c	Temporarily restricted endowment	>	%							
	The percentages on lines 2a, 2b, and 2	2c should	d equal 100	0%						
3a	Are there endowment funds not in the				n that are	e held and ad	minister	ed for the		
	organization by								Ye	s No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related or	ganızatı	ons listed a	is required	d on Sche	dule R?.			3b	
4	Describe in Part XIII the intended uses	of the o	rganization	's endowr	nent fund	s				
Part	VI Land, Buildings, and Equips Complete if the organization a		ed "Yes" o	n Form 9	90, Parl	t IV, line 11a	See F	Form 990, Par	t X, line 10	
	Description of property		(a) Cost or ot			ost or other		Accumulated	(d) Book v	/alue
			(ınvestm			is (other)		epreciation		
1a	Land			0		0				
b	Buildings			0		0		0		
С	Leasehold improvements			0		0		0		
d	Equipment			2,525		0		361	<u>.</u>	2,16
e	Other			0	<u>.</u>	0	<u> </u>	0		
Total	. Add lines 1a through 1e (Column (d) r	must equ	ual Form 99	90, Part X,	column (B), line 10c)				2,16

Schedule D (Form	1 990) 2017 WASHINGTON COUNTY CA	ATTLEMEN ASSOCIATIO	N, INC	11-3673099	Page 3
Part VII	Investments—Other Securities.			-	
	Complete if the organization answe	red "Yes" on Form 990	, Part IV, line 11b See Form	990, Part X, II	ne 12
(2	a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r		
(1) Financial of		. 0			
	ld equity interests	0			
(D)					
(E) (F)					
(G)					
(H)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	0			
Part VIII	Investments—Program Related.				
	Complete if the organization answe	red "Yes" on Form 990	, Part IV, line 11c See Form	990, Part X, II	ne 13
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year r		
(1)				· <u></u>	
(2)					
_(3)	<u> </u>				
(4)					
(5)					
(6)					
<u>(7)</u>					
		1-1:-			
	(b) must equal Form 990, Part X, col (B) line 13)	0		<u> </u>	
Part IX	Other Assets.				
	Complete if the organization answer	red "Yes" on Form 990), Part IV, line 11d. See Form	990, Part X, I	ine 15
		escription		(b) Book va	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)	,				
(8)	-			····	
(9)	n (b) must equal Form 990, Part X, col (B) lin	e 15)			
Part X	Other Liabilities.				
T dit A	Complete if the organization answer	ered "Yes" on Form 990). Part IV. line 11e or 11f See	e Form 990. Pa	art X.
	line 25		.,,	- · · · · · · · · · · · · · · · · · · ·	
1.	(a) Description of liability	(b) Book value			
(1) Federal	income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(8)		1			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶

Schedule D (Form	990) 2017	WASHINGTO	N COUNTY C	ATTLEMEN A	ASSOCIATIO	N, INC	11-36730)99	Page 5
Part XIII		nental Inform							
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		-					 		•
			•						
						,	 		
							·		· · · · · · ·
							 		
							 		

SCHEDULEI (Form 990)

Department of the Treasury Name of the organization Internal Revenue Service

Part I

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

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

▶ Attach to Form 990.

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OMB No 1545-0047

Inspection Employer Identification number

X Yes 11-3673099 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance the selection criteria used to award the grants or assistance? WASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC.

		=
res on Form		(h) Purpose of grant
anizations and Domestic Governments. Complete it the organization answered the organization	ce is needed	(g) Description of
on piece il ille oic	ated if additional spa	(f) Method of valuation (book, FMV, appraisal,
estic governments	art II can be duplica	(e) Amount of non-
Ilzations and Dom	more than \$5,000 F	(d) Amount of cash
Domestic Organ	nent that received	(c) IRC section
Assistance to	, for any recip	(b) EIN
Grants and Other Assistance to Domestic Orga	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	1 (a) Name and address of organization
art II		1 (a) Name

