DLN: 93493134045359 OMB No. 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable WASHINGTÖN CATTLE FEEDERS ASSOCIATION □ Address change 91-0722321 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (509) 787-2921 City or town, state or province, country, and ZIP or foreign postal code YAKIMA, WA $\,\,$ 98909 $\,\,$ G Gross receipts \$ 370,390 Name and address of principal officer H(a) Is this a group return for JACK FIELD ☐Yes **☑**No subordinates? PO BOX 10831 H(b) Are all subordinates YAKIMA, WA 98909 ☐ Yes ☐No ıncluded? 501(c)(3) **✓** 4947(a)(1) or 501(c) (5) ◀ (insert no) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW WAFEEDERS ORG L Year of formation 1958 M State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities CATTLE INDUSTRY RESEARCH AND DEVELOPMENT INFORMATION EXCHANGE Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 27 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 27 **6** Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 136,316 147,254 Ravenua 9 Program service revenue (Part VIII, line 2g) . 12,170 19,105 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 35,217 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 16,331 3,306 164,817 204,882 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 9,000 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 247,464 183,355 _ 256,464 190,355 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . -91,647 14,527 Assets or d Balances Beginning of Current Year End of Year 533,503 492,007 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 533,503 492,007 22 Net assets or fund balances Subtract line 21 from line 20 . Signature Block Under penalties 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 2019-05-10 Signature of officer Sign Here JACK FIELD EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2019-05-08 P00185729 Paid self-employed Firm's name CLIFTONLARSONALLEN LLP Firm's EIN ► 41-0746749 Preparer Use Only Firm's address ▶ 610 NORTH 39TH AVENUE Phone no (509) 823-2910 YAKIMA, WA 98902 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)				Page 2
Pa	rt III Statement	of Program Service Acc	omplishments		
	Check if Sch	edule O contains a response or	note to any line in this Part III		\square
1	Briefly describe the	organization's mission			
CATT	LE INDUSTRY RESEA	RCH & DEVELOPMENT INFORMA	TION EXCHANGE		
2	-		ram services during the year which v	were not listed on	
	the prior Form 990	or 990-EZ?			🗌 Yes 🗹 No
	•	ese new services on Schedule (
3	Did the organization	i cease conducting, or make sig	nificant changes in how it conducts,	any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe th	ese changes on Schedule O			
4	Section 501(c)(3) a		olishments for each of its three large required to report the amount of gra ervice reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Addıtıonal Data			, , ,	·
	-				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
	-				
	-				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
4d	Other program serv	ıces (Describe in Schedule O)			
	(Expenses \$	including g	rants of \$	(Revenue \$)
4e	Total program ser	vice expenses >			
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Par	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)? <i>If "Yes," complete Schedule A</i>	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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 l 😼	3		No
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	Yes	
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
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		No
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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	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		No

12a

12h

13

14a

14b

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18

19

20a

20b

21

22

Yes

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Nο

Nο

Nο

No

No

Nο

No

Nο

No

Nο

No

No

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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 $512(b)(13)^2$ If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			_

38	Did t	38	Yes				
Part 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							
							No
1a	1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2						
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0							

