For Paperwork Reduction Act Notice, see the separate instructions.

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

▶ Do not enter social security numbers on this form as it may be made public. Open to Public Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 20 17 For the 2017 calendar year, or tax year beginning 2017, and ending December 31 D Employer identification number Check if applicable C Name of organization American Dexter Cattle Association Doing business as 40-1093707 Address change Number and street (or P O. box if mail is not delivered to street address) E Telephone number Name change Initial return 10583 W Castlegate Lane 417-689-3574 City or town, state or province, country, and ZIP or foreign postal code Final return/terminate Amended return G Gross receipts \$ 347330 Application pending F Name and address of principal officer H(a) is this a group return for subordinates? Thes Wes Who H(b) Are all subordinates included? 🗌 Yes 🔲 No If "No," attach a list (see instructions) 501(c)(3)) < (insert no) 4947(a)(1) or Tax-exempt status www.dextercattle.org H(c) Group exemption number 🕨 Form of organization Corporation Trust ✓ Association
☐ Other L Year of formation M State of legal domicile Briefly describe the organization's mission or most significant activities: Governance Activity to register, transfer, test, and maintain the registry of Irish Dexter Cattle in the United States 2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . 3 11 Number_of independent_voting_members_of_the_governing_body (Part-VI, line-1b) œ 4 11 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) . . . 6 50 Total unrelated business revenue from Part VIII, column (C), line 7a 7a 0 Net unrelated business taxable income from Form 990-17 line 34 0 **Prior Year Current Year** Š Contributions and grants (Part VIII, line 1h) . 8 7.2018 50875 35310 9 Program service revenue (Part VIII, line 2g) 277654 311137 10 investment income (Part VIII, column (A), lines 3, 4, 719 883 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, Glo 11 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12 329248 347330 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1500 1500 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) n b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 290588 297474 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 292088 298974 19 Revenue less expenses. Subtract line 18 from line 12 37160 48356 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 312051 360407 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 312051 360407 Signature Block Under pénalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signatu Here ype or print name and title SMITH JAME Print/Type preparer's name Preparer's signature Date **Paid** Check [self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** May the IRS discuss this return with the preparer shown above? (see instructions) Yes No Form 990 (2017)

Cat. No 11282Y

Onn 990		and of Dunamana Causi			Page Z
Part I		ent of Program Service	a response or note to any line in this	Part III	П
1		be the organization's mi		raitiii	<u>· · · · · · · · · · · · · · · · · · · </u>
		-	a registry of Irish Dexter Cattle in the Uni	ted States, a heritage breed of a	rattle
			d cattle.		

2			ignificant program services during the		the
	prior Form 99	0 or 990-EZ?			🗌 Yes 🛭 No
	•	ribe these new services			
3			ting, or make significant changes in		
					· Yes I No
_		ribe these changes on t			
4	expenses. Se	ction 501(c)(3) and 501	service accomplishments for each of it (c)(4) organizations are required to report, for each program service reported.	ts three largest program serv ort the amount of grants and	ices, as measured by allocations to others
4a	(Code:) (Expenses \$	298974 including grants of \$	1500) (Revenue \$	347330)
					••••

	<u> </u>				
4b	(Code.) (Expenses \$	including grants of \$) (Revenue \$)
		······			
					
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)

			.=	*************************************	
					
4d	Other progra	m services (Describe ın	Schedule O.)	· -	



Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2		1
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		√
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,		,	-
6	Part III	5	✓	
7	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
_10	_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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		1
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		1
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		1
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	i	1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	, , , , , , , , , , , , , , , , , , , ,	14a		1
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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1

Part I	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	,	✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			<u> </u>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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			ı
	employees? If "Yes," complete Schedule J	23		✓
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	ا ۔۔ ا		,
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		- -
_	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
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		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			1
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			_/_
06	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		-
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
00	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Burgana Burgana	√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			<u> </u>
	Schedule L, Part IV	28b		✓
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		1
30	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		-
	Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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			,
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	300		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1]
	Part VI	37	<u> </u>	✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.			
	19: 110te. All 1 0111 330 filets are required to complete schedule 0.	38	V 000	<u> </u>
		For	n yyl	(2017