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

	330, Fait IV, IIIC Z.I., IOI ariy I colpicint diat i cocivea	Series of the se	בוור נוומר וכככוזכם		מוליו כמו זכ מקרום		5)	
-	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
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<u>©</u>								
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(8)								
6								
(10)								
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(12)								
77	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and g	overnment organize	itions listed in the line 1	table		A A	0
<u>ا</u> ر	ı	שמו וולמווטווט ווסני						

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

Schedule I (Form 990) (2017)

Page 2

Schedule I (Form 990) (2017)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Agricultural Program-Facilities	-	100	-		
Agricultural Program-Farm Infrastructure	20	28,101			
Agricultural Program-Fencing	28	39,047			
Agricultural Program-Forages	8	8,094			
Agricultural Program-Large Animals 5	47	81,403			
Agricultural Program-On Farm Water 6	4	000'2			
7				,	
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part I in e 2, Part I in e 2 To be eligible for the agricultural program grant funds, an application must be completed.	le the information right	lation required in Part I, line 2, Part III, column (b), and an application must be completed, which contains the location	e 2, Part III, column sted, which contains the	Part III, column (b), and any other additional information which contains the location	lional information
and senal number for the farm being operated, the Board reviews the application and awards the grant funds, the applicant must attend	oard reviews the appl	cation and awards the	grant funds, the applic	ant must attend	
2 mandatory meetings providing information about the program, ar	e program, and origin	nd original receipts for the applicants expenditures must be submitted	cants expenditures mu	st be submitted	
There is no monitoring of grant funds after they are awarded	warded				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization WASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC Employer identification number

11-3673099

	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b								
		(b) Relationship between disqualified person and	(a) December of transaction	(d) Cor	rected?				
1	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No				
(1)									
(2)									
(3)									
(4)					<u> </u>				
(5)					<u> </u>				
(6)	-								

Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In c	lefault?	by bo	proved ard or littee?	(ı) W agree	
			То	From			Yes	No	Yes	No	Yes	No
(1)			Γ''									
(2)												$ldsymbol{ldsymbol{ldsymbol{eta}}}$
(3)									<u></u>			$oxed{oxed}$
(4)												$oldsymbol{ol}}}}}}}}}}}}}}}}}$
(5)												
(6)												<u> </u>
(7)												<u> </u>
(8)												<u> </u>
(9)							<u> </u>					<u> </u>
10)												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) Russell Hardin	Director	2,500	Ag program funds	Improve beef cattle operation
(2) Matthew Johnson	Director	1,500	Ag program funds	Improve beef cattle operation
(3) Larry Hardin	Family member of director	1,500	Ag program funds	Improve beef cattle operation
(4) David Shumate	Director	1,500	Ag program funds	Improve beef cattle operation
(5) Mike Lewis	Direcor	2,000	Ag program funds	Improve beef cattle operation
(6) Mike Mattingly	Family member of officer	1,500	Ag program funds	Improve beef cattle operation
(7) Robert Waits	Family member of director	2,000	Ag program funds	Improve beef cattle operation
(8) Ray Johnson	Family member of director	1,500	Ag program funds	Improve beef cattle operation
(9)				
(10)				

-	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	
					Yes	No
(1)						
(2)						
(3)						
(4)					-	<u> </u>
(5)						<u> </u>
(6) (7)						
(8)						
(9)						
(10)						
Part V	Supplemental Information	for responses to questions on	Sahadula I. (aaa insi	ructions)		
-	Provide additional information	i for responses to questions on	Scriedule L (See Irisi			
		•				

	<u>.</u>					
	•					
		•				

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.

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization	Employer identification number
WASHINGTON COUNTY CATTLEMEN ASSOCIATION, INC	11-3673099
FORM 990 - PART VI	
SECTION A - LINE 6 - The organization has members who pay dues .	
SECTION B - LINE 11b - The organization's president reviews the Form 990 before signing and fi	lina
OLO HOLD LINE ID THO OLGANIZATION PROGRAMMENT AND	
SECTION C - LINE 19 - The organization's governing documents are available for viewing at their	r office upon request
OLOTION O LINE TO THE DIGUIZATION GOVERNING GOODING AT A STATE OF THE	
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