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14b

15

No

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

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Pa		Governance, Management, and Disclosure For each "Yes" response to lines 2		" resp	onse to	lines
		8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched Check if Schedule O contains a response or note to any line in this Part VI	uie O See instructions			✓
Se		A. Governing Body and Management				
					Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a 27			
	body,	e are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or committee, explain in Schedule O				
Ь	Enter	the number of voting members included in line 1a, above, who are independent	1b 27			
2		ly officer, director, trustee, or key employee have a family relationship or a busine director, trustee, or key employee?	ss relationship with any other	2	Yes	
3		e organization delegate control over management duties customarily performed by cers, directors or trustees, or key employees to a management company or other p		3		No
4	Did th	e organization make any significant changes to its governing documents since the	prior Form 990 was filed? .	4		No
5	Dıd th	e organization become aware during the year of a significant diversion of the orgai	nızatıon's assets? .	5		No
6	Did th	e organization have members or stockholders?		6		No
7a		e organization have members, stockholders, or other persons who had the power ters of the governing body?		7a		No
Ь		y governance decisions of the organization reserved to (or subject to approval by) as other than the governing body?	members, stockholders, or	7 b		No
8		e organization contemporaneously document the meetings held or written actions lowing	undertaken during the year by			
а	The go	overning body?		8a	Yes	
b	Each o	committee with authority to act on behalf of the governing body?		8 b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who c zation's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> C		9		No
Se	ction	B. Policies (This Section B requests information about policies not requ	ired by the Internal Revenue	e Code	e.)	
					Yes	No
		e organization have local chapters, branches, or affiliates?		10a		No
	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?					
11a	Has th form?	le organization provided a complete copy of this Form 990 to all members of its go	verning body before filing the	11a		No
b	Descri	be in Schedule O the process, if any, used by the organization to review this Form	990			
12a	Did th	e organization have a written conflict of interest policy? If "No," go to line 13.		12a	Yes	
Ь	Were o	officers, directors, or trustees, and key employees required to disclose annually int ts?	erests that could give rise to	12b		No
С	Did th Sched	e organization regularly and consistently monitor and enforce compliance with the ule O how this was done	policy? If "Yes," describe in	12c		No
13	Did th	e organization have a written whistleblower policy?		13		No
14	Did th	e organization have a written document retention and destruction policy?		14		No
15		e process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and				
а	The or	ganization's CEO, Executive Director, or top management official		15a		No
b	Other	officers or key employees of the organization		15b		No
		" to line 15a or 15b, describe the process in Schedule O (see instructions)				
	taxabl	e organization invest in, contribute assets to, or participate in a joint venture or si e entity during the year?		16a		No
b	ın join	s," did the organization follow a written policy or procedure requiring the organizat t venture arrangements under applicable federal tax law, and take steps to safegu with respect to such arrangements?	ard the organization's exempt	4.51		
\$ ^	ction	C. Disclosure		16b		
17		e States with which a copy of this Form 990 is required to be filed▶				
18	Sectio	n 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), savailable for public inspection. Indicate how you made these available. Check all the				
	□ o	wn website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in So	chedule O)			
19	Descri	be in Schedule O whether (and if so, how) the organization made its governing do and financial statements available to the public during the tax year				
20	State	the name, address, and telephone number of the person who possesses the organ (FIELD PO BOX 10831 YAKIMA, WA 98909 (509) 929-1711	ızatıon's books and records			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors									
	Check if Schedule O contains a response or note to any line in this Part VII									
Section	A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Complet	e 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, or 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) (B) (C) (D) (F) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest compensated employee Individual trustee or director Former 6 organizations MISC) related Institutional Trustee below dotted employee organizations line) See Additional Data Table

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Part VII	Section A. Officers, D	Directors, Trustees	, Key E	mpl	oye	es, aı	nd Hi	igŀ	est Compensate	d Employees (cor	ntinued)
	(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)		ne bo oth a	n off cor/tr	check nless icer ar ustee eniplo, e	persond a) Highest		(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

) Dee	กับรับษ์	•	ensated		
See Additional Data Table						
				·		
				·		

1b Sub-Total						>			
c Total from continuation sheets to Part VII, Section A									

48.000 d Total (add lines 1h and 1c)

u i	otal (add lines 16 and 16)	٧		
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		No

_	of reportable compensation from the organization ► 0				
-				Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee or line 1a? <i>If "Yes," complete Schedule J for such individual</i>		3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for	\vdash	-		

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No			
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No			
Se	Section B. Independent Contractors						

4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	' ' 4	. [No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual fo services rendered to the organization? If "Yes," complete Schedule J for such person			No
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,00 from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		nsation	
	(A) (B)		(C)	

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No
Se	ection B. Independent Contractors		
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 from the organization. Report compensation for the calendar year ending with or within the organization's tax year		sation
	(A) (B) Name and business address Description of ser	vices	(C) Compensation

	from the organization. Report compensation for the calendar year ending with or within the or	ganization's tax year	
	(A) Name and business address	(B)	(C)
	Name and business address	Description of services	Compensation
2	Total number of independent contractors (including but not limited to those listed above) who recompensation from the organization \blacktriangleright 0	eceived more than \$100,000 of	
			Form 990 (2018)