Part	90 (2017) V Statements Regarding Other IRS Filings and Tax Compliance		<u> </u>	Page 5
Fell	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O Contains a response of 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 1a		200	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		, in	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	الدراوتين يما	5.875 (17.82)
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			BAS S
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			建
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	28.50.234	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	N.		12
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
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			l
	account)?	4a		✓
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).			3
5a	· · · · · · · · · · · · · · · · · · ·	5a		1
b		5b		ļ
C		5c		
6a-	,			١.
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		/
b	, , , , , , , , , , , , , , , , , , , ,	_		
_	gifts were not tax deductible?	6b	eren r	Sta. There
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	70		E. C.
b	The same of the sa	7a 7b		
C		10		┼
•	required to file Form 8282?	7c		
d				野部
e		7e	2 mg cooks	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а		9a		<u> </u>
b		9b	Th	
10	Section 501(c)(7) organizations. Enter:			以
а	· · · · · · · · · · · · · · · · · · ·			
b	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		A Service	ريم عرف ها د الجرهدة
11	Section 501(c)(12) organizations. Enter:		ا تحقومها ما ما دراقع	
a			أأثر والتر	: []
þ		14.5		, - ·
	against amounts due or received from them.)	127 . 272		ハン・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Did the organization receive any payments for indoor tanning services during the tax year? .

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .

a Is the organization licensed to issue qualified health plans in more than one state?

Section 501(c)(29) qualified nonprofit health insurance issuers.

the organization is licensed to issue qualified health plans

С

Enter the amount of reserves on hand

12a

13a

14a

12b

13b

Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in									
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	🗆							
Section	on A. Governing Body and Management									
	Enter the number of voting members of the governing body at the end of the tax year	Y	es No							
ь 2	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . 1b 11 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with									
	any other officer, director, trustee, or key employee?									
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 person?	3								
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5	1							
6 7a	Did the organization have members or stockholders?	6	1							
b	one or more members of the governing body?	7a 7b	1							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
a b 9	The governing body?	8a 🗸								
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9								
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever									
40 -	Delthe amount to be to be the three bounds of the total		es No							
10a b	Did the organization have local chapters, branches, or affiliates?	10a	-							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1							
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b	1							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c								
13 14 15	Did the organization have a written whistleblower policy?	13 14	✓ ✓							
a b	The organization's CEO, Executive Director, or top management official	15a 15b								
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a								
b 	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b								
	ion C. Disclosure									
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)	(3)s only)							
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.	terest po	olicy, and							
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords:	•							

Page	7
raue	

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization no	r any relate	d org	anız			ompe	nsa	ted any currer	t officer, director	r, or trustee.
]		•	C)					
(A)	(B)	(do n	not ch		ition	than c		(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per _ week (list any	-office	er and			or/trust		compensation from	compensation from related	amount of other
	hours for	우蓋	Ins	Officer	<u>§</u>	多등	Former	the	organizations	compensation
	related	fred	Ē	Ĉ	9	Poy	me	organization	(W-2/1099-MISC)	from the
	organizations below dotted		l og	1	Key employee	8 3	`	(W-2/1099-MISC)		organization and related
	line)	Sur	3		уee	嚴	ļ	ļ		organizations
		8	Institutional trustee			Highest compensated employee				
			-	-	-	- a	-			
(1) Greg Dickens										
President	8	ļ	-	1	<u> </u>	<u> </u>	↓_	<u>c</u>	0	
(2) Lesa Reid		1	1	١,	}	 		}		
Vice President	5	 	-	✓	├ —		├_	c	0	
(3) Carole Niorosky		}]	١,])	
Secretary	8	├	-	✓	ļ	<u> </u>	<u> </u>		0	
(4) James W Smith	1	1		١.	l				l	
Treasurer	12	-	↓_	1	<u> </u>		1_			
(5) Jill Delaney	- 4						Į.			
Register	25	<u> </u>	_	1	<u> </u>		L.		0	
(6)		1				İ				
(7) See attached for Directors and addresses			十	╁╴	 			 		
	5_	✓					Ĺ.,		0	1
(8)		{								
(9)		 	十	 	┢		╁-	 		
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(10)										
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(11)						1				
(12)										
(13)		 	T		-		T	 	 	
(14)		┼—	+-	-	┼-		┼-		 	-
(14)	+	-{					1			}