Part	VIII Statement of	Revenue								rage 3
	Check ıf Schedul	le O contains a	respo	onse or note to						<u> </u>
						(A) revenue	(B) Related exem functi reven	l or pt on	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a Federated campaig	ns	1a				reven	ue		312 - 314
ints unt	b Membership dues		1 b	143,	468					
6ra mo	c Fundraising events		1c							
Ę, Z	d Related organization	ons	1d							
<u>⊒</u> ≅	e Government grants (c	ontributions)	1e							
ons, Sin	f All other contributions and similar amounts n									
butic ther	above	L	1f	3,	<u>786</u>					
Contributions, Gifts, Grants and Other Similar Amounts	g Noncash contribution in lines 1a - 1f \$									
<u>ت ت</u>	h Total. Add lines 1a	-1f	•	· · · ·		147,254	<u> </u>			
	- CONVENTION			Bus	iness Code		19,105	19,1	15	
Program Service Revenue	2a CONVENTION				900099		13,103			
ı̂ Ç	b ————		_							
۲۷	c —		_							
% =	u -									
gran	f All other program se	ervice revenue								
Æ	gTotal. Add lines 2a-2	2f		•	19,105	5				
	3 Investment income (i			interest, and o	ther					<u> </u>
	sımılar amounts) .				•	21,70	1			21,704
	4 Income from investm 5 Royalties				▶					
	5 Royaldes	(ı) Real		(II) Person						+
	6a Gross rents	.,								
	b Less rental expenses									
	c Rental income or									
	(loss)									
	d Net rental income o	(ı) Securit		(II) Othe	•					
	7a Gross amount									
	from sales of assets other	1	71,901		7,120					
		than inventory								
	b Less cost or other basis and	10	55,508		0					
	sales expenses C Gain or (loss)		6,393		7,120					
	d Net gain or (loss)				▶	13,51	3			13,513
	8a Gross income from f	undraising eve								
Other Revenue	contributions reporte	ed on line 1c)	of							
₹	See Part IV, line 18									
ă	b Less direct expense c Net income or (loss)		b Ing ev	ents						
the	9a Gross income from g		_		<u> </u>					
0	See Part IV, line 19			}						
	b Less direct expense	95	a b							
	c Net income or (loss)			les	<u> </u>					
	10a Gross sales of invent returns and allowand									
	recums and anowand		a							
	b Less cost of goods s	sold	b							
	c Net income or (loss) Miscellaneous		invent	tory Business Co	<u>▶</u>					
	11aMISCELLANEOUS IN				000099	3,30	5	3,306		
	b									+
	с						1			<u> </u>
	d All other revenue .									
	e Total. Add lines 11a	-11d			>	3,300	5			
	12 Total revenue. See	Instructions			•	204,88		22,411		0 35,217
	<u> </u>					20 7,00	1	, '++		Form 990 (2018)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Form 990 (2018) Page **10 Statement of Functional Expenses** Check if Schedule O contains a response or note to any line in this Part IX $\,$. (B) (C) Do not include amounts reported on lines 6b, (A) (D) Program service Management and Total expenses 7b, 8b, 9b, and 10b of Part VIII. Fundraisingexpenses expenses general expenses 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 7,000 2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . 9 Other employee benefits . **10** Payroll taxes . . . 11 Fees for services (non-employees) a Management . 4,568 **b** Legal 31,675 c Accounting 1.831 **d** Lobbying e Professional fundraising services See Part IV, line 17 5,080 f Investment management fees . . . q Other (If line 11g amount exceeds 10% of line 25, column 55,424 (A) amount, list line 11g expenses on Schedule O) 3.131 12 Advertising and promotion 13 Office expenses . 1,620 14 Information technology . 15 Royalties . 16 Occupancy . 22.557 **17** Travel . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 18,329 19 Conferences, conventions, and meetings 20 Interest . 17,000 21 Payments to affiliates . . 22 Depreciation, depletion, and amortization . 257 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 17,353 a OTHER PROGRAM EXPENSES **b** DUES 2,400 c MISCELLANEOUS EXPENSES 2,130 d e All other expenses

190,355

Form **990** (2018)

25 Total functional expenses. Add lines 1 through 24e 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) Form 990 (2018)

19

20

21

23

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31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		7,834	1	22,141
	2	Savings and temporary cash investments		88,735	2	49,853
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	ited employees Complete		5	
ts	6	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organization voluntary employees' beneficiary organizations in Part II of Schedule L. Notes and loans receivable, net		6		
ssets	8	Inventories for sale or use			8	
Ř	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	ь	Less accumulated depreciation	10b	1	10c	
	11	Investments—publicly traded securities .		436,934	11	420,013

		voluntary employees' beneficiary organizations (Part II of Schedule L				
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		8		
A	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	ь	Less accumulated depreciation	10b		10 c	
	11	Investments—publicly traded securities .		436,934	11	420,013
	12	Investments—other securities See Part IV, line	11		12	
	13	Investments—program-related See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	l			500 500		

10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a				
Ь	Less accumulated depreciation	10b		10 c		
11	Investments—publicly traded securities .		436,934	11	420,013	
12	Investments—other securities See Part IV, line		12			
13	Investments—program-related See Part IV, line		13			
14	Intangible assets	ntangıble assets				
15	Other assets See Part IV, line 11			15		
16	Total assets. Add lines 1 through 15 (must equ	al line 34)	533,503	16	492,007	
17	Accounts payable and accrued expenses			17		
18	Grants payable		18			

19

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22 23

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25

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32

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34

0 26

0 30

0 31

533,503

533,503

533,503

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0

492,007

492,007

492,007

Form **990** (2018)

Form	990 (2018)				Page 12
Pai	Reconcilliation 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			204,882
2	Total expenses (must equal Part IX, column (A), line 25)	2			190,355
3	Revenue less expenses Subtract line 2 from line 1	3			14,527
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			533,503
5	Net unrealized gains (losses) on investments	5			-60,158
6	Donated services and use of facilities	6			-00,130
7	Investment expenses	7			
8	Prior period adjustments	8			4,135
9	Other changes in net assets or fund balances (explain in Schedule O)	9			4,133
_	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			492,007
	tXII Financial Statements and Reporting	10			492,007
Ра					
	Check if Schedule O contains a response or note to any line in this Part XII		•	Yes	
			\Box	res	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ 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 Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle	3a		No

3b

Form **990** (2018)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID:

Software Version:

EIN: 91-0722321

Name: WASHINGTON CATTLE FEEDERS ASSOCIATION

Form 990 (2018)

Form 990, Part III, Line 4a:

THE WASHINGTON CATTLE FEEDERS HAS ACTIVELY WORKED WITH REGUALTORS TO IMPROVE CATTLE FEEDING IN WASHINGTON STATE. THE WCFA SUCESSFULLY AMENEDED WA STATE LAW TO INCLUDE CATTLE FEEDLOTS AS AN AGRICUTRAL ACTIVITY. THE WCFA CONTINUES TO WORK ON POLICY ISSUES EFFECTING CATTLE FEEDERS IN WA THE WCFA IS COMMITTED TO IMPROVING THE REGULATORY CLIMATE FOR CATTLE FEEDERS. THE WCFA IS CURRENTLY WORKING ON AIR AND WATER

OUALITY ISSUES THE ANNUAL CONVENTION BENEFITS ALL MEMBERS AND IS ACCESSIBLE TO ALL MEMBERS

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	and	a dır	ecto	r/trد	ustee))	organization	organizations	from the	
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ROB MILLER PRESIDENT & DIRECTOR	1 00	х		×				0	0	0	
JARED EASTERDAY VICE-PRESIDENT & PRESIDENT	1 00	x		х				0	0	0	
CAMAS UEBELACKER SECRETARY/TREASURER & VICE PRESIDENT	1 00	х		х				0	0	0	

Χ

48,000

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JARED EASTERDAY	1 00	×	x		0	
VICE-PRESIDENT & PRESIDENT						
CAMAS UEBELACKER SECRETARY/TREASURER & VICE PRESIDENT	1 00	X	x		0	
BEN VELASQUEZ	1 00	×	×		0	
DIRECTOR & SECRETARY/TREASURER			'`		Ĭ	

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and Independent Contractors

JACK FIELD

DIRECTOR

CLINT CARL

DIRECTOR

DIRECTOR

MIKE DAVIS

DIRECTOR

ROB DAVIS

DIRECTOR

SAM COSSIO

EXECUTIVE DIRECTOR

MARNIE BODINE

......

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any nours	l and	a un	ecto	tor/trustee)			Organization	organizations	I from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
WILL DERTING DIRECTOR	1 00	×						0	0	0
MATT DRISCOLL DIRECTOR	1 00	×						0	0	0
BILL EASTERDAY DIRECTOR	1 00	×						0	0	0
CODY EASTERDAY DIRECTOR	1 00	×						0	0	0
VODY DEE EACTERDAY	1 00									

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CODY EASTERDAY
DIRECTOR
KODY DEE EASTERDAY
DIRECTOR

KIM ENGLISH

STEVE ERICKSON

JESSE FLETCHER

DONALD FLOREN

.......