	· (A) Name and title	(B) Average hours per week (list any	box, office	ot che unless	s pe l a d	more rson recto	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation related		(F) Estimated amount of other
		hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		compensation from the organization and related organizations
15)												
16)		<u> </u>										
17)												
18)											_	
19)			-		-			-		-		
			_	-	\vdash	_	-	-				
								-				
		<u> </u>	_	-	-	-		-	<u> </u>	<u> </u>		
			-	_	-	-	-					···
				-	<u> </u>	-	-		1	<u> </u>		
(25)			-	-		-	-	-				
1b	Sub-total	.l	<u></u>	<u> </u>	L	<u></u>	<u></u>	<u> </u>	ļ			
C	Total from continuation sheets to Part Total (add lines 1b and 1c)	t VII, Sectio	on A					>				
2	Total number of individuals (including bureportable compensation from the organ	it not limite					abov	e) v	vho received n	nore than \$1	00,000	f
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, dire	ctor, J for s	or t	rust inc	ee, livid	key ual	emį	ployee, or hig	hest compe	ensated	Yes N
4	For any individual listed on line 1a, is the organization and related organizations individual											4
5	Did any person listed on line 1a receive for services rendered to the organization									ization or inc		5
	on B. Independent Contractors										0400.6	200 - (
1	Complete this table for your five highest compensation from the organization. Re year.											
	(A) Name and business ad	dress							(B) Description of	services	Co	(C) ompensation
						_		-				
						_						
2	Total number of independent contract received more than \$100,000 of compen							o t	hose listed al	oove) who		

Part	VIII	Check if Schedule O		esponse or note to	any line in this	Part VIII		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	<u>1</u>	9 0				
ts, Grants Amounts	b	Membership dues .						
Gifts,	C	Fundraising events .						
윤혈	d	Related organizations						
Sir	e	Government grants (con All other contributions, gi		9 0				
渡	'	and similar amounts not incl		•				
흡동	g	Noncash contributions includ	<u> </u>					
Contributions, Glft and Other Similar	h	Total. Add lines 1a-1			35310			
		Total Frag Miles Fa	·····	Business Code				
Program Service Revenue	2a	Registery Activity			311137	ETHERITES THE STREET, ST.	F 75-40-02-02-02-02-02-02-02-02-02-02-02-02-02	
æ	b							
je Je	С							
Sen	d							
Ē	е		-					
ogra	f	All other program sen	vice revenue .					
<u> </u>	g	Total. Add lines 2a-2			311137			
	 -3	-Investment -income-				-		
	١.	and other similar amo	•		883		 	
	4	Income from investmen	-					<u> </u>
	5	Royalties	(i) Real	(ii) Personal	STOCKS THE ASSESSMENT	0.000		nielystas and sector in the sector
		0	(i) Real	(ii) Personal				
	6a	Gross rents	}					
	b	Less: rental expenses Rental income or (loss)				Reason to		
	d	Net rental income or	(loss)					
	7a	Gross amount from sales of	(i) Securities	(II) Other				E 07 P 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		assets other than inventory						
	Ь	Less: cost or other basis						
	-	and sales expenses .	İ					
	C	Gain or (loss)				100		
	d	Net gain or (loss) .					A PARTY CONTRACTOR	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10
_	1	, ,						
enne	8a	Gross income from fu	undraising	1				100 62
		events (not including \$						
Other Rev	1	of contributions report	-					
Je.	1	See Part IV, line 18 .		a				
₹	b	Less: direct expenses		b				
	C	Net income or (loss) f			(A. 17. 27. 27. 15. 17.		2.1 	1 C. 20 2 3 3
	9a	Gross income from ga	•	3.	1		To the Control	
	1.							
	b	Less: direct expense		b[14	a de la companya de l	J. in minner	ditan in the
	C	Net income or (loss)	• -		707 45 475 - 155 - 5	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	STATES TO STATE OF THE STATES	Marin Allender Commence
	iva	Gross sales of in returns and allowance						
	.			a b				
	þ	Less: cost of goods s Net income or (loss)					2	
	⊢ -	Miscellaneous I		Business Code	25.87 E. F.			
	11a				- Production of the Control of the C			
	b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	 	 	 	
				-	†	 	 	
	d	All other revenue			 	 	1	
	e	Total. Add lines 11a-	-11d		1	1000000		
	12	Total revenue See			24700	1 20 ALUSTRAS (AZO 77 2)	CONTRACTOR OF THE PARTY OF THE	A CHARLES TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	II other organizatio	ns must complete co	lumn (A).
	·Check if Schedule O contains a respon-	se or note to any lir	ne in this Part IX		🗹
	t include amounts reported on lines 6b, 7b, , 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				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1500			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				1
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
-10 -	Payroll-taxes				
11	Fees for services (non-employees):				
а	Management	58814			
b	Legal	5804			
С	Accounting	8250			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			<u> </u>	
g	Other. (If line 11g amount exceeds 10% of line 25, column		İ		
	(A) amount, list line 11g expenses on Schedule O.) .	87708			
12	Advertising and promotion	23590			
13	Office expenses	26195			
14	Information technology				
15	Royalties				
16	Occupancy			<u> </u>	
17	Travel			<u> </u>	
18	Payments of travel or entertainment expenses		1		
	for any federal, state, or local public officials			 	
19	Conferences, conventions, and meetings .	85412	<u> </u>	 	
20	Interest			 	<u> </u>
21	Payments to affiliates				ļ
22	Depreciation, depletion, and amortization .	ļ			ļ
23	Insurance	1701		THE RESIDENCE OF THE PROPERTY	Cash Cash Cash Cash
24	Other expenses. Itemize expenses not covered	The state of the s	在大学		
	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.)				
_	(A) amount, list line 24e expenses on conedule 0.)				
a			 	 	
b			 	 	
C		-	 	 	
d	All other expenses		 		
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	2222	 	 	
25 26	Joint costs. Complete this line only if the	298974	 	 	
40	organization reported in column (B) joint costs	1			1
	from a combined educational campaign and				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				
		1	1	i	

Form 990 (2017) **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 18415 1 30888 2 Savings and temporary cash investments 2 293636 329519 3 3 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Inventories for sale or use 8 Prepaid expenses and deferred charges . 9 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b þ 10c 11 Investments—publicly traded securities 11 Investments—other securities. See Part-IV, line 11—. 12- -12 Investments—program-related. See Part IV, line 11 13 13 14 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 312051 360407 17 Accounts payable and accrued expenses 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 28 Temporarily restricted net assets . . . 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds .

Total liabilities and net assets/fund balances

31

32

33

360407

360407

360407

31

32

33

312051

312051

312051 34

0	4	•
Page	ı	4

01111 99	0 (2017)			Pag	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		34	47330
2	Total expenses (must equal Part IX, column (A), line 25)	2		29	98974
3	Revenue less expenses. Subtract line 2 from line 1	3			48356
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3.	12051
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10			
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		<u></u>	
			F Towns	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	(plain i	n E		
	Schedule O.				是是
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	ipiled c	or 🅦		
	reviewed on a separate basis, consolidated basis, or both:				E. 202
	Separate basis - Consolidated basis - Both consolidated and separate basis		3		EE AC
p	Were the organization's financial statements audited by an independent accountant?		. 2b	NI GAZYADEN	/
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed 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 of the audit, review, or compilation of its financial statements and selection of an independent acco		. 1		
	If the organization changed either its oversight process or selection process during the tax year, e		, ~-	a carren	√
	Schedule O.	хріаіп і	n		
0-	As a result of a federal award, was the organization required to undergo an audit or audits as se		- 5		新班班
3a	the Single Audit Act and OMB Circular A-133?	iorth I			
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	, 0400 tr	. <u>3a</u>	 	-
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such		e 3b		l
	required about or addits, explain why in confedure of and describe any steps taxen to undergo such	auuits.			
			Fo	rm 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

and section 527

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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OMB No. 1545-0047

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.