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

SI GILLIAM

DIRECTOR

and Independent Contractors

and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other

week (list

DIRECTOR

MARK RYAN
DIRECTOR

DIRECTOR

DIRECTOR

ZACH WILSON

RICK VAN DE GRAAF

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

person is both an officer

from the

from related

compensation

	any hours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
J HOLMES DIRECTOR	1 00	×						0	0	0	
STEVE MAGGARD DIRECTOR	1 00	×						0	0	0	
MIKE PARA	1 00	×						0	0	0	

1 00

1 00

1 00

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SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493134045359

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶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.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Open to Public Inspection

• 5	Section 527 organizations Complet			·			
• S • S If the	Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Tax	ection 501(h)) Co ider section 501(h	mplete Part II-A Do not co)) Complete Part II-B Do	omplete Part II-B not complete Part II-A		
	Section 501(c)(4), (5), or (6) organiz						
	me of the organization SHINGTON CATTLE FEEDERS ASSOCIATIO	ON		Employer ider	ntification number		
***				91-0722321			
Par	t I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is	a section 527 organi	zation.		
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political can	npaign activities in	Part IV (see instructions i	for definition of		
2	Political campaign activity expend	litures (see instructions)		•	\$		
3	Volunteer hours for political camp	• • • • • • • • • • • • • • • • • • • •					
		nization is exempt under sectio					
1	,	ax incurred by the organization under se		•	\$		
2	•	ax incurred by organization managers ui		•	\$		
3	If the organization incurred a sect	☐ Yes ☐ No					
4a	Was a correction made?	☐ Yes ☐ No					
b	If "Yes," describe in Part IV t I-C Complete if the organ	nization is exempt under sectio	n F01/c) over	ent costion E01(s)(2)			
		•					
1 2	·	ed by the filing organization for section anization's funds contributed to other o			\$		
_	function activities		- 5	>	\$		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b						
4	Did the filing organization file Form 1120-POL for this year?						
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly deliver ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's funds olitical organization, such a	Also enter the amount		
	(a) Name	(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							
or P	aperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C (Form 990 or 990-EZ) 2018		

С	rotal lobbying expenditures (add lines 1a and 1b)			
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1c and			
f	Lobbying nontaxable amount Enter the amount from columns	n the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e	j	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	<u> </u>	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	j	
	Over \$17,000,000	\$1,000,000	<u> </u>	
l		,	,	
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a If zero or less, enter -0)-		
i	Subtract line 1f from line 1c If zero or less, enter -0	-		
j	If there is an amount other than zero on either line 1 section 4911 tax for this year?	20 reporting	☐ Yes ☐ No	

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures

2a Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

activity

Volunteers?

Media advertisements?

1

b

2

c Total

Part IV

3

Current year

Carryover from last year

expenditure next year?

Return Reference

Schedule C (Form 990 or 990-EZ) 2018

(b)

Amount

(a)

No

Yes

2a

2b

2c

3

<u>4</u>

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 No 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 143,468 1 1

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

expenses for which the section 527(f) tax was paid).

Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

1,831

1,831

1.831

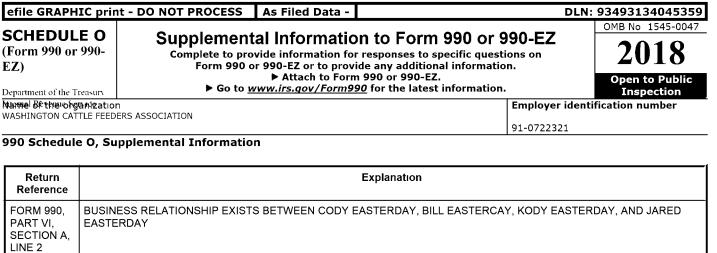
0

DLN: 93493134045359 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ► Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number WASHINGTON CATTLE FEEDERS ASSOCIATION 91-0722321 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018

SCHOLARHIP FUNDS ARE PAID DIRECTLY TO EDUCATIONAL INSTITUTION

PART I, LINE 2



Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	THE RETURN WAS APPROVED BY THE EXECUTIVE DIRECTOR PRIOR TO FILING THE FORM AND PRESENTED T
PART VI,	O THE GOVERNING BODY AT A BOARD MEETING FOR REVIEW AFTER FILING
SECTION B,	
LINE 11B	

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART IX, LINE 11G