	rganization answered "Yes ee separate instructions), th	," on Form 990, Part IV, line 5 (Proxy len	Tax) (see separate	instructions) or Form 990-	EZ, Part V, line 35c (Proxy	
• Se	ction 501(c)(4), (5), or (6) orga	nizations: Complete Part III.				
Name of organization					tification number	
American Dexter Cattle Association 47-1093707					47-1093707	
Part	I-A Complete if the	organization is exempt unde	r section 501(c	or is a section 527 o	rganization.	
1	definition of "political can					
2	Political campaign activity	y expenditures (see instructions) .		> \$	**	
_ 3	Volunteer hours for politic	cal campaign activities (see instruc	tions)			
Part		e organization is exempt unde				
1 _	Enter-the amount-of any-	excise tax incurred by the organiza	tion under section	1 ⁴ 955		
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 ▶ \$		
3	•	ed a section 4955 tax, did it file For	•		= =	
4a					Yes No	
b	If "Yes," describe in Part					
Part		e organization is exempt unde			(c)(3).	
1	Enter the amount direct activities	ly expended by the filing organiz	ation for section	527 exempt function		
2	Enter the amount of the	filing organization's funds contributies	uted to other org	anizations for section		
3		expenditures. Add lines 1 and 2.			·	
·	line 17b			\$		
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes No	
5						
	(а) Nатте	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Pa	ırt il	-A	Complete if the organization section 501(h)).	n is exempt u	nder section 50	1(c)(3) and filed	1 Form 5768 (ele	ction under
A	Check ► ☐ If the filing organization belongs to an affiliated group (and list in Part IV each affiliated address, EIN, expenses, and share of excess lobbying expenditures).					lated group member	er's name,	
В	Che	eck ►	if the filing organization check	ed box A and "I	imited control" pro	visions apply		
			Limits on Lobb				(a) Filing	(b) Affiliated
			(The term "expenditures" me	eans amounts	paid or incurred.)		organization's totals	group totals
1	1a	Total lo	obbying expenditures to influence	public opinion	grass roots lobbyi	ng)		
	b	Total lo	obbying expenditures to influence	a legislative bo	dy (direct lobbying)		
	C	Total le	obbying expenditures (add lines 1	a and 1b) .				
	d	Other	exempt purpose expenditures .					
			xempt purpose expenditures (add					
		Lobby colum	ing nontaxable amount. Enter	the amount from	om the following	table in both		
	Γ	If the a	mount on line 1e, column (a) or (b) is	The lobbying	nontaxable amount	is:		
	Γ	Not ove	er \$500,000	20% of the am	nount on line 1e.			
	Γ	Over \$5	500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000.		
		Over \$1	,000,000 but not over \$1,500,000		10% of the excess of			
		Over \$,500,000 but not over \$17,000,000	\$225,000 plus	\$225,000 plus 5% of the excess over \$1,500,000.			
		Over \$	7,000,000	\$1,000,000.				
	g	Grass	roots nontaxable amount (enter 25	5% of line 1f)				
	h	Subtra	act line 1g from line 1a. If zero or le	ess, enter -0-				
	_i -		act line-1f-from-line-1c. lf-zero-or-le					
	j If there is an amount other than zero on either line 1h or line 1i, did the organization reporting section 4911 tax for this year?						Yes No	
		(Son	ne organizations that made a se	ction 501(h) ele	Period Under sec ection do not have ructions for lines	e to complete al	of the five colum	ns below.
			Lobbying	Expenditures	During 4-Year Av	reraging Period		
		Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
	2a	Lobby	ring nontaxable amount					
	b		ying ceiling amount 6 of line 2a, column (e))					
	С	Total	lobbying expenditures					
_	d	Grass	roots nontaxable amount					
	е		roots celling amount 6 of line 2d, column (e))					
	f	Grass	croots lobbying expenditures					

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(2	2)		(p)	
descr	iption of the lobbying activity.	Yes	No	Аг	nount	
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?					
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	-	-			
C	Media advertisements?				(San Market	CHEST CONTRACT CONTRA
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	-				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		 			
į 1	Other activities?	PROM	1100000			
J 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					di Pierre
b	If "Yes," enter the amount of any tax incurred under section 4912	2000				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
ď	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		10000000			
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	c)(5),	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		<u> </u>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		<u> </u>
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)				لــــــــــــــــــــــــــــــــــــــ	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."				line 3	, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).					
a	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion c excess does the organization agree to carryover to the reasonable estimate of nondeductible lobil	f the	3			
	and political expenditure next year?	yyirig	4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
	t IV Supplemental Information		1 5	ــــــــــــــــــــــــــــــــــــــ		
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated green instructions); and Part II-B, line 1. Also, complete this part for any additional information.	oup lis	st); Pa	rt II-A,	ines 1	and
			•			
				••••		

icneaule C (For	# 490 Ot 490-EX) SO ()		Page 4
Part IV	Supplemental Information	(continued)	
	•	. 19011111111111111111111111111111111111	
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#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

American Dexter Cattle Association	47-1093707
Part IX 11g Genetic testing of cattle by members. Testing conducted by Texas A & M Vet School.	
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•	

ccledule O (Form and or and EC) (2017)	Page Z
Name of the organization	Employer identification number
•	
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